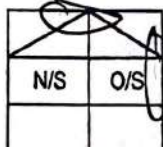


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: FBR 1558H
 at Workshop m/s HKL
 of BUKIT MERAH
 Insured: CTI
 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: 12K
 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: FBR 1558H Yr Regn: 2020 / MR
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: YAMAHA T150 c.c. 150
 Colour: BLACK A/C: Insured / Std / NI / NA
 Sp. Reading: 71281 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MH 3UH 131 00060 1256
 Gen. Cond: Good / Fail / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 60/80-17
 R: 20/80-17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or MAXXIS
 Front Rear
 R/Bal. 3 mm R/Bal. 3 mm
 L/Bal. mm L/Bal. mm
 D.O.A. 03/01/22 D.O.I. 11/01/23
 Survey held at HKL
 Des. of Damages FR / Rear / PIB / N/S / UIC / Rooftop or

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

Date / Time Action / Instruction

REPAIR LIMIT - 8K

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

) S + RS \$ _____

☐ : Interview (\$ _____)

) Photos

☐ : Tech. Invs (\$ _____)

) Others

☐ : Weekend (\$ _____)

TOTAL

Report Format : _____

Lump Sum / I.B.I: (\$ _____)



HKL LIM TEAM MOTORSPORT PTE LTD

UEN: 202218929Z

Blk 1008 #01-24 Bukit Merah Lane 3, Singapore 159722.

Tel: 6275 6656 Email: hklteam@gmail.com

FBR1558H

| | | |
|----|---|----------------------|
| 1 | LAMP STAY ? | \$80 |
| 2 | METER ASSY x | \$380 |
| 3 | FRONT FORK ASSY LH/RH (PROTAPER) ? | \$480 |
| 4 | FRONT FORK UNDER BRACKET ? | \$250 |
| 5 | STEERING CONE BEARING ? | \$90 |
| 6 | BODY FRAME ALIGNMENT | \$680 350 |
| 7 | FRONT FENDER x | \$80 |
| 8 | FRONT WHEEL RIM x | \$180 |
| 9 | FRONT WHEEL SHALF ? | \$45 |
| 10 | FRONT WHEEL BEARING 2 PCS x | \$40 |
| 11 | FRONT WHEEL BEARING OIL SEAL x | \$20 |
| 12 | FRONT BRAKE DISC x | \$150 |
| 13 | HEAD COWLING scr | \$150 |
| 14 | PILOT LIGHT ? | \$320 |
| 15 | FRONT SIGNALS RH scr | \$80 |
| 16 | HANDLE BAR ? | \$120 |
| 17 | HANDLE BAR GRIP cut | \$35 |
| 18 | HANDLE BAR BALANCER x | \$30 |
| 19 | HANDLE BAR FRONT COVER scr | \$85 |
| 20 | HANDLE BAR REAR COVER ? | \$80 |
| 21 | FRONT NO PLATE scr | \$15 |
| 22 | BRAKE LEVER RCB scr | \$48 |
| 23 | HEADLIGHT cm | \$320 |
| 24 | FRONT BRAKE MASTER PUMP RCB scr | \$160 |
| 25 | HEAD PANEL scr | \$90 |
| 26 | EXHAUST END CAP scr | \$60 |
| 27 | REAR FOOT REST RH scr | \$55 |
| 28 | BASKET bt | \$55 |
| 29 | BRAKE PEDAL bt | \$95 |
| 30 | FRONT FOOT REST RH scr | \$60 |
| 31 | FRONT FOOT REST BRACKET x | \$120 |
| 32 | EXHAUST repair | \$380 |
| 33 | EXHAUST MUFFLER COVER scr | \$80 |
| 34 | REAR SIGNAL RH cm | \$75 |
| 35 | SIDE FAIRING RH scr | \$120 |
| 36 | TAILBOARD RH scr | \$120 |
| 37 | LABOUR | \$680 300 |

Repair
Hp 900/100/68
5 days
40 p/p
11/01/23
@1635
Resy before
repair post

TOTAL AMOUNT:

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:

\$5,878



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 | 05/01/2023 12:45 (SGT) |
| Reported by | Driver |
| Date of Accident | 03/01/2023 16:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | JURONG WEST STREET 81 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR1558H

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | ROHAIMI B ABD RAHIM |
| NRIC No | S7512168G |
| Email Address | RAIMYBOY@YAHOO.COM |
| Mobile Phone No | (Phone) +65-96771205 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Yamaha |
| Model | SNIPER 150 |
| 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 | 150 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5121378555-01 |

DRIVER

| | |
|----------------|--|
| Name of Driver | MUHAMMAD MYCKYLE DIO OLBRICH BIN WILFRIED JOHN OLBRICH |
| NRIC No | T0209452A |
| Date Of Birth | 04/03/2002 |



| | |
|--|--------------------------------|
| Occupation | Indoor |
| Date Of Driving Pass | 09/12/2020 |
| Driving experience | 2 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-88810399 |
| Alt. Phone Number | - |
| Email Address | DIOCHUCKY@GMAIL.COM |
| Address | BLK 177 #06-398 BOON LAY DRIVE |
| Address complement | - |
| Postcode | 640177 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Relative |
| 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 - Cross Junction |
| 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? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| 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 | - |

PASSENGER 1

| | |
|--------|-------------------|
| Name | DYAL DYAN MELYANA |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Jurong West Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002689999 |
| Alt. Police Station Phone No | (Fax) +65-62672438 |
| Police Station Address | 700 Corporation Road Singapore 649818 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

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 | SLG1610D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | WONG LOKE TSAI |
| NRIC No | S1643259H |
| Contact Number | (Phone) +65-98300282 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---|
| Name of injured person | MUHAMMAD MYCKYLE DIO OLBRICH BIN WILFRIED JOHN OLBRICH |
| Gender | Male |
| Phone No | (Phone) +65-88810399 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | 20 |
| Injuries Sustained | MEDICAL LEAVE 4 DAYS SUSTAINED INJURIES TO THE FOLLOWING 1) DEEP ABRASIONS TO RIGHT HAND AND LEG 2) SWOLLEN NECK DUE TO IMPACT FBR1558H |
| Injured person in which vehicle? | No |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|---|
| Name of injured person | DYAL DYAN MELYANA |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | 19 |
| Injuries Sustained | MEDICAL LEAVE 3 DAYS SUSTAINED INJURIES TO THE FOLLOWING 1) BOTH LEGS ABRASIONS 2) RIGHT HAND ABRASION FBR1558H |
| Injured person in which vehicle? | No |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

WITNESS DETAILS

WITNESS 1

| | |
|-------|----------------------|
| Name | MISS CINDI |
| Phone | (Phone) +65-98507437 |
| Email | - |

Describe Circumstance of the Accident

**REFER TO POLICE REPORT FOR ACCIDENT
STATEMENT**

Declaration

We declare the foregoing particulars are true in every respect.

Police Officer's Signature / Date & Time

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

05/01/2023
1230HRS

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

SUMAN SUKUMAR
S990968

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 revoke 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; (a 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 correspondence 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/also 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 situated outside of Singapore, for one or more of the above Purposes.

[Signature]

05/01/2023
1230HRS

[Signature]

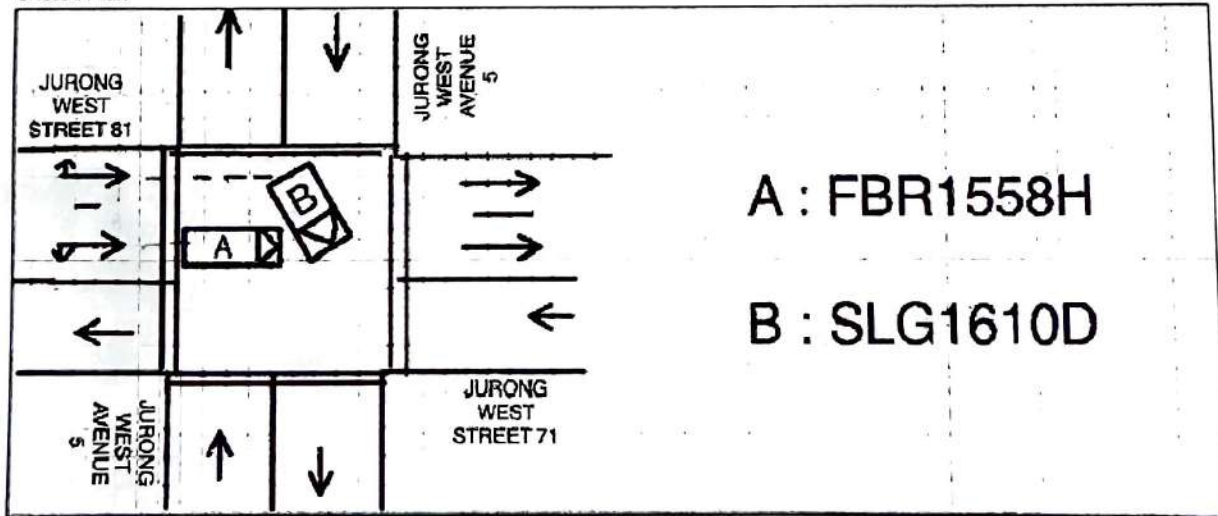
SUMAN SUKUMAR
S990968

Policyholder's Signature/Date & Time

Driver's Signature (if different from policyholder's) Date & Time

Witnessed by Reporting Centre Personnel (Name and NRIC no.)

Sketch Plan





SINGAPORE POLICE FORCE



T/20230104/2005

1 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20230104/2005

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 04/01/2023 01:01 | Vide Report No.: | Station Diary No.: 15 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant: MUHAMMAD MYCKYLE DIO OLBRICH BIN WILFRIED JOHN OLBRICH | | | Address: APT BLK 177 BOON LAY DRIVE #06-398 SINGAPORE 640177 | |
| ID Type / ID No.: NRIC NO / T0209452A | | | Contact No.: Home/Office: | Mobile: 88810399 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 20 | Date of Birth: 04/03/2002 | Type of Informant: Rider | |
| Race: European | | | Language: English | Institution / School Name: |
| Occupation: VENUE ASSISTANT | | | Driving Licence Information: Class: 2B,2A | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 03/01/2023 16:00 | Type of Location: X-Junction |
| Location: JURONG WEST STREET 81 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|------------------|-----------------|
| FBR1558H | Motorcycle | | | | Slightly Damaged | 1 |
| SLG1610D | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20230104/2005

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 4

Report No. T/20230104/2005

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---|--|-------------------------------------|
| Rider | | | |
| Name | MUHAMMAD MYCKYLE DIO OLBRICH BIN WILFRIED JOHN OLBRICH | ID No. | T0209452A |
| Related Vehicle | FBR1558H (Motorcycle) | Contact No. | 88810399 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A Date of Expiry: NIL |
| Date Treatment | 03/01/2023 | Date Discharge | 03/01/2023 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Driver | | | |
| Name | WONG LOKE TSAI | ID No. | S1643259H |
| Related Vehicle | SLG1610D (Car) | Contact No. | 98300282 |
| 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 |
| Pillion | | | |
| Name | DYAN MELYANA BINTE ISTAMAN | ID No. | T0305995I |
| Related Vehicle | NIL | Contact No. | 87518126 |
| 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 03/01/2023 at about 1600hrs, while I was riding my motorcycle bearing FBR1558H along Jurong West St 81, at the X-Junction of Jurong West St 71 and Jurong West Ave 5, an accident happened. As I was at the first lane wanting to ride straight, the car bearing SLG1610D which was at the second lane suddenly make a right turn into Jurong West Ave 5. I wish to state that the second lane is meant for left turn and straight, however the said car made an illegal turn from the second lane. As such, the car right rear portion had hit onto the left front portion of my motorcycle. After the collision, my pillion and I fell on the road. Both parties then moved our vehicles to the road shoulder to exchange particular. No traffic police nor ambulance were at scene. After the accident, I felt pain on my right elbow, right knee and right palm. I then went to Ng Teng Fong General Hospital to seek medical attention where I was given 4 days of Outpatient Sick Leave from 03/01/2023 to 06/01/2023. No government property damage. I do not have a built-in camera on my motorcycle. I have a witness who saw the accident, taxi driver of SHC3557E HP:



CONFIDENTIAL
PAGE 3 OF 3

Subject: [illegible]

Date: [illegible]

Reference: [illegible]

Page: [illegible]

[illegible]

[illegible]



**SINGAPORE
POLICE FORCE**



T/20230104/2005

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

4 of 4

Report No. T/20230104/2005

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:

J /

SGT 3 SUHAILI BINTE HASSAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/01/2023 01:01

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------|-------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 168G |
| Vehicle No.: | FBR1558H |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 12 Jan 2023 |
| Vehicle Make: | YAMAHA |
| Vehicle Model: | T150 |
| Primary Colour: | Green |
| Manufacturing Year: | 2019 |
| Engine No. | G3P3E0001241 |
| Chassis No. | MH3UG131000001256 |
| Maximum Power Output: | - |
| Open Market Value: | \$2,053.00 |
| Original Registration Date: | 04 Mar 2020 |
| First Registration Date: | 04 Mar 2020 |
| Transfer Count: | 3 |
| Actual ARF Paid: | \$308.00 |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| COE Expiry Date: | 03 Mar 2030 |
| COE Category: | D - Motorcycle |
| COE Period(Years): | 10 |
| QP Paid: | \$4,309.00 |
| COE Rebate Amount: | \$3,076.00 |
| Total Rebate Amount: | \$3,076.00 |

The information contained herein is correct as at 12 Jan 2023

OK

Yamaha Sniper 150

Listing Type

Paid Ad

Brand

Yamaha

Model

Yamaha Sniper 150

Engine Capacity

150cc

Classification

Class 2B

Registration Date

31/01/2019

COE Expiry Date

30/01/2029

(6yrs 18days COE left)

Mileage

-

No. of owners

-

Type of Vehicle

Cubs

SGD \$11000