

SSR No.:

REF: CS | EQI22000215 | Dtg 3

ASSIGNMENT

C/OE April 2026

From: _____ Date: _____

Estimate Cost: _____

CD / ~~RES~~ / P RES / DD RES / EVA / NV / MV

To Inspect Vehicle No: _____

at W/O of _____

at _____

Insurance _____

Policy No. _____

Claims No. _____

Sum Insured _____

Excess _____

(Check Record)

Make / Model _____

(Policy Condition)

Remarks: The vehicle had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bel. of Market Value: _____

IDAC Accident Report _____

Consistent? : Yes or No

GIA / FR Seal _____

Consistent? : Yes or No

Est. Repair: _____

4

days

Res.: Yes or No

Limit Sum _____

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Vehicle No: _____

FBF2862K

Yr Regd: _____

April 2011

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: _____

Yamaha T135

cc 135

Colour _____

Blue/White

A/C: Insured / Std / RE / NA

Sp. Reading _____

H.A.

T/Radio: Insured / Std / RE / NA

Eng No: _____

5YP012931

C/Nr: _____

5YP012931

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

Modi: RE / STD / STD A/R or

Tyre Size _____

F

70/90 R17

R

80/90 R17

BS / DUN / EXMOVA / GY / FS / ILZA / HRC / DHTSU / PRI / SURE /

TOYO / YOKO or

Pirelli

Front _____

Rear _____

R/Bal _____

2

mm

R/Bal _____

2

mm

L/Bal _____

mm

L/Bal _____

mm

D.O.A. _____

02/01/22

D.O.I. _____

07/01/22

Survey held at _____

SG 98

AMK

Des. of Damages: Frt / Rear / O/S / H/S / W/C / Roof/Top or

Rear

7

H/S

Rear

The W/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

EQI 8KR 5685R

MV 5.5K

L/A 3K

HL 2.5K

14/04/2022

(Red: 1911 56%)
- Ingv 2/5 1,500/- with 4 days of my

Date/Time, File Pass to?

☐

Pre-L Report

☐

Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

C/OE Jan 2024

FBF24331

Vehicle No:

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

Date: 7 January 2022

To : LKK

Attn : Bryan

Tel: 97237799

VEHICLE NO : FBF 2862K

Yamaha LC Spark 135

ACCIDENT DATE: 2 January 2022

Description	Qty	Quotation \$
1 Handle Bar HU	1	135.00 X
2 Brake Lever HU	1	95.00 X
3 Front Panel cut	1	125.00 ✓
4 Head Lamp HU	1	350.00 X
5 Head Lamp Cover HU	1	230.00 X
6 Mirror - Left HU	1	65.00 X
7 Front Mudguard broken	1	250.00 ✓
8 Front Rim damaged	1	230.00 ✓
9 Fork Tube BT	1 set	480.00 ✓
10 Gear Pedal BT	1	55.00 ✓
11 Front LH Panel - Fairing broken/cut	1	165.00 ✓
12 Handle Bar Bracket HU	1	135.00 X
13 Exhaust Guard HU	1	150.00 X
14 Footrest BH LH BT	1	65.00 ✓
15 Footrest Rubber x 2 H/S cut o/s HU	1 set	120.00 ✓ 60.00
16 Wheel Shaft BT/cut moved	1	65.00 ✓
17 Footrest Bracket HU	1	95.00 X
18 Front Brake Disc HU	1	130.00 X

Sub-Total

2,940.00

Less 10%

294.00

Sub-Total

2,646.00

* Exhaust GPR Pipe

3850.00

1495.00

1070 1345.50

3411

VEHICLE NO : FBF 2862K

Yamaha LC Spark 135

Nett items

- 1 Body decal sticker - 1 set *hu*
- 2 Rear box *hu*
- 3 Towing fee *hu*
- 4 Remove & replace necessary parts, align & etc
- 5 Remove & replace fork tube, top up fork oil
- 6 Remove & replace front rim, brake disc, etc

300.00

~~120.00~~ *50/-*
~~150.00~~ *X*
~~40.00~~ *X*
~~250.00~~ *150/-*

~~120.00~~ *80/-*

~~120.00~~ *20/-*

Sub-Total
Nett Total

800.00
3,446.00

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Supp

1645.50

315.00

1960.50

415 1500/-

Kindly revert upon completion. Thank you

SG 98 MOTOR PTE LTD

07/01/2022 @ 17:00 hr

Not Author

2/3 same

4 days

Ryan

2kk Auto

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622
Tel: 6452 4898 Fax: 6452 4868
Email: sg_motor_enterprise@yahoo.com.sg

Date: 10 January 2022

To : LKK

Attn : Bryan

Tel: 97237799

VEHICLE NO : FBF 2862K
ACCIDENT DATE: 2 January 2022

Yamaha LC Spark 135

Supplementary Item:

<u>Description</u>	<u>Qty</u>	<u>Quotation \$</u>
1 Exhaust GDR Pipe <i>Penh</i>	1	350.00 850.00 ✓
	Sub-Total	850.00
	Less 10%	85.00
	Total	765.00

Tiger

2kk And

315.00

8

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion. Thank you

SG 98 MOTOR PTE LTD

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	04/01/2022 17:56 (SGT)
Date of Accident	02/01/2022 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T JUNCTION OF RACE COURSE ROAD AND BUFFALO ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF2862K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUPERBIKE MOTORS
Company Reg No	53405606K
Email Address	SUPERBIKEMOTORSRENTAL@GMAIL.COM
Mobile Phone No	(Phone) +65-90098334
Alternative Phone No	+65-90098334

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T135
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	130

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5114188470-02
Cover Note Number	-

DRIVER

Name of Driver	GANESWARAN S/O AMIRTHALINGAM
NRIC No	S8848254I

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

26/11/1988
Outdoor
03/08/2009
12 YEARS AND 5 MONTHS
Male
(Phone) +65-94999932

-
SUPERBIKEMOTORSRENTAL@GMAIL.COM
BLOCK 161 MEI LING STREET #03-333

-
140161
No
Hirer
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Major/Minor Rd
Raining
Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
2
Yes
No
Yes
1
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Queenstown Neighbourhood Police Centre
(Phone) +65-18004719999
(Fax) +65-64715299
No. 3 Queensway #01-03 Singapore 149073
No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

SKR5685R
-
-
-
-
Private car

Name of Driver
Contact Number
Address
Postcode
Insurance
Details

Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

NIZAM
(Phone) +65-84644245

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

GANESWARAN S/O AMIRTHALINGAM
Male
(Phone) +65-94999932

33
PAIN ON LEFT KNEE, INNER THIGH, BOTH SHIN AND LEFT
TOE
FBF2862K
No
No

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders



Policyholder's Signature
Date & Time:

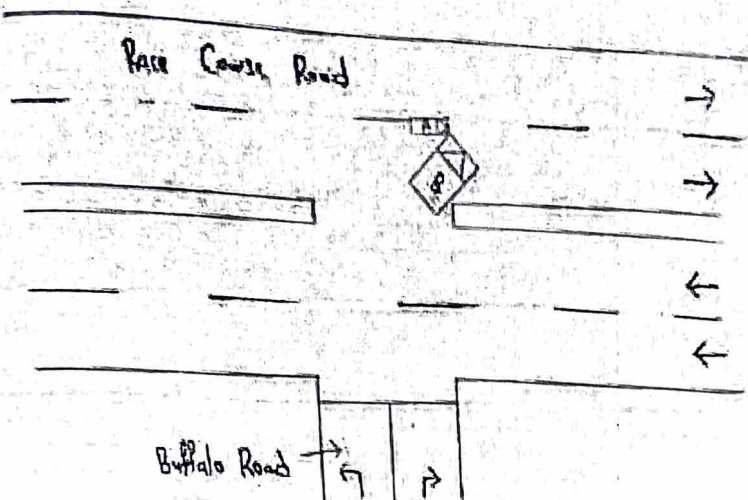
Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/1/2022
1800h15

Reporting Centre Personnel's Signature
Name: Lows Lin
NRIC/FIN No.: S994320

SKETCH PLAN

A: FBF 2862 E

B: SKR 5685 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20220103/2075

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Driver's Signature
(If driver is not the policyholder)
Date & Time:

4/11/2022
1800 hrs

Reporting Centre Personnel's Signature
Name: Louis Lim
NRIE/FIN No: 9994250



Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
03/01/2022 15:57

Vide Report No.:

Station Diary No.:
35

Informant's Particulars

Name of Informant: GANESWARAN S/O AMIRTHALINGAM			Address: 161 MEI LING STREET #03-333 SINGAPORE 140161		
ID Type / ID No.: NRIC NO / S88482541			Contact No.: Home/Office: Mobile: 94999932		
Nationality: SINGAPORE CITIZEN			Email: gans.6.6.6@icloud.com		
Sex: Male	Age: 33	Date of Birth: 26/11/1988	Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name:	
Occupation: FOOD DELIVERY			Driving Licence Information: Class: 2B,3,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2022 15:00	Type of Location: Straight Road
Location: ACE COURSE ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
3F2862K	Motorcycle	YAMAHA	135LC	Multi-Colored	Seriously Damaged	0
KR5685R	Car	RENAULT		Maroon	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	
Use of Pedestrian Crossing: NA	



**SINGAPORE
POLICE FORCE**



T/20220103/2075

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20220103/2075

CONTINUATION OF REPORT

Rider				
Name	GANESWARAN S/O AMIRTHALINGAM		ID No.	S8848254I
Related Vehicle	FBF2862K (Motorcycle)		Contact No.	94999932
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3,3A Date of Expiry: NIL
Date Treatment	02/01/2022		Date Discharge	02/01/2022
No. of Days granted Medical Leave	08		Degree of Injury	Slight
Driver				
Name	NIZAM		ID No.	NIL
Related Vehicle	SKR5685R (Car)		Contact No.	84644245
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 02/01/2022 at about 1500hr, I was riding my motorbike, registration number FBF2862K, along Race Course Road at the right lane, Near to Little Indian MRT Station, doing my food delivery. As I was riding suddenly, a car, registration number SKR5685R, turned right from Buffalo Road, hit onto my front right fork. Due to that, I fell, and my motorbike was damaged. The driver alighted and assisted me. As I felt pain on my left knee, inner thigh, both shin and left toe, I went to Tan Tock Seng Hospital and was given days of MC. I did not have any camera. I managed to get the driver's name and contact number. I also took photo of the accident scene.



**SINGAPORE
POLICE FORCE**



T/20220103/2075

3 of 3

Report No. T/20220103/2075

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
D /
Sgt 1 NOORHIDAYAT BIN
WAHID

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
03/01/2022 15:57

Officer In Charge Of Case:
TP / AEIT /
Insp (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168

