

Surveyor copy

SF0F226A0003 / FALCON-AIR AUTO SERVICES PTE LTD [575721]
ENTRY DATE & TIME: 10/06/2022 17:39 (SGT)
SUBMITTED BY: Florence Loh
VERSION: 1 (10/06/2022 17:39 (SGT))

Your NCD will be affected due to late reporting

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	10/06/2022 17:39 (SGT)
Date of Accident	06/06/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO STREET 66 AND YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE3688X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PRAHALATHAR S/O THIYAGARAJAN
NRIC No	TXXXX278D
Email Address	royvendetta01@gmail.com
Mobile Phone No	(Phone) +65-92721990
Alternative Phone No	+65-92721990

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
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	399

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	-
Cover Note Number	CN51011138

DRIVER

Name of Driver	PRAHALATHAR S/O THIYAGARAJAN
NRIC No	TXXXX278D

Date Of Birth	05/04/2001
Occupation	Indoor
Date Of Driving Pass	15/08/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92721990
Alt. Phone Number	+65-92721990
Email Address	royvendetta01@gmail.com
Address	BLK 880 WOODLANDS ST 82 #02-16
Address complement	-
Postcode	730880
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 - Major/Minor Rd
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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP.

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	SLU1297B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PRAHALATHAR S/O THIYAGARAJAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBE3688X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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' 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

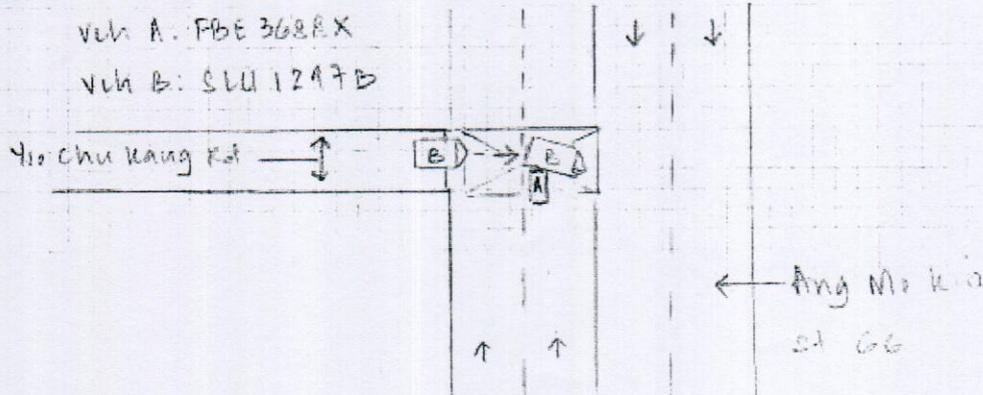
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
 10/04/2022
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along Ang Mo Kio St 66 (main road) when veh B dash out from Yio Chu Kang Rd (small road) without stopping at the stop line to check. I immediately applied my brake to avoid collision, but skidded and my motorbike fell. My motorbike skidded forward and hit into veh B rear right. I was injured and conveyed to hospital.

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



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20220606/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2022 22:04	Vide Report No.:	Station Diary No.: 134
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Informant's Particulars			
Name of Informant: PRAHALATHAR S/O THIYAGARAJAN		Address: APT BLK 880 WOODLANDS STREET 82 #02-16 SINGAPORE 730880	
ID Type / ID No.: NRIC NO / T0110278D		Contact No.:	Mobile: 92721990
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 05/04/2001	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/06/2022 08:30	Type of Location: X-Junction
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE3688X	Motorcycle	HONDA	CB400	Blue	Seriously Damaged	0
SLU1297B	Car	HONDA	VezeL	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE3688X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300575454	25/04/2022	24/04/2023



**SINGAPORE
POLICE FORCE**



T/20220606/2136

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No: T/20220606/2136

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	PRAHALATHAR S/O THIYAGARAJAN	ID No.	T0110278D
Related Vehicle	FBE3688X (Motorcycle)	Contact No.	92721990
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	06/06/2022	Date Discharge	06/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 06/06/2022 at about 8.29am, I was riding my motorcycle FBE3688X on the right lane of two-lane road of Yio Chu Kang Road towards Lentor. Traffic volume was heavy. As I was approaching the junction of Ang Mo Kio Street 66, suddenly, a white car SLU1297B made a right turn from my left to right. I jammed on my brakes to avoid the said car but I skidded and fell. My motorcycle skidded forward and hit onto the right rear side of SLU1297B.

Police and ambulance came to the scene and I was conveyed to Sengkang General Hospital where I received outpatient treatment and was given 3 days of MC. I did not sustain any fracture. I only have a sprained left ankle and swollen left leg. I do not have the particulars of the driver and also I do not have the police incident number.



**SINGAPORE
POLICE FORCE**



T/20220606/2136

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20220606/2136

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report: L / Other MOHAMMAD ZULKARNIAN BIN SAMSUDIN 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SR STAFF SGT JOFILIANO BIN MOHAMED ALI Contact No.: 65476960

Signature Of Informant: 
Date/Time: 06/06/2022 22:04
Classification Of Case:

NP168

Summary



T/20220610/2049

1 of 3

Report No. T/20220610/2049

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No NA
Report Number T/20220610/2049
Vide Report Number T/20220606/2136
Date/Time of Report Made 10/06/2022 13:42
Place Report Lodged Traffic Police
Type of Informant Rider
Name of Informant PRAHALATHAR S/O THIYAGARAJAN
ID Type / ID No. NRIC NO / T0110278D
Home/Office
Mobile 92721990
Email
Type of Accident Injury / Conveyed By Ambulance
Drink Drive No
Anyone conveyed by ambulance No
Date/Time of Accident 06/06/2022 08:30
Accident Location ANG MO KIO STREET 66

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE3688X	Motorcycle	HONDA	CB400	Blue	Seriously Damaged	0
SLU1297B	Car	HONDA	VEZEL HYBRID 1.5X AUTO	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20220610/2049

2 of 3

Report No. T/20220610/2049

Continuation of CSF For NP168

Rider			
Name	PRAHALATHAR S/O THIYAGARAJAN	ID No.	T0110278D
Related Vehicle	FBE3688X (Motorcycle)	Contact No.	92721990
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/06/2022	Date Discharge	06/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Facts.

I wish to add the below mentioned statements into my traffic accident report.

I was riding along Ang Mo Kio St 66 on my motorcycle (FBE3688X), when a vehicle (SLU1297B) dashed out from Yio Chu Kang Rd without stopping at the stop line to check. Immediately, I applied my brakes to avoid collision, but I lost control and skidded. Due to the skid, my motorcycle went forward and hit the said vehicle's rear right corner.



T/20220610/2049

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Report No. T/20220610/2049

Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / JOFILIANO BIN MOHAMED ALI
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE



**BISHAN NPC
20 BISHAN STREET 2.
SINGAPORE 579757
TEL: 1800-5529999**

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

Date: 15 June 2022

To : LKK

Attn : Bryan

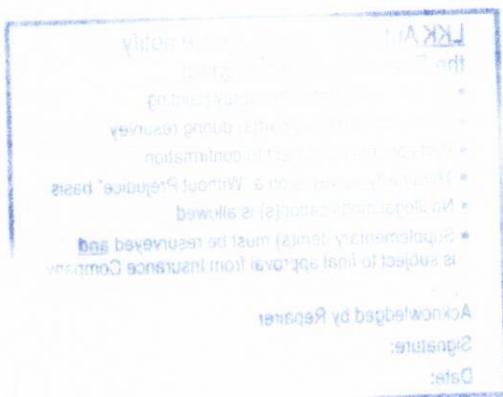
Tel : 97237799

VEHICLE NO : FBE 3688X

S4 Revo

ACCIDENT DATE: 6 June 2022

Description	Qty	Quotation \$
1 Handle Bar <i>new</i>	1	150.00 <i>X</i>
2 Fork Tube <i>2 SVC</i>	1 set	950.00 <i>2 X</i>
3 Radiator Tank <i>1st</i>	1	800.00 <i>350.00</i>
4 Radiator Guard <i>1st</i>	1	150.00 <i>80.00</i>
5 Crash Bar <i>Dark</i>	1 set	380.00 <i>✓</i>
6 Balancer <i>HF</i>	1 set	220.00 <i>X</i>
7 Brake Cover <i>level cut</i>	1	95.00 <i>✓</i>
8 Yoshimura Pipe <i>Dark</i>	1	1,350.00 <i>✓</i>
9 Front Rim <i>new</i>	1	350.00 <i>X</i>
10 Tail Panel <i>new</i>	1	280.00 <i>X</i>
11 Fork Oil Seal <i>new</i>	1 set	125.00 <i>X</i>
	Sub-Total	4,850.00
	Less 10%	485.00
	Sub-Total	4,365.00



107. 2255.00
2029.50

VEHICLE NO : FBE 3688X

S4 Revo

Nett items

1	Pipe inspection fee & legal cert	150.00	80/- 60/-
2	Towing fee	40.00	HN
3	Remove & replace necessary parts, fork tube, rim, etc	380.00	200/-
4	Putty & respray paint to affected body	280.00	HN
5	Replace front rim labour & respray	250.00	40/- 150/-
6	Front number plate <i>vs</i>	15.00	✓

410-w

Sub-Total	1,115.00
Nett Total	5,480.00

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion. Thank you

2439.50

4/5 1,950/-

SG 98 MOTOR PTE LTD

15/06/2022 @ 1600hr
 via Andrew
 4pm 3 days
 ?
 rjn
 LKK Auto


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: