

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. DM22HO01073

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: _____

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

Veh No: FBL8706H Yr Regn: 13/4/17

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

Truck / Trailer or

Make: Yamaha Sniper T150 c.c. 150Colour: Black A/C: Insured / Std / Nil / NASp. Reading 120210 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: MH3060 740 600 31213

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 60/70-17R: 70/80-17
☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or .

Front

R/Bal. 4 mm

L/Bal. _____ mm

D.O.A. 29/6/22

Survey held at

Des. of Damages: ☒ Frt / Rear / O/S / ☒ N/S / U/C / Rooftop or

Rear

R/Bal. 4 mm

L/Bal. _____ mm

D.O.I. 13/7/22Southern Motor

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

Date / Time Action / Instruction

MV-7800

13/07/22 @ 5.01pm revised to EQ1 by email.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format:

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL



南方摩哆

Southern Motor

Business Reg. No: 234147/00L

Block 1006, Bukit Merah Lane 2, #01-10, Singapore 159762

Tel: 6273-0369 (3 Lines) Fax: 6274-6614

06 July 2022

EQ Insurance Company Ltd
5 Maxwell Road #17-00 Tower Block
MND Complex
SINGAPORE (069110)

Dear Sirs,

RE: Cost of repair to Yamaha SniperT150 - FBL8706H

1pc of Body Set / OR	S\$	480.00
1pc of Handle Bar / BT		75.00
1pc of Clutch Lever / BT		25.00
1pc of Handle Balancer / CM		20.00
1pc of Mirror / CM		55.00
1pc of Side Stand / BT		35.00
1pc of Rear Kappa Box / CM		190.00
		<hr/> 880.00
Less 10%		88.00
Nett		<hr/> 792.00
Transport		40.00 /
Alignment Fork		85.00 /
LTA Fees		7.45 x
Labuor		150.00 /
		<hr/> <u>\$1,074.45</u>

Yours Faithfully,
Southern Motor



Steve (LKK)
13/7/22, 10am

W R
L/S
by A y
J G

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:

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	01/07/2022 19:07 (SGT)
Reported by	Both
Date of Accident	29/06/2022 17:20 (SGT)
Exact Location of Accident	Serangoon Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL8706H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD AMINUDDIN BIN AHZMI
NRIC No	S9147545F
Email Address	AMINUDDIN151114@OUTLOOK.COM
Mobile Phone No	(Phone) +65-87424184
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
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	Auto
CC	150

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	Third Party, Fire & Theft

DRIVER

Name of Driver	MUHAMMAD AMINUDDIN BIN AHZMI
NRIC No	S9147545F
Date Of Birth	15/12/1991
Occupation	Indoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

30/11/2010

11 YEARS AND 7 MONTHS

Male

(Phone) +65-87424184

AMINUDDIN151114@OUTLOOK.COM

BLK 242 HOUGANG ST 22

02-71

530242

Yes

-

No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Cross Junction

Clear

Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

No

2

Yes

No

Yes

1

No

-

-

-

-

-

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Paya Lebar Neighbourhood Police Post

Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114

No

-

CIRCUMSTANCES OF ACCIDENT

-

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SLF9977Z

-

-

-

-

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	MUHAMMAD AMINUDDIN BIN AHZMI
Gender	Male
Phone No	(Phone) +65-87424184
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBL8706H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(1)	(2)	(3)

A) FBL 8706H
B) SLE 9917Z

Describe Circumstances of the Accident

Refer police report

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



SINGAPORE POLICE FORCE



T/20220630/2078

1 of 3

Report No. T/20220630/2078

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2022 18:06	Video Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: MUHAMMAD AMINUDDIN BIN AHZMI			Address: APT BLK 242 HOUGANG STREET 22 #02-71 SINGAPORE 530242	
ID Type / ID No.: NRIC NO / S9147545F			Contact No.:	Mobile: 87424184
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 30	Date of Birth: 15/12/1991	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: GRAB RIDER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2022 17:20	Type of Location: T-Junction
Location: SERANGOON 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
FBL8706H	Motorcycle	YAMAHA	SNIPER T150	Black	Slightly Damaged	0
SLF9977Z	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL8706H	NTUC Income Insurance Co-Operative Limited	5118104907-01	03/07/2021	02/07/2022



**SINGAPORE
POLICE FORCE**



T/20220630/2078

2 of 3

Report No. T/20220630/2078

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

CONTINUATION OF REPORT

Brief Details.

On 29/06/2022 at about 1720hrs, I was riding on my motorbike, plate number: FBL8706H, along Serangoon Ave 1 on the way to pick up an order. I met with an accident at the T-junction with another car, car plate number: SLF9977Z. The car position on the extreme left of the lane, made a right turn signal to turn. The car was making a U-turn. I met with an accident with the car as I crashed on the back taillight of the car.

I was injured but I was still able to move and went to see a doctor afterward. I received a 5 days medical certificate from the doctor.



**SINGAPORE
POLICE FORCE**



T/20220630/2078

3 of 3

Report No. T/20220630/2078

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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:

F/

SGT 1 MUHAMMAD RAFIQUE
BIN ROSLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

Date/Time:
30/06/2022 18:06

Classification Of Case:

NP168