



# Leong Seng Motor Pte Ltd

Blk 1006 Bukit Merah Lane 2

#01-08 Singapore 159762

Tel: 62737469 Fax: 62727669

Veh No : FBH2848S

Model : FZ16ST

S/N	Parts Description	QTY	List Price	Nett Price	Remark
1	Front cowling / CUT		\$ 320.00		
2	Front cowling inner ( R ) / BR		\$ 85.00		
3	Headlamp stay		\$ 190.00		
4	Centre cowling ( R ) / CRH		\$ 210.00		
5	Centre cowling outer ( R ) / CUT		\$ 125.00		
6	Fuel tank cover ( R ) / CUT		\$ 225.00		
7	Front signal lamp (RH) / CUT		\$ 55.00		
8	Handle bar / RT		\$ 220.00		
9	Handle grip / TN		\$ 45.00		
10	Handle balancer / RT		\$ 60.00		
11	Brake lever (RH) / CUT		\$ 45.00		
12	Front brake pump / BR		\$ 285.00		
13	Mirror / CUT		\$ 95.00		
14	Front footrest X		\$ 85.00		
15	Brake pedal X		\$ 125.00		
16	Exhaust pipe protector / CUT		\$ 165.00		
17	Muffler end cap / CUT		\$ 120.00		
18	Rear footrest / CUT		\$ 45.00		
19	Centre cowling outer ( L ) / CUT BR		\$ 125.00		
20	Front signal lamp ( L ) / CUT		\$ 55.00		
21	Rear box / CUT			\$ 200.00	
22	Repair alignment			\$ 350.00	200
23	Towing 2 way			\$ 100.00	80
24	Labour			\$ 450.00	200
25					
26					
27					
28					
29					
30	LKK Auto Consultants hence notify				
31	the Repairer of the following:				
32	• To resurvey before/after spray painting				
33	• To display damaged part(s) during resurvey				
34	• Parts prices are subject to confirmation				
35	• Third party survey is on a "Without Prejudice" basis				
36	• No illegal modification(s) is allowed				
37	• Supplementary item(s) must be resurveyed and				
38	is subject to final approval from Insurance Company				
39	Acknowledged by Repairer				
	Signature:				
	Date:				

Steve (LKK)  
21/4/22, 11.00  
ML/L  
L/S  
by ALY  
3 days

Less 10%

\$ 2,680.00 \$ 1,100.00

\$ 268.00

\$ 2,412.00



## 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	19/04/2022 13:16 (SGT)
Date of Accident	14/04/2022 07:51 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	(PIE) AFTER PASIR RIS DRIVE 12
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH2848S

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO RUI XIANG
NRIC No	SXXXX020Z
Email Address	rui88xiang@gmail.com
Mobile Phone No	(Phone) +65-93231256
Alternative Phone No	+65-93231256

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16st
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	153

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D21MTMC01002360
Cover Note Number	-

#### DRIVER

Name of Driver	HO RUI XIANG
NRIC No	SXXXX020Z

Date Of Birth 14/11/1988  
 Occupation Indoor  
 Date Of Driving Pass 15/03/2018  
 Driving experience 4 YEARS AND 1 MONTH  
 Gender Male  
 Mobile Number (Phone) +65-93231256  
 Alt. Phone Number +65-93231256  
 Email Address rui88xlang@gmail.com  
 Address BLK 763 YISHUN STREET 72 #01-434  
 Address complement -  
 Postcode 760763  
 Is the driver the policyholder? Yes  
 If No, Relationship of the Driver with the Insured -  
 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 - Change/cross lane  
 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 Woodlands Division Headquarters  
 Police Station Phone No (Phone) +65-18004660000  
 Police Station Address 1 Woodlands St 12 Singapore 738622  
 Was notice of intended Prosecution given? No  
 If yes, against whom? -

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20220414/7024

#### 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 SHD5903X  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Taxi  
 Name of Driver -

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:
  - (i) 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' law yers/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' law yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

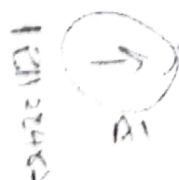
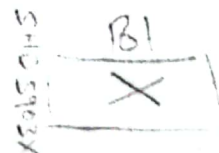
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A) 104/2045  
B) 5HD 5903X



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	HO RUI XIANG
Gender	Male
Phone No	(Phone) +65-93231256
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBH2848S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes





# SINGAPORE POLICE FORCE



L/20220414/7024

1 of 3

## POLICE REPORT (NP299)

Report No. L/20220414/7024

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-4660000

Date/Time Report Made 14/04/2022 13:26	Vide Report No.	Station Diary No.
Name Of Informant HO RUI XIANG	Address 763 YISHUN STREET 72 #01-434 SINGAPORE 760763	
ID Type / ID No. NRIC NO / S8844020Z	Contact No. Home/Office:	Mobile: 83231256
Nationality SINGAPORE CITIZEN	Email Address RUI88XIANG@GMAIL.COM	
Occupation Aircraft maintenance assistant engineer	Sex Male	Age 33
Institution/School Name	Date of Birth 14/11/1988	Race Chinese
Date/Time Of Incident 14/04/2022 07:30 - 14/04/2022 08:30	Location Of Incident 763 YISHUN STREET 72 #01-434 SINGAPORE 760763	

### Brief details.

I was travelling to work on my bike  
(FBH 2848S) from Yishun to Changi.

At around 745am, along TPE, opposite of IKEA Tampines going towards Changi, that's where the accident happened.

I was on Lane one, I was travelling below 90km/h. Within a short moment, the Transcab taxi driver did a right signal and swerved right both immediately without checking its blind spot.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2022 13:26
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20220414/7024

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220414/7024

I sounded my horn and applied both brakes immediately but his vehicle was in my way and I knocked on to it and flew off.

I landed in front of the taxi, and landed on my right hip. There were abrasions along my right knee, left ankle, right forearm, and left hip.

There were no exchanges between the driver and I.

Shortly after, the Traffic police came and then followed by the ambulance.

Then I was sent to the hospital for treatment.

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Driver of SHD 5903 X		
Gender	Male	Age	50-60
Race	Chinese	Language	Chinese
Occupation	Taxi driver	Relation To Informant	None
<b>Victim</b>			
Person Name	HO RUI XIANG		
ID Type	NRIC NO	ID No	S8844020Z
Gender	Male	Age	33
Race	Chinese	Language	English

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
14/04/2022 13:26

Classification Of Case: