

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. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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: FBP24642 Yr Regn: 1/3/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Yamaha XMAX 300 c.c. 292
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 49411 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MH3SH0843KK00614R
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 120/70-15
 R: 150/70-14
 ES / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 4/7/22 D.O.I. 14/7/22
 Survey held at HKL Lim
 Des. 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
	<u>MV-16K</u>

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$1 _____

Photos _____

Others _____

TOTAL



HKL LIM TEAM MOTORSPORT PTE LTD

UEN: 202218929Z

Blk 1008 #01-24 Bukit Merah Lane 3, Singapore 159722.
Tel: 6275 6656 Email: hkllimteam@gmail.com

FBP2464Z

1	LAMP STAY ?	\$250
2	FRONT FENDER X	\$90
3	FRONT SIGNALS LH/RH ?	\$160
4	HANDLE BAR X	\$150
5	WINDSHIELD MALOSSI / CUT	\$160
6	FRONT NO PLATE / MC	\$15
7	BRAKE LEVER RH / CUT	\$45
8	SIDE MIRROR / CUT	\$150
9	HEADLIGHT / CUT	\$580
10	HEAD COWLING CENTER / CUT	\$130
11	HEAD COWLING LH/RH - CM	150 \$300
12	SEATBAR RH X	\$180
13	HEAD PANEL / CUT	\$120
14	TAIL BOARD CENTER / CUT	\$95
15	TAIL PANEL ?	\$60
16	TAIL PANEL LH/RH ?	\$160
17	REAR FENDER X	\$90
18	FRONT FOOT REST RH PANEL (1/2~) / CM	\$120
19	EXHAUST X	\$780
20	EXHAUST MUFFLER COVER / CM	\$95
21	TAIL LIGHT LH/RH / (R (RH) (LH) ?	\$400
22	TAILBOARD LH/RH / CM	120 \$240
23	TAILBOARD LOGO LH/RH - K	40 \$80
24	SIDE PANEL BLACK RH / CUT	\$120
25	LABOUR	\$680 350

TOTAL AMOUNT:

\$5,250

Steve (LKK)
14/7/22, 11:37

m R
P/P
m Bul y
3 Lyr

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	05/07/2022 17:02 (SGT)
Reported by	Both
Date of Accident	04/07/2022 13:30 (SGT)
Exact Location of Accident	Bukit Batok, Singapore
Additional Location Information	BUKIT BATOK MRT MCDONALDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP2464Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD RIDHWAAN BIN SUKIMI
NRIC No	S8612652D
Email Address	MUHAMMADRIDHW44N@GMAIL.COM
Mobile Phone No	(Phone) +65-91687221
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	YAMAHA
Model	XMAX 300
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	292

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	CN51008834

DRIVER

Name of Driver	MUHAMMAD RIDHWAAN BIN SUKIMI
NRIC No	S8612652D
Date Of Birth	02/05/1986
Occupation	Outdoor

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

05/11/2007

14 YEARS AND 8 MONTHS

Male

(Phone) +65-91687221

-

MUHAMMADRIDHW44N@GMAIL.COM

BLK 339 CLEMENTI AVENUE 5 #03-248

-

120339

Yes

-

No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collided into Parked Vehicle

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

No

-

Yes

0

No

-

-

-

-

-

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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

Name of Driver

Contact Number

YM5418G

Mitsubishi

Fuso

-

White

Commercial vehicle

ANTHONY CHIN

(Phone) +65-88993317

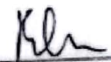
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

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:

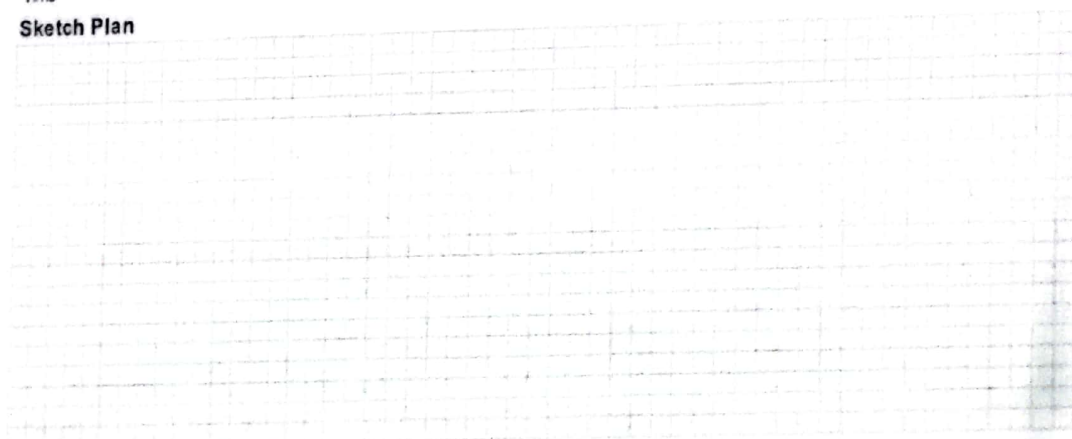
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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



Describe Circumstances of the Accident

On 4 July my motorcycle park behind Macdonalds But it
 back MTR was being damaged by "F4N" truck while as
 my bike being stationary. The driver told me he was reversing
 his vehicle while it happen. I was not there when it happened.
 I was gone for about 1hr 1/2 from my vehicle. The driver
 waited for me.

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