

ASS. REC. BY:

REF: C72 / 22010167/KV

Kenneth

## 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.Bal. or Market Value: 895000

IDAC Accident Report: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: 09 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

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

Vehicle: IN / OUT

Veh No: FBP 79306Yr Regn: 06, 19

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

Truck / Traller or \_\_\_\_\_

Make: Yamaha Aeroxc.c. 155Colour: Red / Black / Grey

A/C: Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_

T/Radio: Insured / Std / NI / NA

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

C/No: MH3SG464OKJ049876Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / A/Rlm or

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

110/80R14120/70R14BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal. 4 mmR/Bal. 6 mm

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

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

D.O.A. 9/10/22D.O.I. 14/10/2022

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

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or& o/s body

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

Date / Time

Action / Instruction

Car B1

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

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

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

: Fixings

: Others

TOTAL

Report Format :

ump Sum / I.B.I: (\$ \_\_\_\_\_)

# SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg\_motor\_enterprise@yahoo.com.sg

Not Noted  
 11 Pp @  
 Return After Paint  
 4 days

Date: 12 October 2022

To : LKK

Attn :

Tel :

VEHICLE NO : FBP 7930L

Yamaha Aerox GDR 155A

ACCIDENT DATE: 9 October 2022

	Description	Qty	Quotation \$
1	Handle Bar ?	1	
2	Balancer Old 4	1 set	
3	Mirror Old 4	1 set	
4	Brake Lever RA ✓	1	
5	Front V Panel M/C 11	1	
6	Head Lamp Assy RA ✓	1	
7	Signal Light L/RH SW X	1 set	
8	Front Mudguard R X	1	
9	Front RH Panel M/C 11	1	
10	Front LH Panel ?	1	
11	Head Lamp Lower Guard C 11 ✓	1	
12	Fork Tube ?	1 set	
13	Fork Bracket ?	1	
14	Centre Leg Shield ?	1	
15	RH Leg Shield ?	1	
16	Front Lower Panel RH 11 ✓	1	
17	Rear Tail Panel - RH R X	1	
18	Exhaust Guard Rd 11 ✓	1	
19	Exhaust Pipe R X	1	
20	Dash Board Panel ?	1	
21	Dash Board Lid ?	1	
22	RH Centre V Panel ?	1	
23	Front Rim SW X	1	
24	Brake Disc SW X	1	

Sub-Total 0.00  
 Less 10% 0.00  
 Sub-Total 0.00

**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:

VEHICLE NO : FBP 7930L

Yamaha Aerox GDR 155A

Nett items

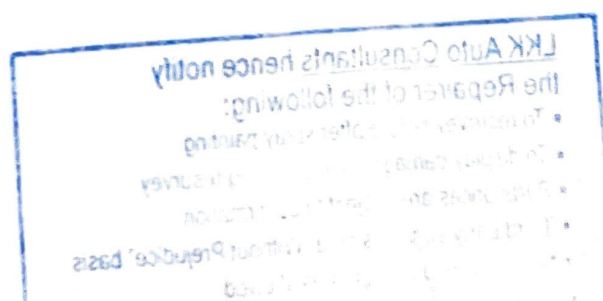
1	Rear box	7	40.00	35/-
2	Towing fee		280.00	150/-
3	Remove & replace parts, align & etc		120.00	7
4	Remove & replace fork tube, fork oil seal, & top up fork oil		150.00	—
5	Body decal sticker		250.00	100/-
6	Alignment to frontal body			

Sub-Total	840.00
Nett Total	840.00

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion. Thank you

**SG 98 MOTOR PTE LTD**





## 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 10/10/2022 14:50 (SGT)  
Reported by Both  
Date of Accident 09/10/2022 15:30 (SGT)  
Exact Location of Accident Tampines St. 11, Singapore  
Additional Location Information -  
Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP7930L

#### INSURED/POLICYHOLDER

Is company? No  
Name Of Registered Owner THEAN CHUAN DEE  
NRIC No SXXXX930D  
Email Address chuandee54@gmail.com  
Mobile Phone No (Phone) +65-91598871  
Alternative Phone No -

#### VEHICLE PARTICULARS

Manufacturer Yamaha  
Model AEROX GDR155A CVT AB  
Variant -  
Exact purpose for which vehicle was being used at time of accident -  
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party  
Vehicle Category Motorcycle  
Transmission Manual  
CC 155

#### INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number 300585000

#### DRIVER

Name of Driver THEAN CHUAN DEE  
NRIC No SXXXX930D  
Date Of Birth 14/12/1954  
Occupation Indoor

## 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 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 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.

### 3 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

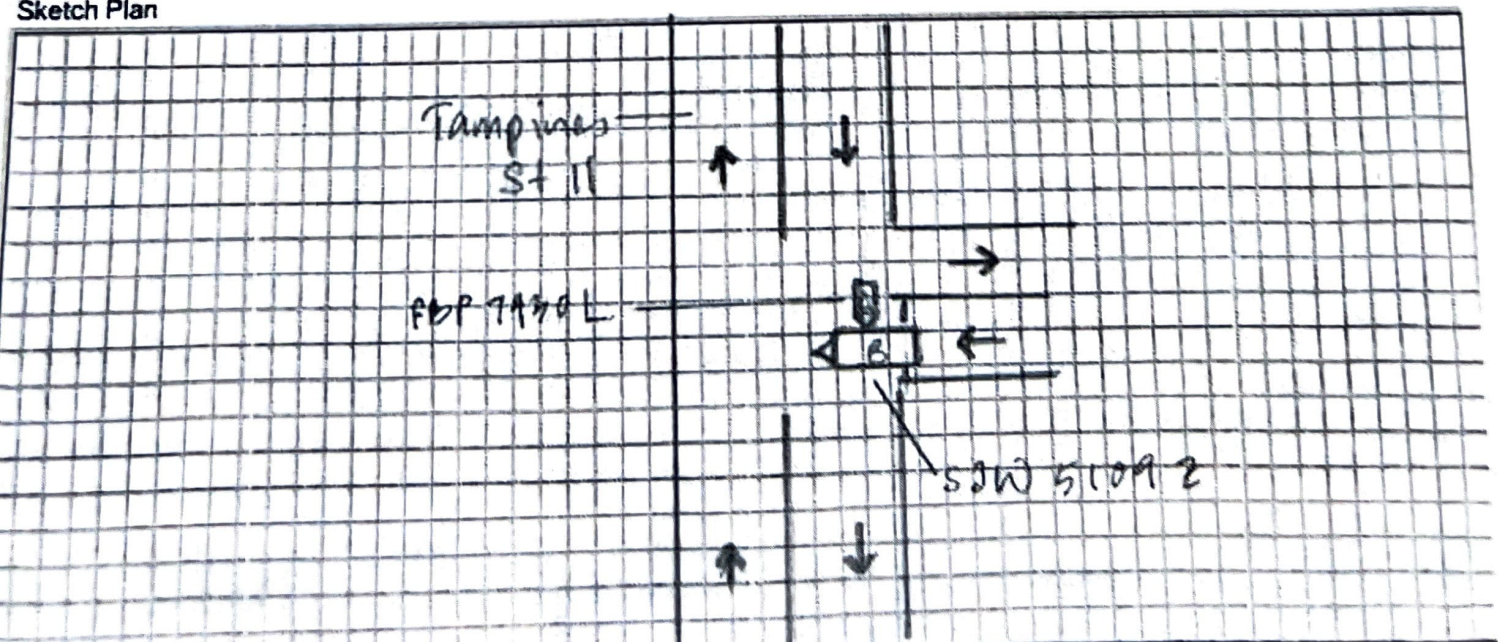
Driver's Signature (If driver is not the policyholder) / Date & Time

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



Francine  
Loh

### Sketch Plan







# SINGAPORE POLICE FORCE

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



T/20221010/2008

1 of 3

Report No. T/20221010/2008

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
10/10/2022 09:22

Vide Report No.:

Station Diary No.:  
15

### Informant's Particulars

Name of Informant:  
THEAN CHUAN DEE

Address:  
APT BLK 161 TAMPINES STREET 12 #09-215 SINGAPORE  
521161

ID Type / ID No.:  
NRIC NO / S2007930D

Contact No.:  
Home/Office: Mobile: 91598871

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male  
Age: 67  
Date of Birth: 14/12/1954

Type of Informant:  
Rider

Race:  
Chinese

Language:

Institution / School Name:

Occupation:  
Carpenter

Driving Licence Information:  
Class: Date of Expiry:

### General Information of the Accident

Type of  
Accident:

Injury  
Attended by Police

Drink  
Drive:  
No

Date/Time of  
Accident:  
09/10/2022 15:30

Type of Location:  
Straight Road

Location:

TAMPINES STREET 11

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
Two Way

Traffic Control:  
Not Controlled

Traffic Volume:  
Light

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
FBP7930L	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Red	Slightly Damaged	0
SJW5109Z	Car					1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20221010/2008

2 of 3

Report No. T/20221010/2008

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP7930L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300585000	17/06/2022	16/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	THEAN CHUAN DEE	ID No.	S2007930D
Related Vehicle	FBP7930L (Motorcycle)	Contact No.	91598871
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2022	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MUHAMMAD FAZLI BIN SUN'AN	ID No.	S8203016F
Related Vehicle	SJW5109Z (Car)	Contact No.	NIL
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 09/10/2022 at 1530hrs, I was riding my motorbike (FBP7930L) along Tampines Street 11. While I was riding past the carpark of Blk 102 Tampines Street 11, a car (SJW5109Z) suddenly drove out of the carpark and tried to make a right turn. I tried to stop but to no avail and collided onto the right side of the car. We exchange particulars and Traffic Police came to scene shortly after. As I was feeling unwell after the impact, I was conveyed by the ambulance to CGH and receive a 5 days MC.