

Steve

CS/E6122 007311/EVC

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: YP 8294K

Policy No. _____

Claims No. CDMFG22001466

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBA55282

Yr Regn: 29/12/19

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

Truck / Trailer or

Make: Honda

CB190X

c.c. 184

Colour: Red

A/C: Insured / Std / NI / NA

Sp. Reading 1814

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LWRPC LIA9K1000990

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 80/90-17

R: 80/90-17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or .

Front

Rear

R/Bal. 5

mm

R/Bal. 5

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. 23/7/22

D.O.I. 3/8/22

Survey held at Southern Motor

Des. of Damages: (F) / Rear / O/S / (N/S) / U/C / Rooftop or

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

Date / Time Action / Instruction

24/11/22 Submit preli report-revised fig \$3447.70 check items \$1071

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2) 24/11/22-typist

Report Format: _____

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

Days Of Repair: 3

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

29 July 2022

Ergo Insurance Pte Ltd
5 Temasek Boulevard #04-05
Suntec Tower Five
Singapore (038985)

Dear Sirs,

RE: Cost of repair to Honda CB190X - FBO5528Z

1pc of Front Fork	?	S\$	450.00
1pc of Front Under Bracket	?		185.00
1pc of Steering Cone	?		95.00
1pc of Front Mudguard	OR		160.00
1pc of Front Sprocket Rim	CUT		480.00
1pc of Front Brake Disk	?		180.00
1pc of Front Head Lamp	OR		480.00
1pc of Meter	OR		485.00
1pc of Handle Bar	BT		98.00
1pc of Clutch Lever	CUT		25.00
1pc of Front Windscreen	OR		180.00
1pc of Front Signal Light	CUT		55.00
1pc of Front Windscreen Bracket	BT		290.00
1pc of Meter Bracket	BT		75.00
1pc of Front Fairing Set	OR		580.00
1pc of Fuel Tank Cover	?		280.00
1pc of Engine Guard	BT		250.00
1pc of Exhaust Pipe Cover	X nn		210.00
1pc of Front Sport Light	OR		95.00

4,653.00

Less 10% 465.30

Nett 4,187.70

Transport 40.00

Rear Box cut 220.00 180

IU nn 165.00 X

Labour 450.00 300

\$5,062.70

Start (LKK)
3/8/22, 9.11a
83228813

m AL
L/S

M AL Y
3 dy

Yours Faithfully,
Southern Motor



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	27/07/2022 17:16 (SGT)
Reported by	Both
Date of Accident	23/07/2022 06:45 (SGT)
Exact Location of Accident	Toa Payoh E, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ5528Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BENAIHAH GABRIEL WILLIAMS
NRIC No	S9442232I
Email Address	BOXERBURN94@GMAIL.COM
Mobile Phone No	(Phone) +65-97922469
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb190x
Variant	CB190X MANUAL
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	Manual
CC	184

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	BENAIHAH GABRIEL WILLIAMS
NRIC No	S9442232I
Date Of Birth	13/11/1994
Occupation	Indoor

Driving Pass	04/06/2002
Experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97922469
Phone Number	-
Email Address	BOXERBURN94@GMAIL.COM
Address	BLK 188 BOON LAY DRIVE
Address complement	#09-92
Postcode	640188
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 - Cross Junction
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP8294K
Vehicle Manufacturer	-
Vehicle Model	-

Variant
 Colour
 Category
 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)

Commercial vehicle

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	BENAIHAH GABRIEL WILLIAMS
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ5528Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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:

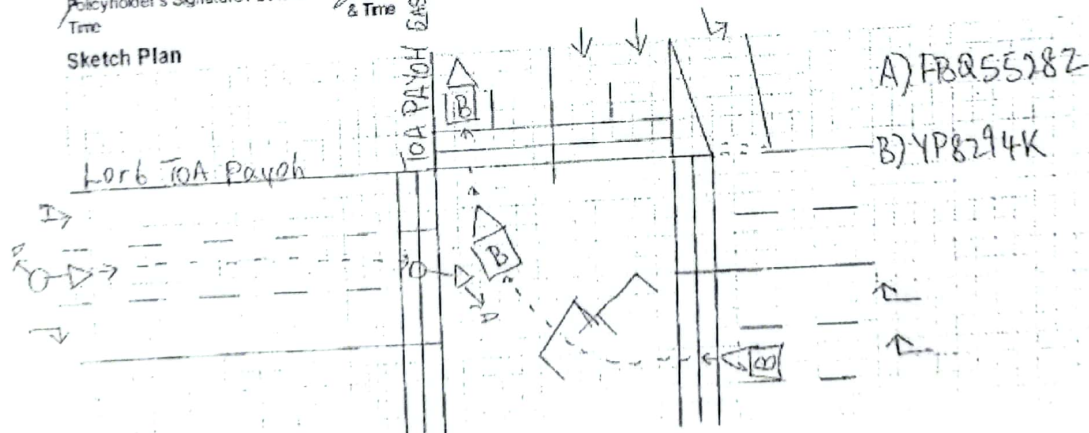
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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/are 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



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
& TimeWitnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220723/2120

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20220723/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2022 20:56	Vide Report No.:	Station Diary No.: 105
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Informant's Particulars		
Name of Informant: BENAIHA GABRIEL WILLIAMS		Address: APT BLK 188 BOON LAY DRIVE #09-92 SINGAPORE 640188
ID Type / ID No.: NRIC NO / S94422321		Contact No.: Home/Office: Mobile: 97922469
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 27	Date of Birth: 13/11/1994
Type of Informant: Rider		Institution / School Name:
Race: Indian		Language:
Occupation: PERSONAL TRAINER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:

General Information of the Accident			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2022 06:45
Type of Location: X-Junction			
Location: TOA PAYOH EAST			
Lamp Post Number: 38	Road Surface: Dry	Road Speed Limit:	
Weather: Clear	Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Traffic Flow: Dual Carriage Way		Anyone conveyed by ambulance: No	
Type of Collision: Between Moving Vehicles - Head To Rear			

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBQ5528Z	Motorcycle	HONDA	CB190X MANUAL	Red	Seriously Damaged	0
YP8294K	Lorry					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBQ5528Z	NTUC Income Insurance Co-Operative Limited	5124100782	11/10/2021	28/10/2022



**SINGAPORE
POLICE FORCE**



T/20220723/2120

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Report No. T/20220723/2120

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	BENIAH GABRIEL WILLIAMS	ID No.	S94422321
Related Vehicle	FBQ5528Z (Motorcycle)	Contact No.	97922469
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 23/07/2022 at about 0645hrs, i was riding my motorbike (FBQ5528Z) along Toa Payoh East towards Lorong 6 Toa Payoh when i approached an X-junction. The traffic light was green in my favour, as such, i rode forward. I noticed that there was a lorry (YP8294K) in the discretionary right turn pocket waiting to turn right. As i passed the traffic light stop line, i observed that the lorry kept moving forward. I tried sounding off my honk to alert him, however he kept moving. I had to swerve my bike to the right in an attempt to avoid collision, but i still collided into the rear left portion of the lorry.

Upon impact, i fell off the bike. As a result, i suffered a swollen right ankle and abrasion on my right shin. The front portion of my bike was badly damaged, and the bike had to be towed away. No police or ambulance was activated.



SINGAPORE POLICE FORCE



T/20220723/2120

3 of 3

Report No. T/20220723/2120

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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:
E /
SGT 3 NURUL NADIAH BINTE
MOHAMED SARIFF

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

Date/Time:
23/07/2022 20:56

Classification Of Case:

NP168