

ASS. REC. BY: thuvan

REF:

CS/GRB22006113/UVY3**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s 9639 1004of Mr Lim

Insured: _____

Policy No. _____

Claims No. _____

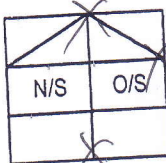
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBW3/81T Yr Regn: 1

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

Truck / Trailer or

Make: Honda Vario 150 c.c. 150Colour: Grey A/C: Insured / Std / NI / NASp. Reading: Not avail T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 90/90-14R: 90/90-14BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front 5 mmR/Bal. 5 mmL/Bal. 5 mmD.O.A. 2/6/22Survey held at First motorDes. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

MVrebatNUNO GIA

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL



**SINGAPORE
POLICE FORCE**

P. P. A.



T/20220603/2113

1 of 3

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

Report No. T/20220603/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2022 20:50	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: CHEW SOON PING			Address: H-02-09, APARTMENT SKUDAI VILLA, TAMAN SKUDAI BARU, 81300 SKUDAI H		
ID Type / ID No.: FIN NO / G7042450P			Contact No.: Home/Office: Mobile: 81275461		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 03/06/1978	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALESMAN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/06/2022 22:00	Type of Location: Car Park
Location: KAKI BUKIT AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN3181T	Motorcycle	HONDA	VARIO 150 CVT	Silver		0
SLP8953X	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Grey		0

Details of Person Involved

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



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

CONTINUATION OF REPORT

Rider			
Name	CHEW SOON PING	ID No.	G7042450P
Related Vehicle	FBN3181T (Motorcycle)	Contact No.	81275461
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLP8953X (Car)	Contact No.	91085827
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE STATED DATE, TIME AND LOCATION

ON THE 2/06/22 AT ABOUT 2200HRS, I BEARING PLATE NUMBER FBN3181T AND THE OTHER PARTY PLATE NUMBER SLP8953X. I WAS RIDING OUT FROM MY WORKPLACE CARPARK AT 61 KAKI BUKIT AVE 1 S417943. I WAS GOING STRAIGHT WHEN THE OTHER PARTY SUDDENLY CAME OUT FROM MY LEFT AND COLLIDE INTO THE LEFT SIDE OF MY VEHICLE, I LOSE CONTROL AND FELL ON MY RIGHT SIDE. I STAND UP AND TRIED TO PICK UP MY MOTORCYCLE, THE OTHER PARTY WENT OUT TO RENDER ASISTANCE, I ASK THE OTHER PARTY TO EXCHANGE PARTICULARS. HE DID NOT AGREE AND DID NOT GAVE ME HIS PARTICULARS. I MANAGE TO GET THE OTHER PARTY CONTACT NUMBER AND CONTACT HIM THE DAY AFTER AND ASKED THE OTHER PARTY TO MAKE A POLICE REPORT TO CLAIMED INSURANCE, HE TOLD ME NOT TO MAKE A POLICE REPORT UNTIL HE VIEW THE IN CAR CAMERA. I CALLED THE OTHER PARTY THE NEXT DAY (3/6/22) AT ABOUT 1700HRS AND ASKED FOR A PRIVATE SETTLEMENT TO WHICH HE DID NOT AGREE, HE TOLD ME THAT IT WAS MY FAULT. I FEEL PAIN FROM THE INJURIES I SUSTAINED FROM THE ACCIDENT AND WANTED TO GO TO THE CLINIC AFTER MAKING THIS POLICE REPORT, THATS ALL.



**SINGAPORE
POLICE FORCE**



T/20220603/2113

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

3 of 3

Report No. T/20220603/2113

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:

TP /

Other ABU HURAIRAH BIN
ABDUL TALIB

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/06/2022 20:50

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

NP168



FIRST MOTOR

統 一 摩 哆

Reg. No. 289644/OOC

Blk 3006 Ubi Road 1 #01-398 Singapore 408700

Tel: 6743 1911, 6744 8333 Fax: 065-6745 8131

E-mail: lionell@singnet.com.sg

E-mail: first_motor_sg@yahoo.com

Date

24 JUNE 2022

Model

HONDA VARIO 150 CVT

Registration No.:

FRN 3181T

L/S repair

Damage Assessment

parts - 10/6

S/N	Description	Condition	Qty	Unit Price	Total Price
1.	BRAKE LEVER	scratched	1		20
2.	MIRROR	scratched			30
3.	FRONT COVER Panel	scratched			45
4.	TOP SIDE COVER (R)	scratched			80
5.	TOP SIDE COVER (R)	scratched			55
6.	FLOOR BOARD COVER	scratched			9.0
7.	LOWER (R) SIDE COVER	scratched			110
8.	FRONT MUDGUARD	scratched			70
9.	Fork Assy	bent			380
10.	FRONT WHEEL	bent			220
11.	REAR FOOT REST (R)	scratched			35
12.	EXHAUST PIPE PROTECTION	scratched			45
13.	REAR SIDE COVER (R)	scratched			130
14.	REAR NUMBER PLATE	scratched			20
15.	REAR GLOVE BOX	scratched			160
16.	TOWING SERVICE				80
17.	WORKMANSHIP STRIP & Fix				300
18.	BODY PARTS				1780
19.					
20.	F: 18400				
21.	RD. 4				
22.					
23.					
24.					
25.					
26.					
27.					
28.					

60

200

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:

CHOP & SIGN

TOTAL