

Ref: H.C. BY:

Thuan

REF:

CS/CTI 22 001101/Vty3

# ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Vch:

(Policy Condition)

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

Bal. or Market Value:

12k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FW992X

Yr Rogn:

28/7/03

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

Truck / Trailer or

Make:

Yamaha V/252

c.c 125

Colour:

blue

A/C: Insured / Std / NI / NA

Sp. Reading

not avail

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KE1076021

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt / or

Brake: In order / Jammed / Leaked / Burnt / or

Mod: Nil / S/Rlm / STD AJRlm or

Tyro Size:

F:

80/90R17

R:

86/90R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

26/1/22

D.O.I.

7/2/22 1400

Survey held at

ER294 / ee

Des. of Damages: (Frt) / Rear / O/S / (NIS) / UIC / Roof/Top or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MV: 12k

rebate: 9046

NV: 2954

Date/Time, File Pass to?

☐

: Prelim. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Wash and

Survey Fee:

Transportation:

\_\_\_ S + RS. \_\_\_ \$

Finins

Others

Total

Request Form:

Living Sign / E.J.:

# 李 汽 车 贸 易

## ERZAT LEE MOTOR TRADING PTE LTD

Synergy@KB 25 Kaki Bukit Road 4

#03-37 Singapore 417800

Reg 201918537M

Office: 69961751

VEHICLE NO: FW 9792 X

VEHICLE MODEL: YAMAHA 125Z

QUOTATION SUMMARY: 1096

CLAIM DETAIL: PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE	Surveyor Recommendation	
1	FORK SET	1	\$750.00	\$750.00	L R 120	SN
2	FORK T-UNDER BRACKET	1	\$300.00	\$300.00	Xsrc	
3	STEERING CONE	1	\$250.00	\$250.00	/nec	30
4	TYRES SHAFT	1	\$80.00	\$80.00	Xsrc	
5	SPORT RIM	1	\$450.00	\$450.00	Xr	
6	HANDLE BAR	1	\$380.00	\$380.00	/BT	200
7	HANDLE GRIP	1	\$50.00	\$50.00	/scr	30
8	MIRROR SET	1	\$80.00	\$80.00	/scr	
9	IU UNIT	1	\$155.80	\$155.80	/scr	
10	CLUTCH LEVER	1	\$90.00	\$90.00	/scr	
11	FRONT MUDGUARD	1	\$300.00	\$300.00	/cut	125
12	HEAD COVER	1	\$280.00	\$280.00	/cut	250
13	HEAD LIGHT	1	\$250.00	\$250.00	/scr	120
14	SIGNAL LIGHT SET	1	\$180.00	\$180.00	/crq	80
15	FRONT DISC	1	\$250.00	\$250.00	Xsrc	
16	LEFT FAIRING COVER	1	\$400.00	\$400.00	/scr	150

17	FOOTREST BAR	1	\$350.00	\$350.00	✓ BT	70
18	FOOTREST	1	\$200.00	\$200.00	✓ BT	70
19	REAR LEFT FOOTREST BAR	1	\$320.00	\$320.00	✓ BT	70
20	REAR FOOTREST	1	\$150.00	\$150.00	✓ Scr	70
21	REAR LEFT FAIRING	1	\$380.00	\$380.00	✓ Scr	150
22	HANDLE COVER	1	\$280.00	\$280.00	✓ Scr	100
23	SIDE STAND	1	\$150.00	\$150.00	✓ Scr	50
24	MAINSTAND	1	\$480.00	\$480.00	✓ Scr	80
25	LABOUR	1	\$500.00	\$500.00	400	
TOTAL			\$ 7,055.80			

ESTIMATE REPORT  
TOTAL PARTS COST : \$ 6,555.80  
TOTAL LABOUR COST : \$ 500.00  
TOTAL REPAIR COST : \$ 7,055.80

1970.8  
1773.72  
2293.72  
-20% = 1834.97  
1800

Thuan  
82235769  
11/12/22  
1300  
45 4dayswp

**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:

1780.8  
1602.72  
222.72

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 803D

### Vehicle Details

Vehicle No.: FW9792X  
Vehicle to be Exported: No  
Intended Deregistration Date: 22 Feb 2022  
Vehicle Make: YAMAHA  
Vehicle Model: Y125Z  
Primary Colour: Red  
Manufacturing Year: 2003  
Engine No.: E101E076021  
Chassis No.: KE1076021  
Maximum Power Output: -  
Open Market Value: \$2,164.00  
Original Registration Date: 28 Jul 2003  
First Registration Date: 28 Jul 2003  
Transfer Count: 7  
Actual ARF Paid: \$325.00

### Intended PARF Rebate Details

PARF Eligibility: No  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 30 Nov 2031  
COE Category: D - Motorcycle  
COE Period(Years): 10  
PQP Paid: \$9,257.00  
COE Rebate Amount: \$9,046.00  
Total Rebate Amount: \$9,046.00

The information contained herein is correct as at 22 Feb 2022

OK

dp: 100  
~~100~~

9 yrs 10 / 118

$$100 \times 118 = 11800$$

$$= 12k$$

$$12k - 9046$$

$$= 2954$$



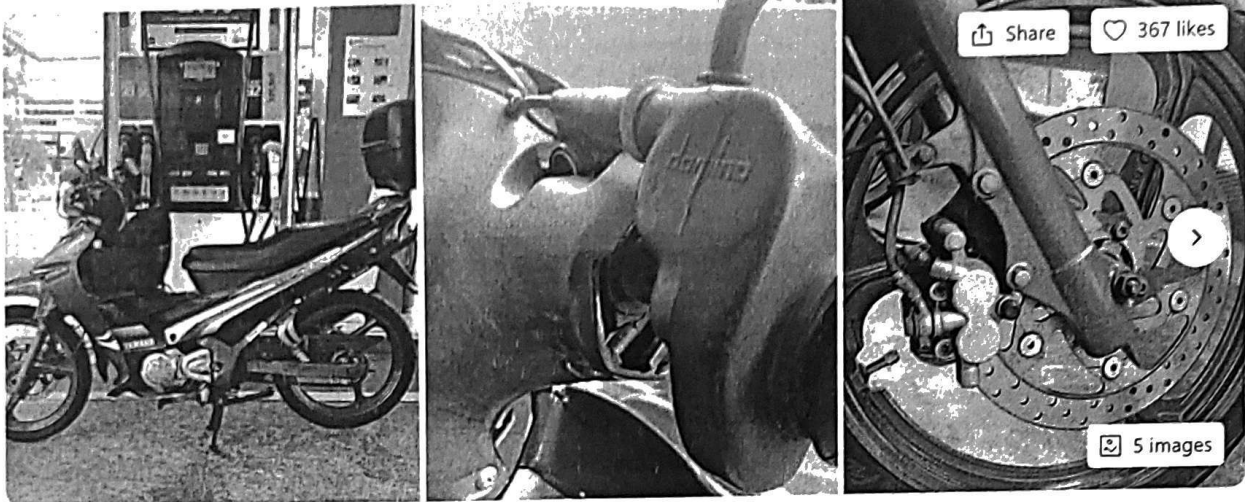
Search for an item

All of Singapore

Sell

Advertisement

Motorcycles Motorcycles for Sale Class 2B



Yamaha 125z

S\$10,500



MiSpartan @lincahkadok

5.0 ★★★★★ (123 reviews)

Chat

Used

Meetup



Singapore /  
Singapura / 新  
加坡 /  
சிங்கப்பூர்  
(Singapore)

Write a custom message...

Hi, is this still available?

Is the price negotiable?

Can I see more photos?

## Description

Bumped

2 weeks ago

Make

Yamaha

Type

Cub

ONLY FULL CASH

125z coe 2029 renewable

- Non nea rebate ( able to keep forever )

- not many 2 strokes left after 2028

Details:

...

read more

## Meet-up

Singapore / Singapura / 新加坡 / சிங்கப்பூர் (Singapore) [📍](#)
[Privacy](#) • [Terms](#)

# 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	08/02/2022 17:41 (SGT)
Date of Accident	26/01/2022 22:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YUNG SHENG ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW9792X
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAZENI BIN MD AMIN
NRIC No	S7322803D
Email Address	UDAZZNH1918@GMAIL.COM
Mobile Phone No	(Phone) +65-88267840
Alternative Phone No	+65-88267840

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	125Z
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	125

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5124688521
Cover Note Number	-

### DRIVER

Name of Driver	HARITH DANIAL BIN HAZENI
NRIC No	T0305375F

Date Of Birth	23/02/2003
Occupation	Indoor
Date Of Driving Pass	01/06/2021
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92238404
Alt. Phone Number	-
Email Address	HANTHDAN10@GMAIL.COM
Address	813A CHOA CHU KANG AVE 7 B#15-545
Address complement	-
Postcode	681813
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Motorcyclist
Weather Conditions	Clear
Road Surface	Dry

#### 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?	Yes
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 East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED REPORT

#### 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	GBK7550B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)

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.\*  
.\*  
.\*  
.\*  
.\*  
.\*

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	HARITH DANIAL BIN HAZENI
Gender	Male
Phone No	(Phone) +65-92238404
Address	.*
Address Complement	.*
Post Code	.*
Approximate Age Years Old	.*
Injuries Sustained	.*
Injured person in which vehicle?	FW9792X
Were seat belts worn?	.*
Was this injured conveyed to hospital by ambulance?	Yes

### WITNESS DETAILS

#### WITNESS 1

Name	TAY PETER
Phone	(Phone) +65-98504037
Email	.*

#### WITNESS 2

Name	SOFIAN
Phone	(Phone) +65-88152869
Email	.*





# 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 Authorized 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 first sent to the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and this copy of this report will for a fee be made available upon application by interested parties.
7. By the endorsement 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 if needed.
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 processed 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' law firms/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/trad 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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

4/12/22 15:40pm

↑

lung Sheng Road

A: FW 1792X  
B: GK 750B

Describe Circumstances of the Accident

I was travelling straight along Yung Sheng Rd where I saw a lorry plate no. GBK7550B was at the extreme left of the road stationary. So I checked for oncoming vehicle and it was clear. So I high beamed & slowly overtake the lorry with safety. While I was on my way, the lorry suddenly made a u-turn and hit onto my left side of my motorcycle.

Declaration

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel