

A.S.S. REC:BY: Tajm

REF:

CC4/LPC220.04836/Tg93.

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / 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 Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

49000

IDAC Accident Report: _____

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

Machul

Veh No: FK1254ZYr Regn: 2020 / Dec

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

Truck / Trailer or

Make: Yamaha

YS-125

c.c.

125

Colour: Black

A/C:

Insured / Std / NI / NA

Sp. Reading: 22145

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: LBP RE331000018685Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NI

S/Rim

STD A/Rim or

Tyre Size: F:

P:

3.60-180

R:

4 4.

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

TOYO / YOKO or

Shinwa

Front

Rear

R/Bal. 5 mmR/Bal. 5 mm

L/Bal. _____ mm

L/Bal. 4 mm

D.O.A. _____

D.O.I. 24/5/22Survey held at Pany ScooterDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

Rep. Format: _____

Lump Sum / L.B.R. ()

Blk 1006 Bukit Merah Lane 2 #01-06 Singapore 159762
Tel : 6271 4618 Fax : 6273 2632

Tel : 6271 4618 Fax : 6273 2632

BIKE NO.: FK 1254Z

DOA : 27/04/2022

MAKE/MODEL : YAMAHA YS125

[illegible]



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	28/04/2022 13:04 (SGT)
Date of Accident	27/04/2022 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OLD HOLLAND ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FK1254Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	RAMASAMY RAJANDRAN
NRIC No	S0162390G
Email Address	RAJGARDENER@GMAIL.COM
Mobile Phone No	(Phone) +65-81066978
Alternative Phone No	+65-81066978

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YS125
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	Manual
CC	125

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5120222581-01
Cover Note Number	-

DRIVER

Name of Driver	RAMASAMY RAJANDRAN
NRIC No	S0162390G



Date Of Birth	21/11/1952
Occupation	Indoor
Date Of Driving Pass	17/02/1983
Driving experience	39 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81066978
Alt. Phone Number	+65-81066978
Email Address	RAJGARDENER@GMAIL.COM
Address	BLK 670 #02-509
Address complement	CHOA CHU KANG CRESCENT
Postcode	680670
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

ON THE SAID DATE AND LOCATION MY BIKE WAS PARKED STATIONARY BESIDE THE COFFEE SHOP AS I WAS HAVING LUNCH. THERE WAS A LORRY PARKED IN FRONT OF ME. THERE WAS ALSO A VAN AHEAD OF THE LORRY WITH THE DRIVER INSIDE. SUDDENLY I SAW THE VAN WENT FORWARD AND HIT INTO THE LORRY FRONT PORTION. IT CAUSES THE LORRY TO WENT BACKWARD IN A REVERSE MOTION AND HIT INTO MY BIKE THAT WAS STATIONARY PARKED THERE. NO INJURY IN THIS CASE.

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	GBB7796G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KHAN UZZAL

Work Permit No	G8081072K
Contact Number	(Phone) +65-84551956
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF3118U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KOH
Contact Number	(Phone) +65-93689851
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

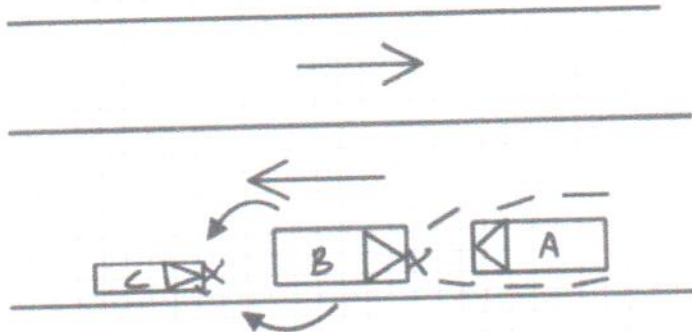
SKETCH PLAN

COFFEE SHOP

VEH A:GGB7796G

VEH B:GBF3118U

VEH C:FK1254Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS REPORT

DECLARATION

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

Policyholder's Signature

Date & Time: 28/04/2022 1315hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: SUFIYAN

NRIC/FIN No.: S992991