

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CT123004422/Uq3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: F8P9906Uat Workshop m/s 3MH

of _____

Insured: SM2129S

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 810K.

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS 306J

Vehicle: IN / OUT

Date: _____ Person Contacted: L1A91813Veh No: F8P9906U Yr Regn: 1.1/07/19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or ISSAMake: Yamaha Aerox 6DR c.c. 155Colour: white A/C: Insured / Std / NI / NASp. Reading: 63578 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MH35G4640KJO55735

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or effort

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 110-80-14R: 140-70-14

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front 6 mm Rear 6 mm

R/Bal. mm R/Bal. mm

L/Bal. mm L/Bal. mm

D.O.A. 25/04/23 D.O.I. 2/5/23

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Prof, n/s frt

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

Date / Time Action / Instruction 13/7/23 1/5 81250 in hand Raymond (Med \$1587, 56%)

Date/Time, File Pass to?

☐ : Preli. Report11/3/7 main☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format : MER-TPLump Sum / I.B.I. (\$) 1250



BAN HOCK HIN
Co., Pte Ltd

Co.Reg.No: 197000288K

MOTORCYCLE ACCESSORIES | SERVICE CENTRE
MODIFICATION | SPRAY PAINTING AND BODY WORK | METAL
WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

QUOTATION

Customer :

CHINA TAIPING INSURANCE (S) PTE LTD
105 CECIL STREET
#18-00 / 19-00
THE OCTAGON
S'PORE 069534
ATTN: MOTOR CLAIMS DEPT

NO. : 43396

DATE : 28/04/2023
CLAIM NO. : 12172
POLICY NO. : PNMC2022-00002895
FROM : RAYMOND

VEHICLE NO. : FBP9906U
MAKE/MODEL : YAM / AEROX

*not allowed
2/5/23
1/5 #1250
take photo after 3 days*

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	ALIGNMENT BODY - (REPORTED BY MECHANIC)	Repair	1.00	\$350.00	350.00 X
2	AXLE WHEEL P/N: 66786 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$13.00	13.00
3	BOARD FOOTREST P/N: 68386 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$32.00	32.00
4	BOARD FOOTREST 2 P/N: 67090 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$32.00	32.00 X
5	BRACKET HEADLIGHT P/N: 68344 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$39.00	39.00
6	COVER FRONT (BLACK) P/N: 69877 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$16.00	16.00
7	COVER FRONT 2 P/N: 68350 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$5.00	5.00
8	COVER INNER FENDER P/N: 68363 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$34.00	34.00
9	COVER INNER SIDE COVER P/N: 68378 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$19.00	19.00

*43396 *

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S/N	Description	Action	Qty	Unit Price	Amount
10	FOOTREST SIDE COVER RH P/N: 67088 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$34.00	17 34.00 X
11	FORK FRONT ASSY P/N: 62410 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$656.00	256.00
12	HEADLAMP ASSY P/N: 68946 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$427.00	427.00
13	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	8.00	\$86.00	300 688.00
14	PLATE PROBATION (3M) P/N: 36055 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$36.00	36.00
15	PROTECTOR MUFFLER (CARBON) - (REPORTED BY MECHANIC)	REPLACE	1.00	\$310.00	310.00 X
16	SPRAY PAINT COVER FRONT UPPER	Spray Labour	1.00	\$30.00	30.00
17	SPRAY PAINT MUDGUARD FRONT	Spray Labour	1.00	\$45.00	45.00
18	STEERING CONE SET P/N: 71239 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$71.00	71.00

SUB TOTAL

\$2,837.00

GST @ 8 %

\$226.96

GRAND TOTAL (SGD)

\$3,063.96

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of

BAN HOCK HIN CO PTE LTD



RAYMOND

- 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: _____

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.

Acknowledge & Accepted By

P-1312
102
P-1180-80
S.N - 36
L. 375
1591.80
22
1273

*43396 *

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Vehicle Details

Vehicle No.	Make / Model
FBP9906U	YAMAHA / AEROX GDR155A CVT ABS
Vehicle Type :	Vehicle Attachment 1 :
P00 - Passenger Motorcycle/Autocycle/Moped	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	MH3SG4640KJ055735
Propellant :	Engine No. :
Petrol	G3J8E0104429
Motor No. :	Engine Capacity :
-	155 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
271 kg	118 kg
Year Of Manufacture :	Original Registration Date :
2019	11 Jul 2019
Lifespan Expiry Date :	COE Category :
-	D - Motorcycle
Quota Premium :	COE Expiry Date :
\$3,000.00	10 Jul 2029
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
10 Jul 2023	-
Inspection Due Date :	Intended Transfer Date :
10 Jul 2023	29 Apr 2023

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	26/04/2023 18:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/04/2023 21:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Between Blk 654C & 654D Basement Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP9906U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Khazir Bin Abdul Kadir
NRIC No	SXXXX306J
Email Address	khazirabdulkadir@gmail.com
Mobile Phone No	(Phone) +65-88993078
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	Auto
CC	155

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2022-00002895

DRIVER

Name of Driver	Khazir Bin Abdul Kadir
NRIC No	SXXXX306J
Date Of Birth	06/06/1994
Occupation	Outdoor

Date Of Driving Pass	27/06/2022
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88993073
Alt. Phone Number	-
Email Address	khazirabdulkadir@gmail.com
Address	Blk 654D Punggol Drive #02-178
Address complement	-
Postcode	824654
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 - Head on collision
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to 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	SMP1219S
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 report correctly the details of the accident to speed up the claims process.
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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

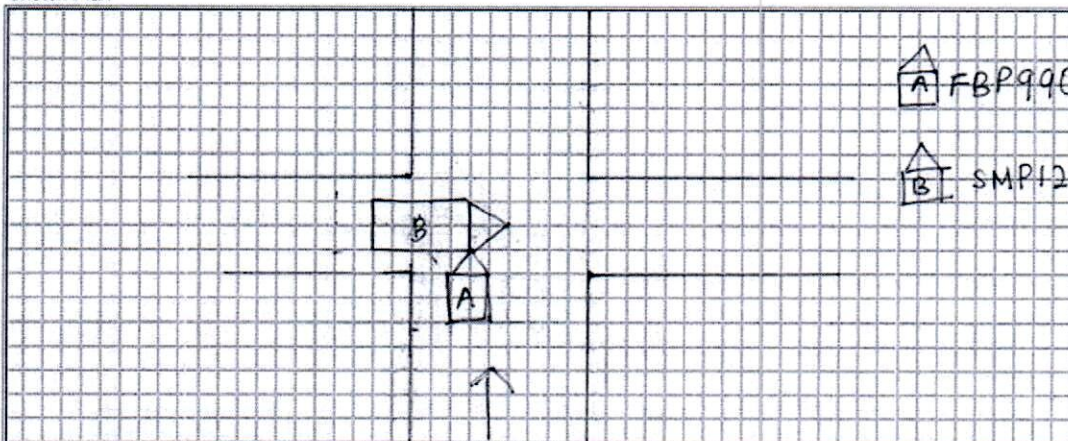
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

On 25th April 2023 at about 9.25pm, I was on my way back home at my basement ~~car~~ carpark where the accident ~~acc~~ happens. At the basement carpark between blk 654C and 654D, I was on a junction going straight where the car (SMP12195) was on the left side ~~and~~ stop at the middle of the junction. I couldn't brake on time and hit the car ~~right~~ right tyre.

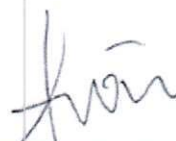
Declaration

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



Policyholder's Signature / Date & Time

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

 FION GOH

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