SS. REC. BY: ( PALL REF: CS LIP 2300	3209/Rny3 727F
	IGNMENT
Estimated Cost:  Date:  Stimated Cost:  DD(P) ws / TP RES / OD RES / EVA / INV / MV  To Inspect Vehicle No: FBE 919   R  At Workshop m/s Southbru mo Torc  of [U06] BUKIT MERCH LN 2401-10  Insured: LIP  PolicyNo.	Veh No: FBE 9791R Yr Regn: 2020 / NOV Type: M.Car / M.Cycle/ Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or  Make: NMAX (SS ABS CVT c.c [SS Colour BUYCK A/C: Insured / Std / NI / NA Sp.Reading 7/52 T/Radio: Insured / Std / NI / NA Eng/No: C/No: MH3SGS680LK 644 63
Claims No.	Gen. Cond: Good / Fair/ Poor / Burnt
Sum Insured: Excess:	Steering: norden/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
√lake of Veh:	Modi: Nil S/Rim / STD A/Rim or
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.	Tyre Size: F: 1/0/70-/3  R: 1/30/70-13  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  TOYO / YOKO or RC
3al, or Market Value: /3K	<u>Front</u> <u>Rear</u>
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 4 mm R/Bal. 4 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs: 5 days Res.: Yes or No	D.O.A. 25/03/23 D.O.I. 28/03/23
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:  Date / Time Action / Instruction	Des. of Damages: Frt. Real   O/S   N/S   U/C   Rooftop or  The U/C   Chassis frame   Body Structure affected due to collision.
REPAIR LIMIT- TK	
Rasul confirmed Lump Sum	\$4150 and 5 days
The same of the sa	\$ 2837.65, 40%)
The same of the sa	4 2837.65, 40%
'(Red, &	
	Days Of Repair: 5 *  Resurvey No. of Trip: 2 Survey Fee:  Transportation:
Date/Time, File Pass to? : Preli. Report  1) 9 5 23 : Final Report	Days Of Repair: 5 *  Resurvey No. of Trip: 2 Survey Fee:  Transportation:

: Weekend (\$

TOTAL

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



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the <u>Policyholder and/or the Actual Driver</u>.

- 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
- 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

27/03/2023 09:40 (SGT) Both Policyholder and Actual Driver 25/03/2023 18:25 (SGT) Singapore ALEXANDRA ROAD Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

FBE9791R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** 

Mobile Phone No Alternative Phone No No

LAI WAI TUCK (LI WEIDE) S7736727F

LAIWAITUCK@GMAIL.COM (Phone) +65-90052835

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Yamaha NMAX155

Private use

No - Claiming third party Motorcycle

Auto

160

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5119964238-02

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LAI WAI TUCK (LI WEIDE) S7736727F 10/12/1977 Indoor



Date Of Driving Pass

Driving experience

Gerider

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions Road Surface

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

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE 25032023 AT 1825HRS I WAS TRAVELLING ALONG ALEXANDRA ROAD. THERE WERE 3 LANES. I WAS ON RIGHT MOST LANE. TRAFFIC CAME TO A STOP THUS I STOPPED BEHIND A CAR BEARING LICENSE PLATE SKR882X. MOMENTS LATER, A LORRY BEARING LICENSE PLATE YQ6744L COLLIDED INTO THE REAR OF MY VEHICLE CAUSING MY VEHICLE TO BE FLUNG FORWARD AND HIT THE CAR.

08/04/2002

Male

142050

Chain Collision

Clear

Dry

No

No

Yes

No

No

No

3

Yes

No

20 YEARS AND 11 MONTHS

LAIWAITUCK@GMAIL.COM

BLK 50 #14-512 COMMONWEALTH DRIVE

(Phone) +65-90052835

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Yes

Yes

ADV OF TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

SKR882X

Accident report SN07233R0004

Page 2 of 14

Vehicle Category Private car GAO GUOHAI Name of Driver S2646347E NRIC No (Phone) +65-82238519 Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident 2 No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number YQ Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle Vehicle Category SARKER MOHAMMAD NAZMUL HASSAN Name of Driver Passport No/FIN G2153933W Contact Number (Phone) +65-88456651 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 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 jug additionably.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy leability 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 locgement 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)

Lankierstand, 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 date/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 rile;
- (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); end/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (callectively 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 mayican be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents

(including Tight lawyers/faw firms), which may be sited outside of Singapore, for one or more of the above Pulposes

27/03/2023 0930HRS

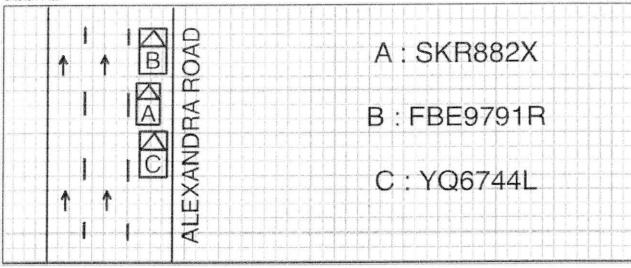
Publyharder's Signature / Date & Time

Enver's Signature (if driver is not the policyholden). Date & Time

SUMAN SUKUMAR S990968

Witnessed by Reporting Centre Personnel (Namo as in NRICAD card)

#### Sketch Plan



1

Describe Circumstance of the Accident
REFER TO GEARS FOR ACCIDENT STATEMENT

Declaration

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

27/03/2023 0930HRS

Policyholder's Signature / Oale & Time

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

SUMAN SUKUMAR S990968

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

2

### > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

	13.00	100	ė.
Vehicle	Owner	Particul	ars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Singapore NRIC

727F

FBE9791R

Yes

31 Mar 2023

YAMAHA

NMAX 155 ABS CVT

Black

2020

G3L8E0252647

MH3SG5680LK044163

-

\$2,754.00

20 Nov 2020

20 Nov 2020

1

\$414.00

No

\$0.00

19 Nov 2030

D - Motorcycle

10

\$7,451.00

\$5,689.00

\$5,689.00

The information contained herein is correct as at 28 Mar 2023



27-March-2023 Liberty Insurance Pte Ltd 51 Club Street #03-00 Liberty House SINGAPORE (069428)

# 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

Dear Sirs,

Dear Sirs,		
RE: Cost of repair to Yamaha Nmax15	5 - FBE9791R	
Ipc of Rear Mudguard de/	//	85.00
1pc of Rear Number Plate Light Co	4694 Sayp	38.00
1pc of Rear Mudguard Bracket ?		52.00
1pc of Rear Box Bracket	Hp 900 100 68	160.00
		230.00
1pc of Rear Givi Box 300	Sdan	
1pc of Rear Fork 7 🔨 🔨	4694	350.00 ×
lpc of Rear Sport Rim Capir		380.00 X R
1pc of Rear Brake Disk 7. 84	10%	110.00
1pc of Exhaust Pipe Cover sov	42,4160 20/03/13 @ Per	65.00
1pc of Exhaust Pipe ? run	28/01/21	480.00XR
1pc of Radiator Cover &	0	40.00
1pc of Body Set %su	2 Mer	450.00
lpc of Front Mudguard Su/	resus all	45.00
lpc of Front Headlamp scal		320.00
1pc of Front Fork 1+	4224.60 28/03/23 @ Pan Pasn after Vapur	350.00
1pc of Steering Cone Stand 14	V.	180.00
1pc of Steering Cone /		90.00
lpc of Front Brake Disk sur		110.00
1pc of Front ABS Disk ? SA	LKK Auto Consultants hence notify	38.00
1pc of Front Rim Sub 7.54/	the Repairer of the following:	25.00
1pc of Handle Balancer sur	To resurvey before/after spray painting To display damaged part(s) during resurvey	45.00
1pc of Handle Grip 500/	Parts prices are subject to confirmation	55.00
1pc of Brake Lever Set sur /	Third party survey is on a "Without Prejudice" basis	90.00
1pc of Handle Bar 7 1	<ul> <li>No illegal modification(s) is allowed</li> </ul>	
1pc of Mirror La	Supplementary item(s) must be resurveyed and     is subject to final approval from learning.	60.00×
1pc of Handle Bar Cover ? ** An	is subject to final approval from Insurance Company	45.00
1pc of Front WindScreen sur	Acknowledged by Repairer	65.00×
	Signature:	58.00
lpc of Front Lamp Stay ? 4	Date:	45.00
Ipc of Camera 300/		480.00
1pc of Front Brake Caliper		220.00
lpc of Front Footrest Plate Su		90.00
1pc of ABS Motor 7 nu pluto		1,450.00
4224.1	10	6,301.00
	Less 10%	630.10
966.7	Nett .	, 5,670.90
2.2		40.00 7
5191.3	/ )	650.00 500
0	Jack & Alighment Flocks body	26.752
20%	LTA Fees necespt	20.13
111111	Labour A	690.00 Koo
415 3	4 150 (5 clays	\$6,987.65
Yours Faithfully,	413013	
Southern Motor		
1986		