(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/AWA22004048/4943

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: FBT1107R

at Workshop m/s Teo s.p.m

of

Insured: XD7954X

Policy No.

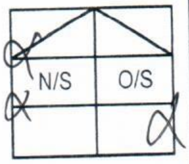
Claims No. NSV2200058/HLF

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: $13500

IDAC Accident Rport: Consistent? : **Yes** or **No**

GIA / PR Seen: Consistent? : **Yes** or **No**

Est. Repairs: 2 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

761f

CA / REV / REP. / 24 HRS Vehicle: **IN / OUT**

Date: Person Contacted: LTA $ 8859

Veh No: FBT1107R Yr Regn: 05/11/21

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or

Make: Yamaha NMax c.c 155

Colour Black A/C: **Insured / Std / NI / NA**

Sp.Reading 16675 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: MH3SG5680MK100235

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or

Brake: **Inorder / Jammed / Leaked / Burnt** or

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

Tyre Size: **F:** 110-70-13

R: 130/70-13

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or IRC

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.		mm	L/Bal.		mm

D.O.A. 22/04/22 D.O.I. 29/4/22

Survey held at

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

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

Date / Time Action / Instruction Dep 1400

Nett $4641

Note new parts replaced

11/5/22 L/S $400 inkind Shugi (Ned $ 1026.79, 72%)

Date/Time, File Pass to? : **Preli. Report**

1) 12/5 Moesa : **Final Report**

Date/Time, File Return to?

2)

Report Format : TP

Lump Sum / I.B.I. ($ 400)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Invs ($)

: Weekend ($)

Survey Fee:

Transportation:

__S + RS, __SI

Photos

Others

TOTAL

張 噴 漆

TEO SPRAY PAINTING

(INCORPORATED IN THE REPUBLIC OF SINGAPORE)
Reg. Address: BLOCK 6, DEFU LANE 10, DEFU INDUSTRIAL PARK C, #01-558
SINGAPORE 539187 TEL: 6283 5474 (2 LINES) FAX: 6287 2012
REG. NO. 275084 / 00X

ALLIED WORLD ASSURANCE COMPANY, LTD
60 ANSON ROAD
#08-01 MAPLETREE ANSON
Singapore 079914
Tel: 64230888
Fax: 64230798

not Allowed
4/5 $400
2days

Dear Sir/Madam

27.04.2022

RE: THIRD PARTY CLAIMS FOR FBT1107R AGAINST YOUR INSURED XD7954X , ACCIDENT ON 22.04.2022 AT VICTORIA STREET BEFORE MIDDLE ROAD, RIGHT LANE

	DESCRIPTION		**AMOUNT**
1	HANDLE BAR	$	58.00
2	BALANCER LH	$	18.00
3	SIDE COWLING	$	75.00
4	PANEL 1	$	50.00
5	LOWER COVER SIDE	$	55.00
6	FOOTBOARD LH	$	68.00
7	SIDE MIRROR LH	$	35.00
8	BRAKE LEVER LH	$	28.00
9	EXHAUST COVER	$	55.00
10	MAIN STAND	$	85.00
11	EXHAUST	$	850.00
		$	1,377.00
	Less 10%	$	137.70
	Sub Total	$	1,239.30

	Nett Item		
1	LTA SEARCH (refer to LOD)	$	7.49
2	LABOUR CHARGES	$	180.00 (160)
	Sub Total	$	187.49
	Total	$	1,426.79

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:

THANKS
TSP

P-366
102
329.4
160
489.4

SN07224M000V | NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 22/04/2022 19:08 (SGT)
SUBMITTED BY: Soh Li Kuan Vincent
VERSION: 1 (22/04/2022 19:08 (SGT))

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 witholding 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	22/04/2022 19:08 (SGT)
Date of Accident	22/04/2022 15:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	VICTORIA STREET BEFORE MIDDLE ROAD, RIGHT LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT1107R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH CHEE CHYE
NRIC No	S1572761F
Email Address	DOC5959@HOTMAIL.SG
Mobile Phone No	(Phone) +65-90035959
Alternative Phone No	+65-90035959

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX155
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	Auto
CC	160

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5124467719
Cover Note Number	-

DRIVER

Name of Driver	KOH CHEE CHYE
NRIC No	S1572761F

Date Of Birth	05/02/1963
Occupation	Outdoor
Date Of Driving Pass	05/01/1981
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90035959
Alt. Phone Number	+65-90035959
Email Address	DOC5959@HOTMAIL.SG
Address	BLK 718 #10-4570
Address complement	BEDOK RESERVOIR ROAD
Postcode	470718
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 - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY WAITING FOR TRAFFIC LIGHT. WHEN TRAFFIC LIGHT TURN GREEN AND ALL THE VEHICLE ARE STILL STATIONARY, SUDDENLY VEHICLE (B) INCH FORWARD AND VEHICLE (B) FRONT LEFT CORNER HIT ONTO THE RIGHT SIDE OF MY VEHICLE AND I FELL OFF TO THE LEFT SIDE OF THE GROUND.

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	XD7954X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZHANG CHANGHONG
NRIC No	S9178550A

Contact Number	(Phone) +65-86995320
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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

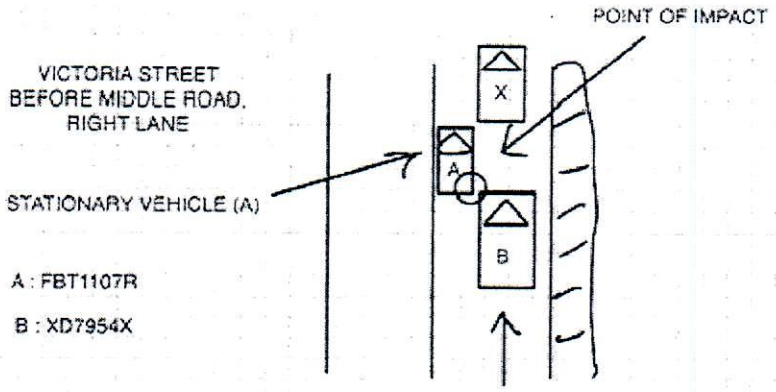
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 22/04/2022 1900HRS

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

Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/FIN No.: S991138

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS REPORT

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 22/04/2022 1900HRS	(If driver is not the policyholder)	Name: VINCENT SOH
	Date & Time:	NRIC/FIN No.: S991138