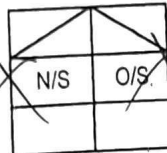


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. 274461
 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: 15k
 IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBTS71P Yr Regn: 25/10/21
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Yamaha Nmax 155 c.c 155
 Colour: black A/C: Insured / Std / NI / NA
 Sp. Reading: 16526 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MT13565680mk094860
 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: 110/80 R17
 R: 110/80 R17
☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 13/5/22 D.O.I. 17/5/22 1800
 Survey held at Teamwork garage
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

MV: 15/2rcbate: 8/11NV: 6889

14/07/22 @ 3.53pm revised to Muid Ashik via Merimen.

Thevan finalised LS \$2600, 4 days (Red \$4086, 61%)

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1) 14/07 Typist

Date/Time, File Return to?

2) _____

Report Format: MER-TPLump Sum / ~~L.S.~~ (\$) 2600Days Of Repair: 4Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	418A
Vehicle Details	
Vehicle No.:	FBT571P
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Jun 2022
Vehicle Make:	YAMAHA
Vehicle Model:	NMAX 155 ABS CVT
Primary Colour:	Black
Manufacturing Year:	2021
Engine No.:	G3L8E0689347
Chassis No.:	MH3SG5680MK094860
Maximum Power Output:	-
Open Market Value:	\$2,917.00
Original Registration Date:	25 Oct 2021
First Registration Date:	25 Oct 2021
Transfer Count:	1
Actual ARF Paid:	\$438.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	24 Oct 2031
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$8,703.00
COE Rebate Amount:	\$8,111.00
Total Rebate Amount:	\$8,111.00

The information contained herein is correct as at 28 Jun 2022

15/11-8111

-6889

OK

dp:130

9yrs 5/113

130x113
- 14690
=151

6/28/22, 1:00 PM

Used Yamaha Nmax 155 bike for Sale in Singapore - Price, Reviews & Contact Seller - SGBikemart

Registration Date

21/06/2019

COE Expiry Date

20/06/2029

(6yrs 11mths 23days COE left)

Mileage

39765km

No. of owners

-

Type of Vehicle

Scooters

SGD \$9888

Used Yamaha N-Max 155 For Sale!

* Price Before Insurance Only.

Read more 

Similar Bikes

[View More](#)



11/05/2022

Used Bike

★ Direct Seller

Yamaha Nmax 155

2020 Yamaha Nmax 155 For Sale.

\$11500

 19



25/06/2022

Used Bike

★ United Cycles LLP

Yamaha Nmax 155

Yamaha Nmax155 For Sale. V...

\$9000

 1



Pte Ltd

TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel : 6844 2475

E-mail : claims@teamworkgarage.com

Register number : 201015366H

REPAIR PERFORMA INVOICE

MSIG

Vehicle number	FBT571P
Make / Model	YAMAHA NMAX
Chassis number	MH3SG5680MK094860
Accident date	13/5/22
Reference	2205-25

Qty Particulars Unit Price - SGD \$

PARTS REPLACEMENT - LIST ITEMS		
1	LH FAIRING (MAIN)	350.00 / Scr
1	LH FAIRING (SMALL)	200.00 / Scr
1	LH FAIRING (MIDDLE)	200.00 / Scr
1	LH FAIRING (LOWER)	200.00 / Scr
1	REAR LH FAIRING	300.00 / Scr
1	FRONT HEADLAMP	400.00 / Scr
1	FRONT HEADLAMP LOWER FAIRING	280.00 / Scr
1	FRONT HEADLAMP UPPER FAIRING	280.00 / Scr
2	SIGNAL LAMP	240.00 x Scr
2	BRAKE LEVER	180.00 / Scr
2 X	WING MIRROR	180.00 / Scr
1 SET	BALANCER	150.00 / Scr
1	FRONT FENDER	180.00 / Scr
1	FRONT FORK bt	700.00 / Scr
1	HANDLE BAR	250.00 / Scr
1	MAIN STAND	100.00 / Scr
1	RH FAIRING (MAIN)	350.00 / Scr
1	RH FAIRING (SMALL)	200.00 / Scr
1	RH FAIRING (MIDDLE)	200.00 / Scr
1	RH FAIRING (LOWER)	200.00 / Scr
LH middle fairing (Long) scr		
Thuan 17/5/22 1800 4/5 4 days up		
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:		
Subtotal		5140.00
Less 10%		514.00
Subtotal		4626.00
Balance C/F		4626.00
PARTS REPLACEMENT - SPECIAL NETT ITEMS		
1	STICKERS	100.00 / Scr
1	BOX	800.00 / Scr
1	FORK OIL	30.00 / Scr
1	FORK SEAL	30.00 / Scr
Subtotal		960.00
Balance C/F		5586.00
LABOUR AND MISCELLANEOUS CHARGES		
1	TO CHECK WIRING SYSTEM	100.00 / Scr
2	TO R&R SUSPENSION, HANDLE BAR, HEADLAMP & FAIRING	500.00 / Scr
3	TO SPRAY FENDER, FAIRINGS AND AFFECTED AREAS	500.00 / Scr
Subtotal		1100.00
Grand total		6686.00

F: 2600 = 2600 = 25945.6



**SINGAPORE
POLICE FORCE**



T/20220514/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220514/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2022 11:27		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: TAN HAN XIANG		Address: 418 BEDOK NORTH AVENUE 2 #08-57 SINGAPORE 460418	
ID Type / ID No.: NRIC NO / S9579418A		Contact No.: Home/Office: Mobile: 98473112	
Nationality: MALAYSIAN		Email: X3EVOLOVEYM@HOTMAIL.COM	
Sex: Male	Age: 26	Date of Birth: 01/10/1995	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/05/2022 15:10	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of
FBT571P	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Black		0
SLG4299A	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220514/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220514/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT571P	NTUC Income Insurance Co-Operative Limited	5124353238	28/10/2021	27/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN HAN XIANG	ID No.	S9579418A
Related Vehicle	FBT571P (Motorcycle)	Contact No.	98473112
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	08	Degree of	Slight

Brief Details.

i was travelling on KPE towards Airport Road after exit 6. Vehicle B which was on the first lane suddenly cut onto my lane and collided and drag me and my vehicle causing me to fall off on the left side of my bike and roll on the floor.

After the incident, i felt pain on my both ankle, both my leg as well as my right shoulder and i went to consult a doctor and was given 8 days MC



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220514/7014

3 of 3

Report No. T/20220514/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

NP168

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

Date/Time:
14/05/2022 11:27

Classification Of Case:

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	14/05/2022 13:56 (SGT)
Date of Accident	13/05/2022 15:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TOWARDS AIRPORT ROAD TOWARD EXIT 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT571P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN HAN XIANG
NRIC No	S9579418A
Email Address	x3evoloveym@hotmail.com
Mobile Phone No	(Phone) +65-98473112
Alternative Phone No	+65-98473112

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX 155 ABS CVT
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	155

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5124353238
Cover Note Number	28/10/2021 TO 27/10/2022

DRIVER

Name of Driver	TAN HAN XIANG
NRIC No	S9579418A

Date Of Birth	01/10/1995
Occupation	Indoor
Date Of Driving Pass	28/10/2021
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98473112
Alt. Phone Number	+65-98473112
Email Address	x3evoloveym@hotmail.com
Address	APT BLK 418 BEDOPK NORTH AVE 2 #08-57 (S) 460418
Address complement	-
Postcode	-
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?	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACH.

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	SLG4299A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	SOH TIONG HAI
NRIC No	S1638053I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN HAN XIANG
Gender	Male
Phone No	(Phone) +65-98473112
Address	APT BLK 418 BEDOPK NORTH AVE 2 #08-57 (S) 460418
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBT571P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLANIMPORTANT 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.



13/5/22

Policyholder's Signature / Date & Time



13/5/22

@ 1200hr

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

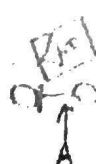


Witnessed by Reporting Centre Personnel

Sketch Plan

A - FBT 571P

B - SLG 4299A




Describe Circumstances of the Accident


I was travelling on KPE towards Airport Road after exit 6. Vehicle B which was on the first lane, suddenly cut onto my lane and collided and drag me and my vehicle causing me to fall off on the left side of my bike and roll on the floor.

Declaration

We declare the foregoing particulars are true in every respect.

 13/5/22

Policyholder's Signature / Date & Time

 13/5/22 @ 12 00h

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



Witnessed by Reporting Centre Personnel