

REC'D BY: Steve

CS/C1192010303/LVY3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OO: TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 insured: **SJE 3381K**
 Policy No. **DMPCSNA00095042201**
 Claims No. **SNM22D207421/C03/TANKL**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **FBY 1679X** Yr Regn: **23/8/22**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Traller or _____
 Make: **Yamaha Nmax** c.c. **155**
 Colour: **Blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **9444** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **MH3SG3680NK143683**
 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**

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Ball. 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

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 / N/S / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MR-15X
4/11/22	Final fig \$603.10 confirmed with TI TI (red 57.45, 8%)

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to?
 1) _____
 2) **4/11/22-typist**
 Report Format: **Merimen**
 Lump Sum / L.S. (\$) **\$603.10**

Days Of Repair: **3**
 Resurvey No. of Trip: **1**
 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	SS	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
		<hr/>
	Nett	503.10
	LTA Fees	7.45
	Labour	150.00 100
		<hr/>
		<u>\$660.55</u>

Yours Faithfully,
Southern Motor



Steno (LKK) 83778813

19/10/22, 10am

M NL

P/P

M BL by

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 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. 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
Variation	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

Valid 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	FB12938C
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 read carefully the terms of the accident report and the claim process.
- 2. The information disclosed by the Driver's report and the Accident Report.
- 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. The 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.

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 be 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")

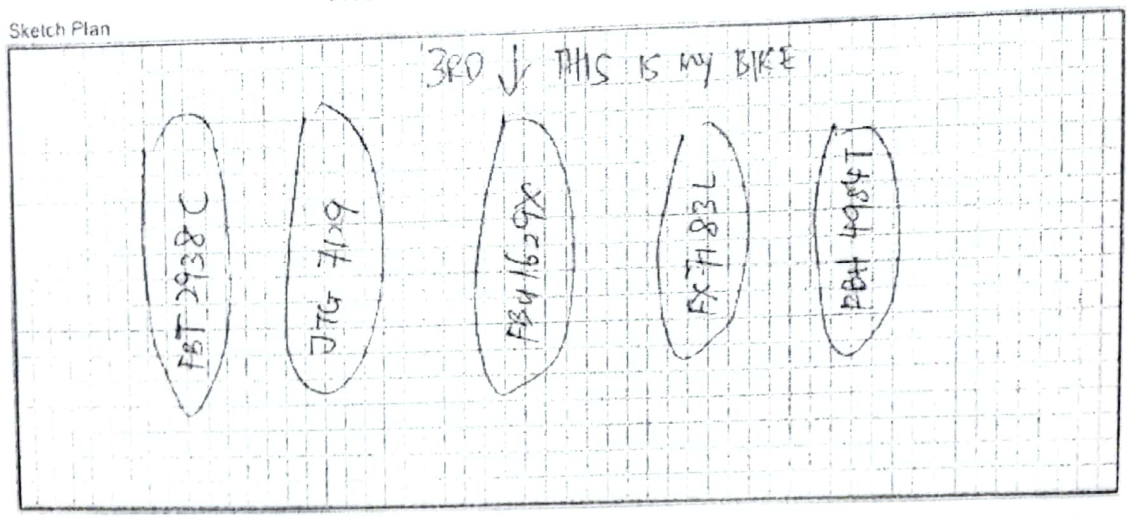
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
 Policyholder's Signature / Date & Time

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

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



Describe Circumstance of the Accident:

CU FILE NO. ACCIDENT DATE & TIME

CONTACT NUMBER E-MAIL *sunadaab33@gmail.com*

LOCATION

Refer to police report

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 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 OOTPA AT OTHER WORKSHOP REPORTING ONLY

Declaration

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

[Signature]
Policyholder's Signature / Date & Time

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

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



**SINGAPORE
POLICE FORCE**



T/20221014/2104

1 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

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

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/10/2022 19:15	Type of Location: 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



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

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
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