

REF: CS/EGI22000537/Dtg<sup>3</sup>

COE Jan 2027

## ASSIGNMENT

ASS: ~~\_\_\_\_\_~~ BY: ~~\_\_\_\_\_~~

FBB 2433 L

Yr Regn: Jan/2007

Date: \_\_\_\_\_

Veh No: \_\_\_\_\_  
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: \_\_\_\_\_

Honda CB400

CC 399

Colour: \_\_\_\_\_

Multi-Colour

A/C: Insured / Std / RE / NA

Sp. Reading: \_\_\_\_\_

N/A

T/Ratio: Insured / Std / RE / NA

Eng/No: \_\_\_\_\_

NC23E3100550

C/No: \_\_\_\_\_

JH12HC39946M200520

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Int. / Jammed / Leaked / Burnt or

Brake: Int. / Jammed / Leaked / Burnt or

Modi: RE / STD / STD A/Rim or

Tyre Size: F: \_\_\_\_\_

160/60 R17S

R: \_\_\_\_\_

120/70 R17L

BS / DUN / EXNOVA / GY / FS / LIZA / MRC / DHTSU / PRI / SUKRI /

TOYO / YDKD or

Pirelli

Front

Rear

R/Bal

2

mm

R/Bal

2

mm

L/Bal

mm

L/Bal

mm

D.O.A. 10/01/2022

D.O.I. 17/01/2022

Survey held at

SG 98 AMK

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

H/S Rm y o/s Rm

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

From: \_\_\_\_\_

Estim: ~~\_\_\_\_\_~~ Cost: \_\_\_\_\_

COE / RES / IP RES / DD RES / EVA / RV / MV

To Ins: ~~\_\_\_\_\_~~ Vehicle No: \_\_\_\_\_at Work: ~~\_\_\_\_\_~~ on: \_\_\_\_\_

of: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy: ~~\_\_\_\_\_~~ El: \_\_\_\_\_Claims: ~~\_\_\_\_\_~~ b: \_\_\_\_\_

Sum Insured: \_\_\_\_\_

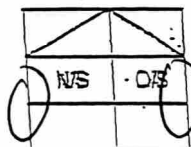
Excess: \_\_\_\_\_

(Check in Record)

Make: ~~\_\_\_\_\_~~ CVR: \_\_\_\_\_

(Police Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bel. of Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_

Consistent? : Yes or No

GIA / FR Seat: \_\_\_\_\_

Consistent? : Yes or No

Est. Repair: \_\_\_\_\_

3

days

Res: Yes or No

Lima Sum: \_\_\_\_\_

20

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time

Action / Instruction

Ergo YH 4069L

MV 10K

VIA 2.9K

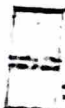
HL 7.1K

14/14/22

Insured HS 1,650/- with 3 days of exp

(Red. 4246 : 72%)

Date/Time, File Pass to?



: Print Report

: Print Report

Days Of Results: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

The report is: \_\_\_\_\_

Add Fee: ☐ : S/S

S/S

# 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: 17 January 2022

To : LKK

Attn : Bryan

Tel: 97237799

VEHICLE NO : FBB 2433L

Honda CB400 Spec 3

ACCIDENT DATE: 10 January 2022

<u>Description</u>	<u>Qty</u>	<u>Quotation \$</u>
1 Yoshimura Exhaust Pipe <i>Denzel</i>	1	<del>1,600.00</del> ✓
2 Rear Pillion Footrest RH <i>cut</i>	1	75.00 ✓
3 Footrest bracket <i>broken</i>	1	240.00 ✓
4 Exhaust Slider RH <i>cut / 1st</i>	1	<del>250.00</del> ✓ 125.00
5 Rear Shock Absorber - Chrome <i>HN</i>	1 set	2,200.00 ✗
6 Frame Slider <i>LH cut RH / HN</i>	1 set	<del>380.00</del> ✓ 190.00
7 Hand Guard <i>LH cut RH / HN</i>	1 set	250.00 ✓ 125.00
8 Handle Bar <i>HN</i>	1	170.00 ✗
9 Gear Pedal <i>HN</i>	1	110.00 ✗
10 Gear Pedal Rubber <i>2 HN</i>	1	90.00 ✗
11 Rear LH Pillion Footrest <i>cut</i>	1	75.00 ✓
Sub-Total		5,440.00
Less 10%		544.00
Sub-Total		4,896.00

2030.00

1827.00

VEHICLE NO : FBB 2433L

Honda CB400 Spec 3

Nett items

- 1 Decal sticker HH
- 2 Remove & replace parts, align & etc  
& replace exhaust pipe, slider etc
- 3 Remove & replace rear shock absorber
- 4 Putty & touch up paint HH

250.00 X  
~~350.00~~ 250/-

150.00 HH  
250.00 X

Sub-Total  
Nett Total

1,000.00  
5,896.00

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.

2077.00  
4/5 1650/-

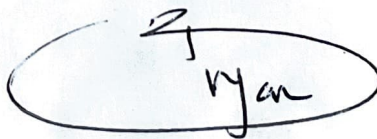
Kindly revert upon completion. Thank you

SG 98 MOTOR PTE LTD

17/01/2022 @ 1100hrs

Wot Andrew

2/smm 3 dgs.

 Ryan

2kk Aut



HL



**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.

Date of Submission .....	12/01/2022 14:32 (SGT)
Date of Accident .....	10/01/2022 16:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	AIRPORT CARGO ROAD
Country/State of Loss .....	Singapore

Vehicle Registration Number	FBB2433L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MD KAMSANI BIN MOHD AMIN
NRIC No	S7718176H
Email Address	SG_MOTOR_ENTERPRISE@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-84332697
Alternative Phone No	+65-84332697

Manufacturer .....	Honda
Model .....	Cb400
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Motorcycle
Transmission .....	Manual
CC .....	400

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5097759660-03
Cover Note Number	-

Name of Driver	MD KAMSANI BIN MOHD AMIN
RIC No	S7718176H

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 .....

30/06/1977  
 Indoor  
 27/06/1995  
 26 YEARS AND 7 MONTHS  
 Male  
 (Phone) +65-84332697  
 +65-84332697  
 SG\_MOTOR\_ENTERPRISE@YAHOO.COM.SG  
 BLK 450A SENGKANG WEST WAY #02-327

-  
 791450  
 Yes  
 -  
 No  
 -  
 -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
 Weather Conditions .....  
 Road Surface .....

Collision - Change/cross lane  
 Clear  
 Dry

#### 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  
 Sengkang Neighbourhood Police Centre  
 (Phone) +65-18003438999  
 (Fax) +65-63438939  
 2 Sengkang Square #01-02  
 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 .....

YN4069G  
 -  
 -  
 -  
 -  
 Commercial vehicle

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

YACOB BIN SAINI  
S6833510H  
(Phone) +65-82078565

PASSENGER 1

Name .....

Gender .....

3

PASSENGER 2

Name .....

Gender .....

Male

Male

### 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? .....

MD KAMSANI BIN MOHD AMIN  
Male

(Phone) +65-84332697

BLK 450A SENGKANG WEST WAY #02-327

791450

44

RIGHT LEG SWELL. LEFT ANKLE SPRAIN.

FBB2433L

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 reputate 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: 12/01/2021  
1430Hrs

  
Driver's Signature  
(If driver is not the policyholder)

Date & Time:

  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

Henry  
S992277

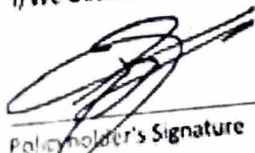
Refer to  
attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS


**DECLARATION**

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

  
Policyholder's Signature

Date & Time: 12/01/2021  
1430Hrs

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

  
Reporting Centre Personnel's Signature  
Name: Henry  
NRIC/FIN No.: S992277





# SINGAPORE POLICE FORCE



T/20220111/2026

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20220111/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/01/2022 11:36	Vide Report No.:	Station Diary No.: 43
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**Informant's Particulars**

Name of Informant: MUHAMAD KAMSANI BIN MOHAMED AMIN		Address: APT BLK 450A SENGKANG WEST WAY #02-327 SINGAPORE 791450	
ID Type / ID No.: NRIC NO / S7718176H		Contact No.: Home/Office:	Mobile: 84332697
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 30/06/1977	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Cargo Clearance Staff		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2022 16:50	Type of Location:
Location: AIRPORT CARGO ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
FBB2433L	Motorcycle	HONDA	CB400	Multi-Colored	Slightly Damaged	0
YN4069G	Lorry				No Damage	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB2433L	NTUC Income Insurance Co-Operative Limited	5097759660-03	23/01/2021	22/01/2022



**SINGAPORE  
POLICE FORCE**



T/20220111/2026

Report No. T/20220111/

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Rider</b>			
Name	MUHAMAD KAMSANI BIN MOHAMED AMIN	ID No.	S7718176H
Related Vehicle	FBB2433L (Motorcycle)	Contact No.	84332697
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	YACOB BIN SAINI	ID No.	S6833510H
Related Vehicle	YN4069G (Lorry)	Contact No.	82078565
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 10/01/2022 at about 1650hrs while i was riding straight with my motorcycle FBB2433L along 119 Airport Cargo Road, near to the down slope of the mega plex 1, one lorry YN4069G was driving straight at the right hand side of the lane and suddenly the driver did an illegal left turn wanting to enter the mega plex 1. The lorry did not checked that I was riding straight and the lorry left front bumper area hit onto my motorcycle right side area. Due to the collision, I sustained Swell on the right and left ankle area. My motorcycle sustained dent on the right exhaust pipe bracket, dent on the right tank and dent on the left slider. At first, the lorry driver agreed to private settlement. However subsequently, he informed me for insurance claim. We exchanged particulars. According to my knowledge, the lorry did not sustained any damages. The lorry driver also did not sustain any injuries.

I wish to state that the lane where the lorry had turned left, was an illegal turn and he was not supposed to do so. I have footage of the accident however I have photos of the damages. I went to SKGH for medical attention and was given 2 days MC. Doctor informed me I sustained swell on the right and left ankle area





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999



T/20220111/2026

3 of 3

Report No. T/20220111/2026

**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

F /

Sgt 3 TEO JIA HAO, KENNETH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/01/2022 11:36

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404



Classification Of Case:

SN 158

SIGNATURE