

ASS. REC. BY:

Steve

CS/SMR 22007173/EVY3

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: **SHC 4535L**
 Policy No. _____
 Claims No. **TAX/06/22/2001**
 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 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: **FBR 8549M** Yr Regn: **6/11/20**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Yamaha Nmax** c.c. **155**
 Colour: **Black** A/C: Insured / Std / NI / NA
 Sp. Reading: **89467** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **MH3SGS680LK 038362**
 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: **110/70R14**
 R: **170/70R14**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. **1k** mm R/Bal. **4** mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. **1/6/22** D.O.I. **1/8/22**
 Survey held at **Southern Motor**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction
	MR-12K
4/11/22	Submit preli report-revised fig \$937.50 check items \$432 *The vehicle has not send in for repair

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: **3**

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 4/11/22-typist

Report Format: _____

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

Add Fee:

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

Survey Fee:

Transportation:

\$ + 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

26 July 2022

MS First Capital Insurance Limited
36 Robinson Road #16-01
City House
Singapore (068877)

Dear Sirs,

RE: Cost of repair to Yamaha Nmax155 ABS CVT -FBR8549M

1pc of Rear Fork <i>BT</i>	S\$	480.00
1pc of Exhaust Pipe Cover <i>CVT</i>		140.00
1pc of Radiator Cover <i>CVT</i>		85.00
1pc of Body Guard <i>BT</i>		180.00
1pc of Lower Cowling <i>CVT</i>		135.00
1pc of Front Faring Side LH <i>CVT</i>		215.00
1pc of Mirror <i>CVT</i>		45.00
1pc of Rear Box Bracket <i>X BT</i>		85.00
1pc of Centre Fairing <i>CVT</i>		75.00
		1,440.00
Less 10%		144.00
Nett		1,296.00
Labour		200.00 <i>150</i>
		<u>\$1,496.00</u>

Yours Faithfully,
Southern Motor



Steve (LKK)

1/8/22, 10.17a

m R

3 L

PIP

My BL Y

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:

First Capital

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	02/06/2022 15:46 (SGT)
Date of Accident	01/06/2022 11:35 (SGT)
Exact Location of Accident	Bencoolen St, Singapore
Additional Location Information	TOWARDS FORT CANNIG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR8549M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM KWEE HWEE
NRIC No	S1755124H
Email Address	KELVINLIM88888@GMAIL.COM
Mobile Phone No	(Phone) +65-81718393
Alternative Phone No	+65-81718393

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX 155 ABS CVT
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	155

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5119784276-01
Cover Note Number	-

DRIVER

Name of Driver	LIM KWEE HWEE
NRIC No	S1755124H

Birth	18/08/1966
Gender	Male
Driving Pass	Outdoor
Driving experience	17/01/1995
Age	27 YEARS AND 5 MONTHS
Mobile Number	(Phone) +65-81718393
Phone Number	+65-81718393
Email Address	KELVINLIM88888@GMAIL.COM
Address	APT BLK 688A CHOA CHU KANG DRIVE
Address complement	#17-342
Postcode	681688
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	Collided into Motorcyclist
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?	No
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	Marina Bay Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002229999
Alt. Police Station Phone No	(Fax) +65-64359276
Police Station Address	No 70 Marina View Singapore 018962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN

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	SHC4535L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Driver	-
Number	-
ss	-
ss complement	-
code	-
urance Company Name	-
ature Of Damage	-
etails of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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 willful 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.

6. 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

TOURIST PORT.
CRUISING

ORCHARD RD.

BENCOOL RD

A - FBR 8549 M.

B - SHC 4535L

Describe Circumstances of the Accident

Describe Circumstances of the Accident

LICENSE PLATE:	PRR 8549M	ACCIDENT DATE & TIME:	1/6/22 11:35 AM
CONTACT NUMBER:	81718393	E-MAIL ADDRESS:	KELVIN@PRR8888@gmail.com
LOCATION:	BENCOLEN TOWARD JRT CHANGING		

PLS REFER TO POLICE REPORT

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own Policy	☐ Claim Third Party	☒ Claim OD/TP at other workshop	☐ Reporting Only
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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**



T20220601/2084

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

1 of 3

Report No. T20220601/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2022 16:07	Video Report No.:	Station Diary No.: 57
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Informant's Particulars

Name of Informant: LIM KWEE HWEE	Address: APT BLK 688A CHOA CHU KANG DRIVE #17-342 SINGAPORE 681688
ID Type / ID No.: NRIC NO / S1755124H	Contact No.: Home/Office: Mobile: 81718393
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 55 Date of Birth: 18/08/1966	Type of Informant: Rider
Race: Chinese	Language: Institution / School Name:
Occupation: GRAB FOOD RIDER	Driving Licence Information: Class: 2B,3,4 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2022 11:35	Type of Location: X-Junction
Location: STAMFORD ROAD				
Weather: Cloudy	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

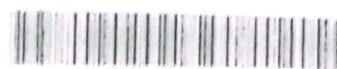
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR8549M	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Black	Slightly Damaged	0
SHC4535L	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR8549M	NTUC Income Insurance Co-Operative Limited	5119784276-01	07/11/2021	06/11/2022



**SINGAPORE
POLICE FORCE**



1/202206/01/2084

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

2 of 3
Report No: 1/202206/01/2084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM KWEE HWEE	ID No.	S1755124H
Related Vehicle	FBR5549M (Motorcycle)	Contact No.	81718393
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	01/06/2022	Date Discharge	01/06/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 01/06/2022 at about 1135hrs, I was travelling on the 2nd lane from at the junction of Bencoolen St and Orchard Rd. I was travelling from Bencoolen St towards Fort Canning Rd. While I was crossing the junction towards Fort Canning Rd, a Taxi by the registration number SHC4535L hit my rear right side of my motorcycle. The taxi was travelling from Bencoolen St and was using the most right lane prior to the accident. I felt the impact and I slowed down and brake, I then use my right leg to kick down the road as I felt that the motorcycle was about to fall. I then felt pain in my right leg and right shoulder. I then visited the clinic and was given a 5 days MC from 01/06/2022 to 05/06/2022.



**SINGAPORE
POLICE FORCE**



1/20220001-2034

1 of 3

Report No. 1/20220001/2034

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

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 65474865 stating the report number as reference.

Signature of Officer Recording The Report:
A /
SGT 2 JAMAS JEOW QI LONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/06/2022 16:07

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168