

Steve

CS/C11 220096/9/E993

## 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

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: FBI 29962 Yr Regn: 10/4/22

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

Truck / Trailer or

Make: Honda ADV150 c.c. 149Colour: White A/C: Insured / Std / Nil / NASp. Reading: 22311 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: MHTRF6115MK 042167

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: 60/80-17R: 80/90-17

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

TOYO / YOKO or \_\_\_\_\_

Front

R/Bal. 4 mm

L/Bal. \_\_\_\_\_ mm

D.O.A. 12/9/22

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV-17K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / L.S. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech, Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

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

## FBT2926L

1	FRONT FORK ASSY LH/RH	x	Rep (Align)	\$620	150
2	FRONT FORK UNDER BRACKET	x		\$350	
3	STEERING CONE BEARING	/	rec	\$120	
4	FRONT FENDER	/	cm	\$120	
5	FRONT WHEEL RIM	x		\$380	
6	FRONT WHEEL SHALF	x		\$45	
7	HEAD COWLING LH/RH	/	cm	\$560	
8	HANDLE BAR	/	BI	\$150	
9	WINDSHIELD	/	BR	\$180	
10	SIDE MIRROR LH	/	cm	\$130	
11	CRASHBAR	/	BI	\$280	
12	LOWER COWLING SILVER RH	/	cm	\$120	
13	RADIATOR	?		\$350	
14	RADIATOR COVER	?		\$80	
15	COOLANT	?		\$45	
16	HEAD LIGHT	/	cm	\$490	
17	HEAD LIGHT PANEL	/	cm	\$90	
18	HEAD LIGHT PROTECTOR	/	BI	\$120	
19	HAND GUARD	/	cm	\$120	
20	EXHAUST COVER SILVER	x		\$120	
21	EXHAUST COVER CARBON	x		\$80	
22	EXHAUST END CAP	x		\$60	
23	SIDE STAND	x		\$55	
24	MAIN STAND	/	BI	\$110	
25	TOP BOX	/	BI	\$420	
26	LABOUR			\$680	380

TOTAL AMOUNT:

\$5,875

Vlet1 cover. #280 / cm

Sten (LKR) m R  
3/10/22, 10.30am P/P  
4 By y  
4 Lys

## 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 Actual 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	22/09/2022 11:55 (SGT)
Reported by	Both
Date of Accident	18/09/2022 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK EAST AVE 3 LAMPPOST 29
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT2926L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD DANIAL BIN JAMALLUDIN
NRIC No	S8104599B
Email Address	Mddanial1981@gmail.com
Mobile Phone No	(Phone) +65-90590987
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	ADV150
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	Income Insurance Limited
Policy Number / Cover Note Number	5125395883

#### DRIVER

Name of Driver	MUHAMMAD DANIAL BIN JAMALLUDIN
NRIC No	S8104599B
Date Of Birth	16/02/1981
Occupation	Outdoor



e Of Driving Pass  
iving experience  
ender  
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

23/05/2002  
20 YEARS AND 4 MONTHS  
Male  
(Phone) +65-90590987  
-  
Mddanial1981@gmail.com  
BLK 878B TAMPINES AVENUE 8 #03-19  
-  
522878  
Yes  
-  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Side Swipe  
Raining  
Wet

#### 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 Tampines Neighbourhood Police Centre  
Police Station Phone No (Phone) +65-18005871999  
Alt. Police Station Phone No (Fax) +65-65871699  
Police Station Address 6 Tampines Ave 4 Singapore 529682  
Was notice of intended Prosecution given? No  
If yes, against whom? -

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND SKETCH REPORT.

#### 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 SCX9348B  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -

Vehicle Colour  
Vehicle 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)

-  
Private car  
TAN  
(Phone) +65-98269387  
-  
-  
-  
-  
-  
2

PASSENGER 1

Name  
Gender

UNKNOWN  
Female

INJURED PERSONS DETAILS

INJURED 1

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

MUHAMMAD DANIAL BIN JAMALLUDIN  
Male  
(Phone) +65-90590987  
-  
-  
-  
-  
-  
FBT2926L  
No  
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

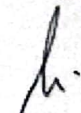
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 22/9/2022  
e 1115h

Policyholder's Signature / Date & Time

 22/9/2022  
e 1115h

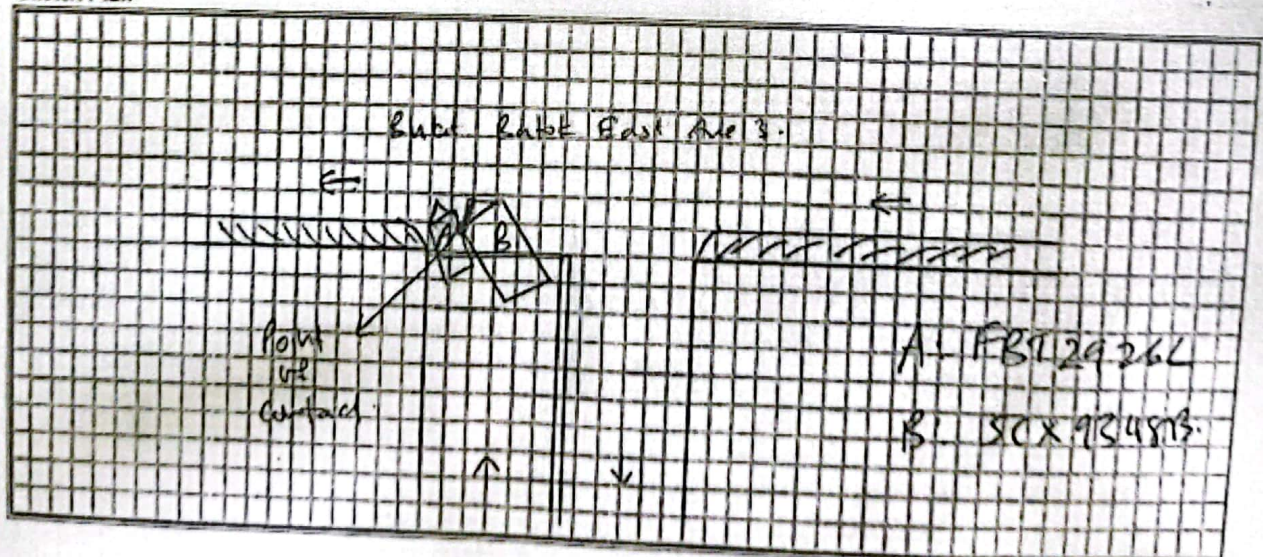
Driver's Signature (if driver is not the policyholder) / Date & Time

 h. Muhammad Nizam  
Bin Alias

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

591355

## Sketch Plan






Describe Circumstance of the Accident


Refer to police report.

Declaration


I/We declare the foregoing particulars are true in every respect.

 22/9/2022  
ellishm

Policyholder's Signature / Date & Time

 22/9/2022  
ellishm

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

 Muhammad Nizar  
G. Alai

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





# SINGAPORE POLICE FORCE



T/20220918/2071

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 520682

Tel No: 1800-5871999

1 of 3

Report No. T/20220918/2071

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2022 19:10		Vide Report No.: J/20220918/0091		Station Diary No.: 64	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD DANIAL BIN JAMALLUDIN			Address: APT BLK 878B TAMPINES AVENUE 8 #03-19 SINGAPORE 522878		
ID Type / ID No.: NRIC NO / S8104599B			Contact No.: Home/Office: Mobile: 90590987		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 16/02/1981	Type of Informant: Rider		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/09/2022 12:15	Type of Location: Straight Road
Location: BUKIT BATOK EAST AVENUE 3				
Lamp Post Number: 29				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT2926L	Motorcycle	HONDA	ADV150 ABS CVT	White	Slightly Damaged	0
SCX9348B	Car	NISSAN	CEFIRO 2.3A	Gold	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT2926L	NTUC Income Insurance Co-Operative Limited	5125395883	10/01/2022	09/01/2023





**SINGAPORE  
POLICE FORCE**



T/20220918/2071

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20220918/2071

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD DANIAL BIN JAMALLUDIN	ID No.	S8104599B
Related Vehicle	FBT2926L (Motorcycle)	Contact No.	90590987
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	18/09/2022	Date Discharge	18/09/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	TAN	ID No.	NIL
Related Vehicle	SCX9348B (Car)	Contact No.	98269387
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 18/09/2022 at about 12.15pm, while I was moving out from the carpark gantry of Blk 284 Bukit Batok East Ave 3, I was hit on the right side by a car.

Prior to the collision, I had ensured that the traffic on my right had cleared. As such, I proceeded to make the left turn. Suddenly, the car which I believed to be behind me have also make the left turn, hit onto the right side of my motorcycle (near the handle bar). Though I had managed to stabilize myself, the driver had rammed forward (after the impact) which caused me to be dragged forward and fell on the curb.

I then called for the ambulance where I was also attended by the police. As I was not experiencing any pain then, I refused to be conveyed. However, as I felt pain on my left rib area and experienced difficulty in breathing, I proceeded to Tan Tock Seng Hospital where I was issued with 3 days MC.

I wish to state that I was sure that the traffic was clear of any incoming vehicles before I rode off. However, I am not sure where the car came from.





SINGAPORE  
POLICE FORCE



T/20220918/2071

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 520602  
Tel No: 1800-5871999

3 of 3

Report No. T/20220918/2071

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:

G /  
SI MOHAMED IDIL BIN  
MOHAMED ALI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/09/2022 19:10

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT ABDUL RAHIM BIN SALIM  
Contact No.: 65476433

Classification Of Case:

NP168