

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/INC23005682/Uny3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MY
To Inspect Vehicle No: FBF9292J
at Workshop m/s Kirk Enterprises
of _____
Insured: _____
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.**

N/S	O/S

Bal. or Market Value: 610500
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 3 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

238C

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBF9292J Yr Regn: 31/01/12

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

Truck / Trailer or

Make: Honda CBF150 c.c. 149

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 54899 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LALKC11A4A3461976

Gen. Cond: Good / Fair / 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: 180/90-18
R: 90/90-18

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

TOYO / YOKO or IRC

Front 6 mm Rear 6 mm
R/Bal. mm R/Bal. mm

L/Bal. mm L/Bal. mm

D.O.A. 29/05/23 D.O.I. 06/06/23

Survey held at _____

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

N/S Frt, O/S Body

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

Date / Time Action / Instruction Dep 1200
COE unkl 30-01-2032 LTA \$8090
NETT \$2410
how to repair seat cushion
3/7/23 L/S \$1200 inbond were (red, \$1894,61%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 3

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format :

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



吉维利企业 KIVILE ENTERPRISE

BLK 3007 UBI RD 1 #01-408, SINGAPORE 408701

TEL: 6748 8645 FAX: 6748 2533

EMAIL: kivilepc@gmail.com

ROC NO.: 53114844X GST REG NO.: M90370110N

Vehicle No.: FBF9292J MODEL: CBF 150

Handle Bar	Set	105	—
Balancer	Set	65	— 35
Mirror	3 no	65	—
Lever	Cur	75	—
Cover set	2	480	x
Headlight	One	105	—
Signal Light Front	One	70	—
Fork	Set	240	x
Fork Lower Bracket	11	180	x
Steering Cone	Set	120	— 60
Front Mudguard	One	95	—
Front footrest RH	Cur	58	—
Rear footrest RH	2 no	58	—
Exhaust Cover	Set	115	—
Foot pedal	2	85	x
Exhaust Pipe	2	340	x
Lamp Stay	Set	115	—
Helmet	Cur/One	85	—
Box	Cur	180	—
Rear footrest LH	1 no	58	—
Body Frame Spray			—
Towing		50	—
Labour		350	— 300
Total		3094	

1279
102
1151.1
350
1501.1
205

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:

NOT Acknowledged

6/6/23

meant

Tel: 67563561

HP 90096608

2/5 \$1200

take place After rep.

3 days

OFFICIAL RECEIPT

No: 31/5/83
Date:

Received from Kin'ie Enterprise
還來大銀 PBR9292 CBR15
The sum of dollars 1X7p M I Dae

Being payment of 60/

\$ Cash/Cheque No: 60/

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	31/05/2023 14:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/05/2023 09:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF9292J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SAMBANTHAM KRISHNAMOORTHY
NRIC No	S6865238C
Email Address	theskm@gmail.com
Mobile Phone No	(Phone) +65-85425238
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CBF150
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	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A300788976

DRIVER

Name of Driver	SAMBANTHAM KRISHNAMOORTHY
NRIC No	S6865238C
Date Of Birth	05/05/1968
Occupation	Indoor

Date Of Driving Pass	15/10/2012
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85425238
Alt. Phone Number	-
Email Address	theskm@gmail.com
Address	BLK 553 HOUGANG ST 51 #03-282
Address complement	-
Postcode	530553
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

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	YQ764T
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SAMBANTHAM KRISHNAMOORTHY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBF9292J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 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.

[Signature]
 Policyholder's Signature / Date & Time
 31/05/2023
 14:10

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

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

Sketch Plan

A: FBF9292T
 B: YQ764T

Describe Circumstance of the Accident

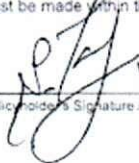
Refer To Police report.

Declaration

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

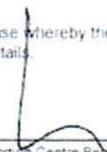
If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

 31/5/2023
1410

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

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





SINGAPORE POLICE FORCE



T/20230530/2070

2 of 3

Report No. T/20230530/2070

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SAMBANTHAM KRISHNAMOORTHY	ID No.	S6865238C
Related Vehicle	FBF9292J (Motorcycle)	Contact No.	85425238
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	29/05/2023	Date Discharge	29/05/2023
No. of Days granted Medical Leave	12	Degree of Injury	Slight

Brief Details.

On 29/05/2023 at about 0930hrs, while I was riding my motorcycle (FBF9292J) along the TPE expressway heading straight, the lorry (YK764T) suddenly turned right towards Punggol Road and hit on to my motorcycle causing the accident. The lorry was not supposed to turn right as the lane only allows you to go straight. I sustained injuries and a rib fracture from the accident and my vehicle was totally damaged from the impact. Traffic police and ambulance was activated to scene, and I was conveyed by ambulance to SKGH. I was given 12 days MC by the doctor.



SINGAPORE POLICE FORCE



T/20230530/2070

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20230530/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2023 16:34	Vide Report No.: F/20230529/0073	Station Diary No.: 58
Informant's Particulars		
Name of Informant: SAMBANTHAM KRISHNAMOORTHY		Address: APT BLK 553 HOUGANG STREET 51 #03-282 SINGAPORE 530553
ID Type / ID No.: NRIC NO / S6865238C		Contact No.: Home/Office: Mobile: 85425238
Nationality: INDIAN		Email:
Sex: Male	Age: 55	Date of Birth: 05/05/1968
Type of Informant: Rider		
Race: Indian		Language:
Occupation: FACILITY ENGINEER		Driving Licence Information: Class: 2B Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/05/2023 09:30	Type of Location: X-Junction
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF9292J	Motorcycle	HONDA	CBF150	Black	Seriously Damaged	0
YQ764T		MITSUBISHI		White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF9292J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300788976	18/02/2023	17/02/2024