

(08/11/13) wef

ASS. REC. BY: ASUC

REF:

CS/AH/22000826/R*Vf3

3502

ASSIGNMENT

COEXPIRY: 2022/MAY

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

FBG 29114

at Workshop m/s

of

Insured:

SMA 2425K AGI

Policy No.

Claims No.

C10012518/KY

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

1K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FBG 29114

Yr Regn:

2012 / MAY

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

Truck / Trailer or

Make:

YAMAHA X-12

c.c

135

Colour

MULTI

A/C:

Insured / Std / NI / NA

Sp. Reading

79235

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

4S3304714

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

70/50-17

R:

80/90-17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

MAXXIS

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

17/11/21

D.O.I.

25/01/22

Survey held at

YEW TEE

Des. of Damages (Fr) / Rear / (O/S) / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

REPAIR LIMIT - 900

14/4/22 Submit uneconomical T/L-mv \$1000 Ita:\$68 NV:\$932

revised fig \$5555.50 check items \$441

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2) 14/4/22-typist

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

Lump Sum / I.B.I: (\$

Add Fee:



: Site Insp (\$

): S + RS, SI



: Interview (\$

): Photos



: Tech. Invs (\$

): Others



: Weekend (\$

Yew Tee Automobile Tech Pte Ltd (Co.Reg.No.200311009C)

Mega@Woodlands, 39 Woodlands Close #01-12
 Singapore 737856
 Tel: Fax: Email:

INSURER :**PARTICULARS OF CLAIM**

Claim Type:	TP	Ref. No:	
Policy No:	PNMC2020-00005295	Date of Loss:	17/11/2021
Vehicle Reg. No.:	FBG2911Y	Driveable?	yes
Driver Age:		Third Party Vehicle No.:	SMA2425K
Any Injuries?	yes	Contact No:	
Insured/Claimant:	SHARUDIN BIN AHMAD	Driver:	HASZRINISZWAN BIN AHMAD

PARTS MODEL

Make/Model:	Yamaha, FZ16	Vehicle Reg. Date:	24/05/2012
Vehicle Colour:		Engine Number:	
Chassis No:		Odometer:	
Total Loss?		Est. Duration of Repair(Day)	

DESCRIPTION OF ACCIDENT/LOSS

Description of Accident/loss COLLISION - MAJOR / MINOR
 Remarks:
 Present Location: Yew Tee Automobile Tech Pte Ltd (Mega)-YTMG

COST OF CLAIMS

	Amount
Parts	5,967.00
Miscellaneous Items	390.00
Labour	810.00
Paintwork Labour	350.00
Towing	0.00
Gross Total(S\$):	7,517.00
GST 7.00%(S\$):	526.19
Nett Amount(S\$):	8,043.19

This claim is handled by: Sky Toh T C

REPAIR DETAILS**Estimates On Parts**

No.	Qty	Particulars	Amount	%Disc	After Disc
1	1	FRONT FENDER <i>sc</i>	170.00	-10.00	153.00
2	1	FRONT FORK LH	190.00	-10.00	171.00
3	1	FRONT FORK RH	190.00	-10.00	171.00
4	1	FRONT FAIRING <i>ca</i>	380.00	-10.00	342.00
5	1	FRONT CENTRE FAIRING <i>ca</i> <i>nn</i>	220.00	-10.00	198.00
6	1	FRONT INNER FAIRING LH <i>ca</i> <i>nn</i>	350.00	-10.00	315.00
7	1	FRONT INNER FAIRING RH <i>ca</i>	350.00	-10.00	315.00
8	1	FRONT HEADLAMP <i>ca</i>	480.00	-10.00	432.00
9	1	FRONT HEADLAMP BRACKET	110.00	-10.00	99.00
10	1	FRONT HANDLE BAR <i>bt</i>	180.00	-10.00	162.00
11	1	FRONT SPEEDOMETER <i>ca</i>	900.00	-10.00	810.00
12	1	FRONT TOP FAIRING <i>ca</i>	120.00	-10.00	108.00
13	1	FRONT SIDE FAIRING LH <i>ca</i>	360.00	-10.00	324.00
14	1	FRONT SIDE FAIRING RH <i>ca</i>	360.00	-10.00	324.00
15	1	FRONT SIDE FAIRING LAMP LH <i>ca</i>	150.00	-10.00	135.00
16	1	FRONT SIDE FAIRING LAMP RH <i>sc</i>	150.00	-10.00	135.00
17	1	FRONT LOWER COVER <i>X</i> <i>nn</i>	155.00	-10.00	139.50
18	1	FRONT SIDE LOWER FAIRING LH <i>X</i> <i>nn</i>	220.00	-10.00	198.00
19	1	FRONT SIDE LOWER FAIRING RH <i>X</i> <i>nn</i>	220.00	-10.00	198.00
20	1	FRONT FOOT BRAKE RH <i>sc</i>	95.00	-10.00	85.50
21	1	FRONT SIDE MIRROR LH <i>mls</i>	80.00	-10.00	72.00
22	1	REAR EXHAUST PIPE <i>bt</i>	1,200.00	-10.00	1,080.00
23	1	CHASSIS FRAME <i>repair</i>	0.00	0.00	0.00

Total Parts (S\$) 5,967.00

Estimates of Miscellaneous Items

No.	Qty	Particulars	Amount	%Disc	After Disc
1	1	FRONT NUMBER PLATE <i>nn</i>	30.00	0.00	30.00 10
2	1	REAR BOX <i>sc</i>	280.00	0.00	280.00 150
3	1	CENTRE BASKET <i>ca</i>	80.00	0.00	80.00 60

Sub Total (S\$) 390.00

Estimates On Labour

No.	Qty	Particulars	Amount	%Disc	After Disc
1	1	To Disconnect and Reconnect, Check Electrical wiring Harness Wire, Sockets, Replace Damaged Parts.	30.00	0.00	30.00 20
2	1	To Dismantle and Refit Front Undercarriage.	220.00	0.00	220.00 X
3	1	To Conduct Computer Wheel Alignment.	80.00	0.00	80.00 40
4	1	To Remove and Replace the above Damaged Parts, Straighten, Knock out, Realign and Repair including Cut and Weld body panels. To Re-adjust to the Original position using power tools.	480.00	0.00	480.00 350

Gross Labour Cost (S\$) 810.00

Estimates On Paint Work Labour

No.	Qty	Particulars	Amount	%Disc	After Disc
1	1	To Spray painting on the Replaced and Repair Parts, Prepare Spray Such as Masking Tape the unaffected areas with paper, Cleaning and Sanding of Surfaces, Final Polishing and Waxing are also available.	350.00	0.00	350.00 <i>250</i>

Gross Labour Cost (S\$) 350.00

< END OF ESTIMATES >

- LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
 - To display damaged part(s) during resurvey
 - Parts prices are subject to confirmation
 - Third party survey is on a "Without Prejudice" basis
 - No illegal modification(s) is allowed
 - Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Rasul
Hp 9001 0068

4 days

L/S

25/01/22 @ 1245

Resurvey after repair

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 13/01/2022 17:12 (SGT)
Date of Accident 17/11/2021 12:00 (SGT)
Exact Location of Accident Ghim Moh Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG2911Y
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner SHARUDIN BIN AHMAD
NRIC No SXXXX350Z
Email Address HASZRIN97@GMAIL.COM
Mobile Phone No (Phone) +65-92300440
Alternative Phone No (Home) +65-92300440

VEHICLE PARTICULARS

Manufacturer Yamaha
Model X1-R135
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 Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number PNMC2020-00005295
Cover Note Number -

DRIVER

Name of Driver HASZRINISZWAN BIN AHMAD
NRIC No SXXXX573G

Date Of Birth 10/04/1997
 Occupation Indoor
 Date Of Driving Pass 26/03/2019
 Driving experience 2 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92300440
 Alt. Phone Number -
 Email Address HASZRIN97@GMAIL.COM
 Address APT BLK 917 JURONG WEST ST 91 #12-138
 Address complement -
 Postcode 640917
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Friend
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Major/Minor Rd
 Weather Conditions DRIZZLING
 Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Jurong West Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18002689999
 Alt. Police Station Phone No (Fax) +65-62672438
 Police Station Address 700 Corporation Road Singapore 649818
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA2425K
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car

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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person HASZRINISZWAN BIN AHMAD
 Gender
 Phone No
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle?
 Were seat belts worn? FBG2911Y
 Was this injured conveyed to hospital by ambulance? Yes
 Yes

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 willful 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 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.

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.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



A - FBG291Y
B - SM12425K



SINGAPORE POLICE FORCE



T/20211117/2005D

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20211117/2005D

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2021 21:42		Vide Report No.:		Station Diary No.: 5026	
Informant's Particulars					
Name of Informant: HASZRINISZWAN BIN AHMAD			Address: APT BLK 917 JURONG WEST STREET 91 #12-138 SINGAPORE 640917		
ID Type / ID No.: NRIC NO / S9711573G			Contact No.: Home/Office: Mobile: 92300440		
Nationality: SINGAPORE CITIZEN			Email: haszrin97@gmail.com		
Sex: Male	Age: 24	Date of Birth: 10/04/1997	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/11/2021 12:00	Type of Location: Straight Road
Location: GHIM MOH ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG2911Y	Motorcycle	YAMAHA	X-1R		Seriously Damaged	0
SMA2425K	Car	NISSAN	NOTE 1.2 CVT		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/20211117/2005D

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20211117/2005D

CONTINUATION OF REPORT

Rider			
Name	HASZRINISZWAN BIN AHMAD	ID No.	S9711573G
Related Vehicle	FBG2911Y (Motorcycle)	Contact No.	92300440
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/11/2021	Date Discharge	17/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	chua hian hou	ID No.	S7241742I
Related Vehicle	SMA2425K (Car)	Contact No.	96907482
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 17/11/2021 at about 1200hrs, I was riding my motorcycle, FBG2911Y, along Ghim Moh Road towards Mount Sinai Road on the right lane of 2 lane road. While riding passed blk 19 Ghim Moh Road, suddenly, a car, SMA2425K, exited from the carpark (blk 7 & 19 Ghim Moh Rod) and made a right turn. Immediately, I applied e-brake however was unable to stop my vehicle on time. Hence I had collided onto the right side of the car.

I then fell and lay down on the road. I was still conscious on that point of time. The driver and some passerby made a check on me. Moments later, Ambulance arrived and made a check on me. As I was about to be conveyed, Traffic Police then arrived. I was given 3 days of medical certificate (17/11/2021 - 19/11/2021). I sustains abrasion on right leg and left forearm. I was told that I have nose bleed however require me to book an appointment for further check-up. My motorcycle front head light and right side are damaged.

**SINGAPORE
POLICE FORCE**

T/20211117/2005D

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

3 of 3

Report No. T/20211117/2005D

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

J /

Sgt 1 IBRAHIM BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/11/2021 21:42

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Classification Of Case:

Authentication Stamp

NP168

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

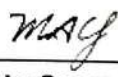
Original Report No: SY0A221D000B Vehicle Registration No: FBG2911Y
Name (as shown in NRIC): SHARUDIN BIN AHMAD NRIC/FIN/Passport No: _____
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 92300440
Email Address: HASZRIN97@GMAIL.COM
Date of Accident: 17/11/2021 Time of Accident: 12:00
Place of Accident: Ghim Moh Rd, Singapore
Insurance Company: FWD Singapore Pte. Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

have key in wrong driver information due to typo wrong , should be Haszriniszwan Bin Ahmad

Policyholder / Driver's Signature
Date:



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

GLARMC Addendum Form

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Singapore NRIC

Vehicle Details

350Z

Vehicle No.:

FBG2911Y

Vehicle to be Exported:

No

Intended Deregistration Date:

13 Jan 2022

Vehicle Make:

YAMAHA

Vehicle Model:

X-1R

Primary Colour:

Red

Manufacturing Year:

2012

Engine No.:

4S3304714

Chassis No.:

4S3304714

Maximum Power Output:

-

Open Market Value:

\$1,885.00

Original Registration Date:

24 May 2012

First Registration Date:

24 May 2012

Transfer Count:

7

Actual ARF Paid:

\$283.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

23 May 2022

COE Category:

D - Motorcycle

COE Period(Years):

10

QP Paid:

\$1,890.00

COE Rebate Amount:

\$68.00

Total Rebate Amount:

\$68.00

The information contained herein is correct as at 13 Jan 2022

OK