(08/11	13) wef	
ASS_	REC. BY:	Tayfiler

REF: C5/IN(2300097/Thp3

AS	SIGNMENT
From: Date:	Veh No: FBQ668167. Yr Regn: 2019 1 NOV.
Estimaated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To In Spect Vehicle No:	Make: Pragsio Medler c.c 155
at Workshop m/s	Make: Pragsio Medley c.c 155 Colour White A/C: Insured/Std/NI/NA
of	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: RP&M HOZZIKV 103502.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or
	Tyre Size: F: /w/ So Ruy
(Policy Condition)	R: 120/80R14
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm R/Bal. 5 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 2/1/23
Lum Sum: % 3 Val.: Yes or No	Survey held at Cerryor kz.
CA / REV / REP. / 24 HRS	Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OUT	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Report limit \$4500.	
Date/Time, File Pass to?	
. Freii. Report	Days Of Repair:
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Feb:
	Transportation:
Add Fee	, , , , , , , , , , , , , , , , , , , ,
Report Format :	: Interview (\$) Photos
Lump Sum / I.B.I: (\$: Tech. Invs (\$) Others
)	: Weekend (\$)



CARWORKZ SG PTE LTD

10 SIN MING IND EST SECTOR C, #01-06, SINGAPORE 575645 H/p: 81184734 (Soon Ng) / 98766876 (Anna Chua) Co. Reg. No: 202039874Z GST No: 202039874Z

Email: carworkzws@gmail.com

ESTIMATED REPAIR COST DETAILS

ACC-23-0006

To:

INCOME INSURANCE LIMITED

75 BRAS BASAH ROAD SINGAPORE 189557 Date: 30/01/2023

Vehicle No.: FBQ-6681-G Make: PIAGGIO

Model: MEDLEY 150 ABS

Attention: Motor Claim Department

QTY	DESCRIPTION	REPAIR AMOUNT	SURVEYOR APP.
List Ite	m		14/100
1	HANDLE BAR	\$255.60	? Vht/150
1	HANDLE BALANCER LH	\$114.80	1 /
1	HANDLE BALANCER RH	\$114.80	7 / out 50
1	MIRROR LH	\$166.80	1
1	MIRROR RH	\$166.80	7 / out
1	BRAKE LEVER LH	\$122.40	bt- 80
1	BRAKE LEVER RH	\$122.40	3 \ m . pr
1	HEADLAMP ASSY	\$1,498.80	
1	FRONT COWLING	\$398.40	art 298
1	FRONT SIDE COWLING LH	\$416.40	aut 316
1	FRONT SIDE COWLING RH	\$416.40	? Vait gla regar.
1	FORK ASSY LH	\$777.80	7 × CN120
1	FORK ASSY RH	\$777.80	1×1
1	FORK UNDERBRACKET		5 X ww.
1	STEERING BEARING KIT	\$223.20	? V NOT 120
1	FRONT WHEEL	\$985.20	The state of the s
1	FRONT WHEEL SHAFT		3 XNN.
1	FRONT BRAKE PAD	\$108.60	× w.
1	FRONT BRAKE DISC	\$201.40	SXVV.
1	FRONT FENDER	\$238.80	at-
1	FLOORBOARD LH	\$289.20	art
1	FLOORBOARD RH	\$289.20	7 /dis
1	LOWER COVER LH	\$333.60	od 25°
1	LOWER COVER RH	\$333.60	2 /de/230
1	SIDE STAND	\$117.60) b+/



CARWORKZ SG PTE LTD

10 SIN MING IND EST SECTOR C, #01-06, SINGAPORE 575645 H/p: 81184734 (Soon Ng) / 98766876 (Anna Chua) Co. Reg. No: 202039874Z GST No: 202039874Z

Email: carworkzws@gmail.com

ESTIMATED REPAIR COST DETAILS

ACC-23-0006

1	MAIN STAND	\$412.80 $dd - 200$ \$186.20 $dd - 120$
1	REAR FOORREST LH	\$186.20 dd - 120
1	REAR FOOTREST BRACKET LH	\$85.40 ? Xnn
1	REAR FOOTREST RH	\$186.20 at 120
1	REAR FOOTREST BRACKET RH	\$85.40 × ~~
1	SIDE COVER, REAR LH	\$494.40 cut
1	SIDE COVER, REAR RH	\$494.40 Ry
1	EMBLEM, SIDE COVER REAR LH	\$103.20 14
1	EMBLEM, SIDE COVER REAR RH	\$103.20
1	ENGINE COVER, REAR LH	\$265.20
1	ENGINE COVER, FRONT LH	\$214.80 17 × Nn
1	PIAGGIO COVER, ENGINE LH	\$90.00 ? > ~~
1	PIAGGIO COVER, ENGINE RH	\$90.00 ? × ч
1	AIR BOX COVER COMPLETE	\$381.60 art 250
1	REAR SHOCK ABSORBER LH	\$758.40 x NN
1	REAR SHOCK ABSORBER RH	\$758.40 x W
1	REAR WHEEL ASSY	\$1,012.80
1	REAR HUGGER	\$373.20 7 Vat 27
1	EXHAUST PIPE ASSY	\$1,838.40 ht 85°
1	EXHAUST PROTECTOR, FRONT	\$109.20 aut
1	EXHAUST PROTECTOR, REAR	\$117.60 and
1	SIDE COVER, REAR LOWER LH	\$98.40 int
1	SIDE COVER, REAR LOWER RH	\$98.40 1 11
1	RADIATOR	\$685.00 dd ~ 485
1	RADIATOR COVER	\$138.00 mis
1	BOX CARRIER	\$478.80 × \
1	CAMSHAFT	\$186.20 🗸
1	MAGNETO	\$260.40 X
1	MAGNETIC COIL	\$110.20 X 7-651-30
1	CONROD	\$296.50 \$ 6886-17
1	ENGINE GASKET	\$86.70 ×
1	FRONT BRAKE SWITCH (Melody Buy)	\$58.70 🛦 🗸



CARWORKZ SG PTE LTD

10 SIN MING IND EST SECTOR C, #01-06, SINGAPORE 575645 H/p: 81184734 (Soon Ng) / 98766876 (Anna Chua) Co. Reg. No: 202039874Z GST No: 202039874Z Email: carworkzws@gmail.com

ESTIMATED REPAIR COST DETAILS

ACC-23-0006

			ACC-23-0006
	Sub Total	\$20,151.30	
	Discount 10% on Parts	(\$2,015.13)	
		\$18,136.17	
Special	Nett_		
1	FRONT TYRE 100/80R16	\$150.00	K UN
1	REAR TYRE 120/80R14	\$180.00	X MM
1	FRONT NUMBER PLATE	\$30.00	New
1	REAR NUMBER PLATE	\$30.00	do/
1	GIVI TOP BOX	\$380.00	ant 280
1	BATTERY - NEED REPLACE AFTER CANNOT START (Morthdy	Buy) \$80.00	? puto. Van.
1	COOLANT	\$20.00	rei
1	GRAB WARMER BAG	\$90.00	at
1	TOWING FEE (CNY SEASON)	\$60.00	towing LOD
	Sub Total	\$1,020.00	very -
			1 45
Labour	& Misc		Lossie stone
	TO REMOVE, REFIT & REPAIR AFFECTED	\$600.00	300
	DAMAGED PARTS PAGE: \$13,605.30	VQ-1 - (0.000 - 1)	2.1/
	TO CONDUCT FORK ALIGNMENT -10% (1,360.53	\$120.00	3
	TO RECONNECT ALL WIRINGS	\$50.00	
	TO CONDUCT ENGINE OVERHAUL Shi & 130.10		3 XNV.
	TO REMOVE, REFIT EXHAUST & GASKET	\$80.00	740
	TO PERFORM ELECTRICAL CHECK Whom:	\$30.00	312 × 1/1/1 ·
	TO REMOVE, REPLACE REAR SHOCK ABSORBERS	\$80.00	160 4
	TO REMOVE, REFIT EXHAUST & GASKET TO PERFORM ELECTRICAL CHECK Whow: \$ 100000 TO REMOVE, REPLACE REAR SHOCK ABSORBERS TO REMOVE, REFIT, BALANCE REAR WHEEL & \$13,254 TYRE REMOVE & REFIX RADIATOR Sub Total Taufilm 97495749 62563561 Whith Sub Total Taufilm 97495749 62563561 Whith Sub Total Taufilm 97495749 62563561 Whith Sub Total Hay We Many who was a facility of the sub total Hay We Many who was	43.82 \$80.00	1,20 × 11/1
	REMOVE & REFIX RADIATOR	(WX)\$80.00	401 -7-
	Sub Total	\$1,520.00	550
	To like 97495749/6256356/ lupin	Mil	6886.17
	Sub Total & W	∜ \$20,676.17	450
	31 2/23 C 210 pm GST 8%	\$1,654.09	70//12
	1/3 Kesing affor upon Total	\$22,330.26	T866 (T
	tant Mac Inhanto was	0 11 1	4/5/6300, B4500 Page 3 of 3
	1 Hans	Repair Vini	Page 3 of 3
	7.00.0	115\$4	500, 4 days

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	853B
Vehicle Details	
Vehicle No.:	FBQ6681G
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Jan 2023
Vehicle Make:	PIAGGIO
Vehicle Model:	MEDLEY 150 ABS
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	MA05M5004447
Chassis No.:	RP8MA0221KV103502
Maximum Power Output:	
Open Market Value:	\$2,631.00
Original Registration Date:	22 Nov 2019
First Registration Date:	22 Nov 2019
Transfer Count:	1
Actual ARF Paid:	\$395.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	•
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	The state of the s
COE Expiry Date:	21 Nov 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,601.00
COE Rebate Amount:	\$2,454.00
Total Rebate Amount:	\$2,454.00

The information contained herein is correct as at 28 Jan 2023

155 1C

SN07231R000V / Income Insurance Limited ENTRY DATE & TIME: 27/01/2023 16:06 (SGT) SUBMITTED BY: Ahmad Sufiyan Assuri Bin Mustaffa VERSION: 1 (27/01/2023 16:06 (SGT))



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 witholding 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 27/01/2023 16:06 (SGT) Reported by Date of Accident 24/01/2023 14:05 (SGT) **Exact Location of Accident** Singapore Additional Location Information QUEEN STREET Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Motorcycle

Auto

150

Vehicle Registration Number FBQ6681G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHUA KONG HWEE (CAI GUANGHUI) NRIC No S7304853B **Email Address** tom9797tom@gmail.com Mobile Phone No (Phone) +65-96894699 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Piaggio Model MEDLEY 150 ABS Variant Exact purpose for which vehicle was being used at time of Employment

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5114323504-03

DRIVER

Name of Driver CHUA KONG HWEE (CAI GUANGHUI) NRIC No S7304853B Date Of Birth 15/02/1973 Occupation Outdoor

Date Of Driving Pass 11/08/1993 Driving experience 29 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-96894699 Alt. Phone Number **Email Address** tom9797tom@gmail.com Address **BLK 647A SENJA CLOSE** Address complement #08-241 Postcode 671647 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Raining Road Surface Wet 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? No 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? 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?

Police Station Name

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Bukit Panjang Neighbourhood Police Centre

No.1 Segar Road #01-05 Singapore 677738

No

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 NumberSCP87EVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate car



Name of Driver	LIM CHWEE TECK
NRIC No	S1170881A
Contact Number	(Phone) +65-81878935
Address	-
Address complement	12
Postcode	12
Insurance Company Name	5 = 3
Nature Of Damage	
Details of property damaged in accident	1. - 0
No. Of Passenger (Including Driver)	3

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.
- 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.
- 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.
- 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.

27/01/2023 1615HRS

Policyholder's Signature / Date & Time

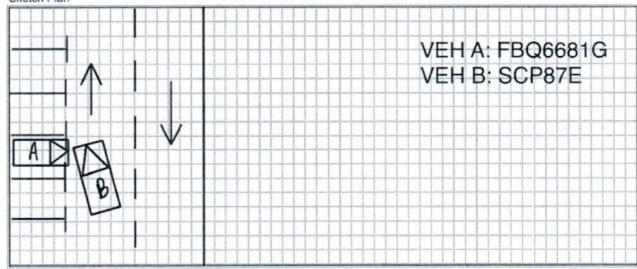
Driver's Signature (if driver is not the policyholder) / Date

& Time

AHMAD SUFIYAN ASSURI BIN MUSTAFFA S992991

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

Sketch Plan



1

Pescribe Circumstance of the Accident						
REFER TO GEARS REPORT						
AND POLICE REPORT						

Declaration

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

27/01/2023 1615HRS

Policyholder's Signature / Date & Time

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

AHMAD SUFIYAN ASSURI BIN MUSTAFFA S992991

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

2





T/20230125/2027

1 of 3

Report No. T/20230125/2027

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 25/01/2023		ide:	Vide Report No.:	Station Diary No.: 34
Informant'	s Particul	ars much a manual	MD & Stranger and the second s	
Name of In			Address: APT BLK 647A SENJA CLOS	E #08-241 SINGAPORE 671647
ID Type / II NRIC NO /		BB	Contact No.: Home/Office:	Mobile: 96894699
Nationality: SINGAPOR		N	Email: tom9797tom@gmail.com	
Sex: Male	Age: 49	Date of Birth: 15/02/1973	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation FOOD DEI			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/01/2023 14:05	Type of Location: Car Park
Location: QUEEN STR	EET			Dood Coord Limits
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collis Moving Vehic	ion: le Against - Parked V	'ehicle		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ6681G	Motorcycle	PIAGGIO	MEDLEY 150 ABS	White	Seriously Damaged	20.00
SCP87E	Car				Seriously Damaged	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBQ6681G	NTUC Income Insurance Co-Operative Limited	5114323504-03	22/11/2022	21/11/2023		





T/20230125/2027

2 of 3

Report No. T/20230125/2027

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

Brief Details.

On 24/01/2023 at about 1405hrs, I was working as a Food delivery for Grab Food. After I parked my vehicle (FBQ6681G) at the OSCP, I went to a nearby toilet. While I was walking back to my vehicle, I saw a lot of people was crowding at the OSCP. I then saw my vehicle fell onto the ground and spotted a vehicle (SCP87E) was reversing. I then manage to take a photo of the car plate number. He then suddenly drove forward and stopped in front. The driver and I exchanged particulars however he wanted to claim insurance. I am lodging this report for record purposes to claim insurance for the damages on my vehicle and also the food that I picked up for a customer from Grab Food was physically damaged as well. I have already informed the Grab Food company about the matter and I was advised to lodge a Police report.





3 of 3

Report No. T/20230125/2027

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

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 Informant:	a
Date/Time: 25/01/2023 12:25	
Classification Of Case:	
	Date/Time: 25/01/2023 12:25