

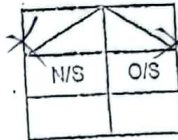
ASS. REC'D BY: Steve

CS/C1172010343/LRY3

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD: ☒ TP / ☐ WS / ☐ IP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop n/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.



Est. 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: FBY 1679X Yr Regn: 13/8/22  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Yamaha Nmax c.c. 155  
 Colour: Blue A/C: Insured / Std / Nil / NA  
 Sp. Reading: 9444 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: MH3SG5680NK143683  
 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: 60/70-13  
 R: 70/80-13  
 BS / DUN / EXNOVA / ☒ SY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front R/Bal. 5 mm Rear R/Bal. 5 mm  
 L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm  
 D.O.A. 14/10/22 D.O.I. 19/10/22  
 Survey held at Southern Meter  
 Des. of Damages: Frt / Rear / ☒ O/S / ☒ U/S / UIC / Rooftop or \_\_\_\_\_  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MR-15X

Date/Time, File Foss to? ☐ : Preli. 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. \$ \_\_\_\_\_  
 Prices \_\_\_\_\_  
 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

18-Oct-22

China Taiping Insurance Singapore Pte Ltd

3 Anson Road #16-00

Springleaf Tower

Singapore (079909)

Dear Sirs,

**RE: Cost of repair to Yamaha Nmax155 ABS CVT - FBU1629X**

1pc of Front Foot Plate Set / CVT	S\$	240.00
1pc of Brake Lever LH / CVT		22.00
1pc of Brake Lever RH / CVT		22.00
1pc of Handle Bar / BI		75.00
1pc of Exhaust Pipe Cover / CVT		60.00
1pc of Rear Givi Box / CVT		140.00
		<hr/> 559.00
Less 10%		55.90
Nett		<hr/> 503.10
LTA Fees		7.45
Labour		150.00 100
		<hr/> <u>\$660.55</u>

Yours Faithfully,  
Southern Motor



Steve (LKK) 8377 8813

19/10/22, 12.00

W NL

P/P

M BL Y

3 dgs

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 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	15/10/2022 13:11 (SGT)
Reported by	Both
Date of Accident	14/10/2022 19:15 (SGT)
Exact Location of Accident	302 Tiong Bahru Rd, Singapore 168732
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBU1629X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SUHADA BINTE ABDULLAH
NRIC No	S7433586A
Email Address	SUHADAA633@GMAIL.COM
Mobile Phone No	(Phone) +65-89077077
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX 155 ABS CVT
Variant	NMAX 155 ABS CVT
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	Income Insurance Limited
Policy Number / Cover Note Number	-

### DRIVER

Name of Driver	SUHADA BINTE ABDULLAH
NRIC No	S7433586A
Date Of Birth	17/10/1974
Occupation	Outdoor



Accident report SM1322AF0008



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

13/07/2010  
 12 YEARS AND 3 MONTHS  
 Female  
 (Phone) +65-89077077  
 -  
 SUHADAA633@GMAIL.COM  
 BLK 627 WOODLANDS AVENUE 6  
 #05-870  
 730627  
 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

Yes  
 6  
 No  
 -  
 Yes  
 0  
 No  
 -  
 -  
 -  
 -  
 -

#### FOREIGN VEHICLE 1

Vehicle Registration Number  
 Vehicle Category

JTG7129  
 Motorcycle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
 Police Station Name  
 Police Station Phone No  
 Alt. Police Station Phone No  
 Police Station Address  
 Was notice of intended Prosecution given?  
 If yes, against whom?

Yes  
 Bukit Merah West Neighbourhood Police Centre  
 (Phone) +65-18003779999  
 (Fax) +65-63773923  
 500 Bukit Merah View #01-01 Singapore 159682  
 No  
 -

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE SKETCH PLAN

#### 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	FBT2938G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JTG7129
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	FX7183L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	FBH4984T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)

-  
-  
-  
-

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SJE3381K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

# SKETCH PLAN

## IMPORTANT NOTICE

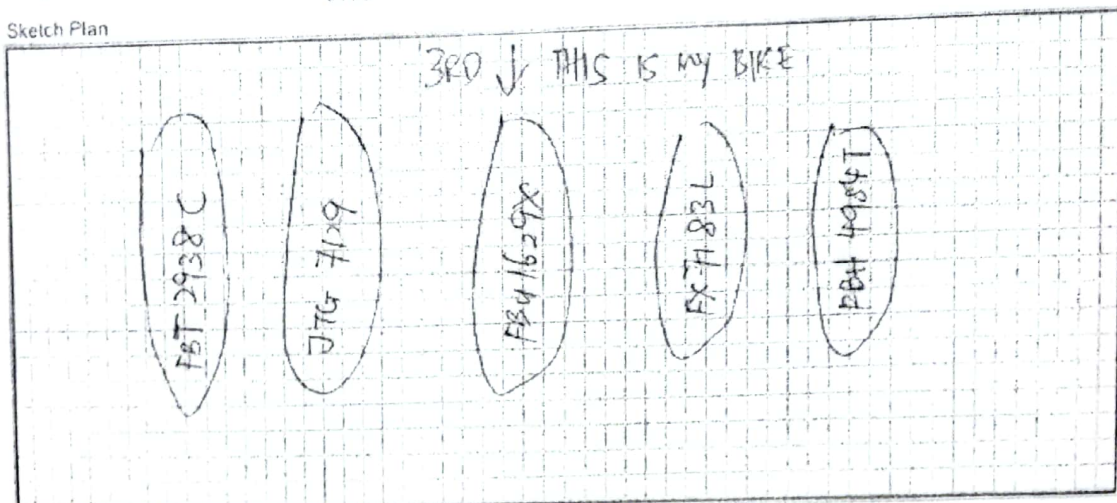
1. Please refer correctly the details of the accident to speed up the claim process.
2. This form must be completed by the Policyholder and the Accidental Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow the insurance companies to invalidate 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 making 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.

*[Signature]*  
Policyholder's Signature / Date & Time

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

*[Signature]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan









# SINGAPORE POLICE FORCE



T/20221014/2104

1 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20221014/2104

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/10/2022 21:52	Vide Report No.: A/20221014/0111	Station Diary No.: 44
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**Informant's Particulars**

Name of Informant: SUHADA BINTE ABDULLAH			Address: APT BLK 627 WOODLANDS AVENUE 6 #05-870 SINGAPORE 730627		
ID Type / ID No.: NRIC NO / S7433586A			Contact No.: Home/Office: Mobile: 89077077		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 17/10/1974	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: FULL TIME GRAB RIDER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				Type of Location:
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/10/2022 19:15	Car Park
Location:  TIONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBU1629X	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Green	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBU1629X	NTUC Income Insurance Co-Operative Limited	5129797598	23/08/2022	22/08/2023



# SINGAPORE POLICE FORCE



T/20221014/2104

2 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20221014/2104

## 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	SUHADA BINTE ABDULLAH	ID No.	S7433586A
Related Vehicle	FBU1629X (Motorcycle)	Contact No.	89077077
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

I am working as a Full Time Grab Food Delivery Rider. On 14/10/2022 at about 7.10pm, I arrived in Tiong Bahru Plaza Shopping Centre as I have a Food pick up order. I parked my motorcycle at B1, at the allocated motorcycle parking area for food delivery riders. My motorcycle was parked between motorcycle registration number JTG7129 and FX7183L. I then went to level 3 to collect the orders.

At about 7.18pm, I met my friend who informed that a car had knocked down 5 motorcycles at Basement 1 and one of the motorcycle involved belongs to me. At about 7.25pm, I went back to my motorcycle and discovered that it had fallen fully towards the right side. I then called for Tiong Bahru Plaza management office and police, to report of the accident. I wish to add that there was no driver when I arrived at my motorcycle. It was only after 10mins, after I called the management, then a lady I believe is the driver who had hit our motorcycles came to the scene. There was a total of 5 motorcycles involved, including mine. The other 4 motorcycles registration numbers are as follow: FBT2938C, JTG7129, FX7183L and FBH4984T.

Two Traffic Police officers came to the scene and advised us to lodged a police report. I wish to inform that my motorcycle Cover Set had scratches and my Box also had scratches. I have yet to make a full check on my motorcycle to confirm on other damages. The TP officers mentioned that my case in charge is TP IO Esmond. The TP officers also provided me with the Car registration number which had knocked against the 5 motorcycles as SJE3381K and the driver is named Belle, contact number 88905133.





**SINGAPORE  
POLICE FORCE**



T/20221014/2104

3 of 3

Report No. T/20221014/2104

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

**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:

D /

SR STAFF SGT SURAIDAH  
BINTE SALIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

STAFF SGT YAN MINGSHENG DANIEL

Contact No.: 65476252

Signature Of Informant:

Date/Time:

14/10/2022 21:52

Classification Of Case:

NP168