

(08/11/10) W91

ASS. REC. BY: Rome

REF:

CS/EQ122012595/Rwy3

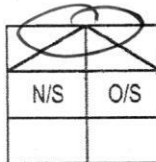
453H

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: FBL 9424P  
 at Workshop m/s Southern  
 of 1006, BUKIT NERAH LN 2 #01-10  
 Insured: EQ1  
 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: 13K  
 IDAC Accident Report: Consistent? : Yes or No  
 GIA / PR Seen: Consistent? : Yes or No  
 Est. Repairs: 7 days Res.: Yes or No  
 Lum Sum: 70 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: FBL 9424P Yr Regn: 2017 / May  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: YAMAHA 42F R3 ABS c.c. 321Colour: BLACK A/C: Insured / Std / NI / NASp. Reading: - T/Radio: Insured / Std / NI / NA

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

C/No: M43R4071000006565Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil S/Rim / STD A/Rim orTyre Size: F: 110/70 R17R: 140/76 R17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 3 mm R/Bal. 4 mm

L/Bal. mm L/Bal. mm

D.O.A. 24/10/22 D.O.I. 16/12/22Survey held at Southern MotorDes. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

REPAIR LIMIT - 10KBIKE NOT REPAIRED01/06/2023 Finalise L/S \$5,800.00 @ 7 days (Red \$2,500.00/31%)

Date/Time, File Pass to?

01/06/20231) Typist

Date/Time, File Return to?

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

☐ : Prel. Report☒ : Final ReportDays Of Repair: 7

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

Survey Fee:

Transportation:

S + RS SI

Photos

Others

Report Format: TPLump Sum / I.B.I: (\$ L/S \$5,800.00 )Add Fee: ☐ : Site Insp (\$ )☐ : Interview (\$ )☐ : Tech. Invs (\$ )☐ : Weekend (\$ )

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

14 December 2022

EQ Insurance Company Ltd

5 Maxwell Road #17-00 Tower Block

MND Complex

SINGAPORE (069110)

Dear Sirs,

**RE: Cost of repair to Yamaha YZF-R3 - FBL9424P**

1pc of HeadLamp Comp *cm* ✓  
 1pc of Meter Comp *cm* ✓  
 1pc of HeadLamp Bracket *lt* ✓  
 1pc of Meter Bracket *bt* ✓  
 1pc of Body Set *cm* ✓  
 1pc of Front Mudguard *cm* ✓  
 1pc of Front Pole Light *Xnn* ✓  
 1pc of Handle Bar Set *bro* ✓  
 1pc of Front Fork *bt* ✓  
 1pc of Steering Cone Stand *bt* ✓  
 1pc of Front Sport Rim *sea* ✓  
 1pc of Front Brake Disk *sea* ✓  
 1pc of Front Top Brake Pump *sea* ✓  
 1pc of Body Slider *cm* ✓  
 1pc of Brake Pedal *bro* ✓  
 1pc of Front Footrest *bro* ✓  
 1pc of Footrest Bracket *sea* ✓  
 1pc of Exhaust Pipe *bt* ✓  
 1pc of Clutch Cover *sea* ✓  
 1pc of Mirror *sea* ✓  
 1pc of Brake Lever *bro* ✓  
 1pc of Clutch Lever *bro* ✓  
 1pc of Handle Switch LH *sea* ✓  
 1pc of Radiator *? Xnn* ✓  
 1pc of Steering Cone *cm* ✓  
 1pc of Handle Bar Bracket *? Xnn* ✓

**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:

6259.50  
 980.00  
 7239.50  
 20%  
 5791.60 SS

45- \$5,800 / 7 days

|          |
|----------|
| 550.00   |
| 785.00   |
| 160.00   |
| 90.00    |
| 850.00   |
| 65.00    |
| 185.00 X |
| 280.00   |
| 880.00   |
| 350.00   |
| 380.00   |
| 280.00   |
| 250.00   |
| 140.00   |
| 65.00    |
| 45.00    |
| 140.00   |
| 860.00   |
| 280.00   |
| 180.00   |
| 35.00    |
| 35.00    |
| 135.00   |
| 430.00 X |
| 120.00   |
| 180.00 X |

*Rashid*

*Hp 90010068*

*7 days*

*45*

*16/12/22 @ 1630*

*Reg after repair*

Less 10%

Nett

Transport

Gasket

Engine Oil

Jack Body & Alignment

IU *cm* ✓

Labuor

7,750.00

775.00

6,975.00

40.00 receipt?  
 NEC 20.00 10  
 NEC 60.00 40  
 450.00 350  
 165.00 140  
 650.00 400  
 \$8,360.00



Yours Faithfully,  
 Southern Motor

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

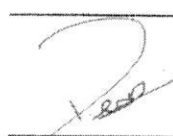
Original Report No : \_\_\_\_\_ Vehicle Registration No: \_\_\_\_\_  
Name (as shown in NRIC) : Perarasan S/O Radhakreshnen NRIC/FIN/Passport No : S9520453H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 39 Jalan Rumah Tinggi, #22-266 Singapore ( 151039 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91094105  
Email Address : sonicexmb@hotmail.com  
Date of Accident : 29 October 2022 Time of Accident : 29/10/2022 18:25 - 29/10/2022 19:15  
Place of Accident : Woollerton Park  
Insurance Company: \_\_\_\_\_

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Third Party Vehicle number to be changed to SLL6496H.

I have amended the police report. Please find new report number E202211167052

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
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              | 05/11/2022 17:29 (SGT)                         |
| Reported by                     | Both   |
| Date of Accident                | 29/10/2022 18:25 (SGT)                         |
| Exact Location of Accident      | Singapore                                      |
| Additional Location Information | ALONG FARRER ROAD AT WOOLLERTON PARK JUNCTION. |
| Country/State of Loss           | Singapore                                      |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | FBL9424P |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                             |
|--------------------------|-----------------------------|
| Is company?              | No                          |
| Name Of Registered Owner | PERARASAN S/O RADHAKRESHNEN |
| NRIC No                  | S9520453H                   |
| Email Address            | SONICEXMB@HOTMAIL.COM       |
| Mobile Phone No          | (Phone) +65-91094105        |
| Alternative Phone No     | -                           |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Yamaha                    |
| Model  | YZF-R3                    |
| Variant  | -                         |
| 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   | 320                       |

### INSURANCE COMPANY

|                                   |                          |
|-----------------------------------|--------------------------|
| Name of Insurance Company         | Income Insurance Limited |
| Policy Number / Cover Note Number | 5124186433               |

### DRIVER

|                |                             |
|----------------|-----------------------------|
| Name of Driver | PERARASAN S/O RADHAKRESHNEN |
| NRIC No        | S9520453H                   |
| Date Of Birth  | 08/06/1995                  |
| Occupation     | Indoor                      |

|  |                                   |
|--|-----------------------------------|
| Date Of Driving Pass   | 24/09/2021                        |
| Driving experience   | 1 YEAR AND 1 MONTH                |
| Gender   | Male                              |
| Mobile Number  | (Phone) +65-91094105              |
| Alt. Phone Number  | -                                 |
| Email Address  | SONICEXMB@HOTMAIL.COM             |
| Address  | BLK 39 #22-266 JALAN RUMAH TINGGI |
| Address complement   | -                                 |
| Postcode   | 151039                            |
| 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 - Change/cross lane |
| 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?  | Yes |
| 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                       | Tanglin Division Headquarters         |
| Police Station Phone No                   | (Phone) +65-18003910000               |
| Alt. Police Station Phone No              | (Fax) +65-63964900                    |
| Police Station Address                    | 21 Kampong Java Road Singapore 228892 |
| Was notice of intended Prosecution given? | No                                    |
| If yes, against whom?                     | -                                     |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT AND 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 | <del>SLL6496H</del> |
| Vehicle Manufacturer        | -                   |
| Vehicle Model               | -                   |
| Vehicle Variant             | -                   |

SLL6496H

|   |              |
|---|--------------|
| Vehicle Colour                          | -            |
| Vehicle Category                        | NA / Unknown |
| Name of Driver                          | UNKNOWN      |
| Contact Number                          | -            |
| Address                                 | -            |
| Address complement                      | -            |
| Postcode                                | -            |
| Insurance Company Name                  | -            |
| Nature Of Damage                        | -            |
| Details of property damaged in accident | -            |
| No. Of Passenger (Including Driver)     | -            |

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |                             |
|---|-----------------------------|
| Name of injured person                              | PERARASAN S/O RADHAKRESHNEN |
| Gender  | Male                        |
| Phone No  | (Phone) +65-91094105        |
| Address   | -                           |
| Address Complement                                  | -                           |
| Post Code   | -                           |
| Approximate Age Years Old                           | -                           |
| Injuries Sustained                                  | -                           |
| Injured person in which vehicle?                    | FBL9424P                    |
| Were seat belts worn?                               | No                          |
| Was this injured conveyed to hospital by ambulance? | Yes                         |



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:

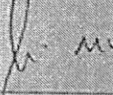
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
Policyholder's Signature / Date & Time

5/11/2022  
P. Sridhar

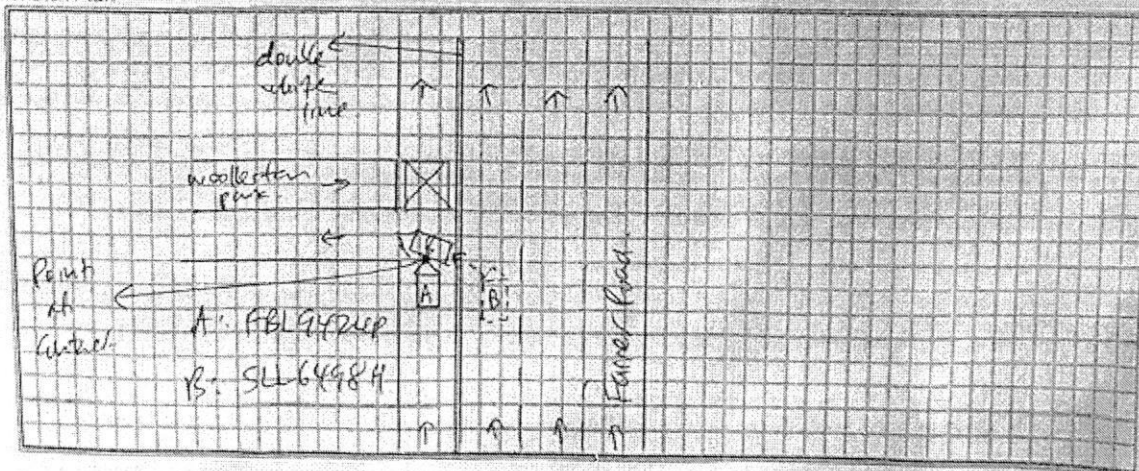
  
Driver's Signature (if driver is not the policyholder) / Date & Time

5/11/2022  
C. Sridhar

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

599388

Sketch Plan




Describe Circumstance of the Accident


Refer to police report

Declaration


We declare the foregoing particulars are true in every respect.

 5/11/2022  
e1500h

Policyholder's Signature / Date & Time

 5/11/2022  
e1500h

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

 Muhammad Wilson  
(B. Alia)

Witnessed by Reporting Centre Personnel  
(Name as in NRICID card)

5998501





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20221116/7052

my hands which broke my wrist and the bone was sticking out. And my right hip was dislocated which prevented me from moving from that position. My helmet's visor broke into two, my shoes were flown out, my pants were torn, I suffered moderate to severe abrasions all over my body, my phone screen was cracked. A few people offered their help- one placed a cloth around my broken hand to reduce the bleeding, another guy contacted my elder sister SANGEETHA to inform her of the accident at about 6:38PM. The same guy contacted the ambulance, TP and the police. They arrived at around 7pm and brought me to NUH. At NUH, I underwent an emergency hand surgery to fix my broken wrist and had a metal implant placed as well. They were able to relocate my right hip. My abrasions were tended too. According to the doctor, I will have to go through physiotherapy and occupational therapy to regain mobility and strength on my left wrist/arm and will be placed on HL for 6-12 weeks.

(I have no additional details of the other party as I was injured and brought to NUH immediately.)

|                   |                             |          |           |
|-------------------|-----------------------------|----------|-----------|
| Subjects Involved |                             |          |           |
| Suspect           |                             |          |           |
| Person Name       | Unknown                     |          |           |
| Gender            | Male                        | Age      | 30-40     |
| Complexion        | Fair                        |          |           |
| Victim            |                             |          |           |
| Person Name       | PERARASEN S/O RADHAKRESHNEN |          |           |
| ID Type           | NRIC NO                     | ID No    | S9520453H |
| Gender            | Male                        | Age      | 27        |
| Race              | Indian                      | Language | English   |

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
16/11/2022 18:37

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



E/20221116/7052

1 of 3

**POLICE REPORT (NP299)**

Report No. E/20221116/7052

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

|  |   |                     |
|--|---|---------------------|
| Date/Time Report Made<br>16/11/2022 18:37                    | Vide Report No.   | Station Diary No.   |
| Name Of Informant<br>PERARASEN S/O RADHAKRESHNEN             | Address<br>39 JALAN RUMAH TINGGI #22-266 SINGAPORE<br>151039                  |                     |
| ID Type / ID No.<br>NRIC NO / S9520453H                      | Contact No.<br>Home/Office:   | Mobile:<br>91094105 |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>sonicexmb@hotmail.com  |                     |
| Occupation<br>IT support technician                          | Sex<br>Male   | Age<br>27           |
| Institution/School Name                                      | Date of Birth<br>08/06/1995   | Race<br>Indian      |
| Date/Time Of Incident<br>29/10/2022 18:25 - 29/10/2022 19:15 | Location Of Incident<br>6 WOOLLERTON PARK WOOLLERTON PARK<br>SINGAPORE 257514 |                     |

**Brief details.**

I was on the last lane riding on Farrer Road main road when a black car, Vehicle Number: SLL6496H from the 3rd lane crossed the double white line and tried to make a sudden left turn into Woollerton Park. I was not able to brake in time as the distance was too short. If I recall correctly, my speed was around 60-70km/h. I hit the left side of the car between the front and back passenger doors and flew over the car and landed on the pavement (with the WOOLLERTON PARK header on the concrete wall side). My bike landed a few metres away from me which I later found out was in the drain. I tried to break my fall with

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>16/11/2022 18:37   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |



SINGAPORE  
POLICE FORCE



E/20221116/7052

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20221116/7052

|             |   |                        |  |
|-------------|---|------------------------|--|
| Occupation  | IT support technician                   | Address                | 39 JALAN RUMAH TINGGI #22-266 SINGAPORE 151039 |
| Mobile No   | 91094105                                | Is Informant A Victim? | Yes  |
| Person Name | PERARASEN S/O RADHAKRESHNEN (Informant) |                        |  |

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
16/11/2022 18:37

Classification Of Case: