

CS/CT 23005 to 2/79 ps.

ASSIGNMENT

Veh No: FBU 65362 Yr Regn: WGL 124

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

Truck / Trailer or

Make: Mitt. QM 125 C.C. 125

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

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

Eng/No:

C/No: HA7K7R4R2W15003060

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder/ Jammed / Leaked / Burnt or

Modl: NA / S/Rim / STD A/Rim or

Tyre Size: F: 26/70R7

R. 130 to R17

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

TŌYŌ / YOKO or

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal.	mm	L/Bal.	mm
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D.O.A. D.O.I. 23/6/23

Survey held at Speed 3040.

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

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

[illegible]

☐: Prell. Report

Final Report

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$

1) $S + RS \rightarrow SI$

☐ : Interview (\$

1 Photos

☐ : Interview (\$

Others

☐ : Tech. Invs (\$)

☐ : Weekend (5

TOTAL

Quotation

Owner Details		Vehicle Details		Insurance Details		Representative Details	
Name	Lim Ying Ying	Bike Plate	FBU2556R	Bike In:	18 May 2023		
NRIC		Make & Model	Mutt 125	Police Report	<input type="checkbox"/>		
Mobile	83008993	Chassis Number	HA7KJB4B2NB003060	GIA Report	<input checked="" type="checkbox"/>		
Email	koyokisdelights@gmail.com	Engine Number		Bike Out:			
S / N	SKU / Product Code	Brand	Item Description	Unit Cost (SGD)	Quantity	Total	
1		Mutt	Handlebar	\$ 380.00	1	\$380.00	
2		Mutt	Rider Footpeg Right	\$ 240.00	1	\$240.00	
3		Mutt	Rider Footpeg Left	\$ 240.00	1	\$240.00	
4		Mutt	Rear Foot Brake Lever	\$ 180.00	1	\$ 180.00	
5		Mutt	Mirror Right	\$ 180.00	1	\$ 180.00	
6		Mutt	Pillion Footpeg Right	\$ 160.00	1	\$ 160.00	
7		Mutt	Pillion Footpeg Left	\$ 160.00	1	\$ 160.00	
8		Mutt	Exhaust Guard	\$ 320.00	1	\$ 320.00	
9		Oxford	Front Brake Lever	\$ 280.00	1	\$ 280.00	
10		Oxford	Lever Protection	\$ 280.00	1	\$ 280.00	
11		Oem	Box Rack	\$ 450.00	1	\$ 450.00	
12		Shad	Box	\$ 780.00	1	\$ 780.00	
13		Oem	Hand Made Crash Bar	\$ 800.00	1	\$ 800.00	
14							
15			Frame Repair	\$ 400.00	1	\$ 400.00	
16			Frame Alignment	\$ 120.00	1	\$ 120.00	
17			Labour	\$ 1,000.00	1	\$ 1,000.00	
18							
19			TOTAL			\$ 5,970.00	

Tanjin 97495749 / 62563561
 WP' 23/6/23 @ 230pm
 tanjin@khanto.com
 1/5 Resurvey after repair
 3 days

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:

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	18/05/2023 17:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/05/2023 17:50 (SGT)
Exact Location of Accident	Lower Kent Ridge Rd, Singapore
Additional Location Information	ROUNDAABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBU2556R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM YING YING
NRIC No	T0100673D
Email Address	KOYOKISDELIGHTS@GMAIL.COM
Mobile Phone No	(Phone) +65-83008993
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mutt
Model	FSR 125
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	125

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130679252

DRIVER

Name of Driver	LIM YING YING
NRIC No	T0100673D

Date Of Driving Pass	22/08/2022
Driving experience	9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83008993
Alt. Phone Number	-
Email Address	KOYOKISDELIGHTS@GMAIL.COM
Address	66 MEI HWAN DRIVE
Address complement	#11-12 GOLDENHILL PARK CONDOMINIUM
Postcode	568429
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?	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

I WAS RIDING IN THE ROUNDABOUT WHEN SUDDENLY VEHICLE B COLLIDED AGAINST THE RIGHT SIDE OF MY VEHICLE.

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	SJY3481A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN

Address		-
Address complement		-
Postcode		-
Insurance Company Name		-
Nature Of Damage		-
Details of property damaged in accident		-
No. Of Passenger (Including Driver)		1

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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)


(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 purposes(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/enail 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.

 **Mohammad Ikhsan Bin Abdul Aziz**
Witnessed by Reporting Centre Personnel
(Name as in NRIC card)

Sketch Plan

A - FBU2556R
B - SJY3481A

Describe Circumstance of the Accident

Lined area for describing the accident circumstances, currently blank with a diagonal line drawn across it.

Declaration

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

[Signature]

18/05/2023 & 1730HRS

Policyholder's Signature / Date & Time

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

[Signature]

Mohammad Ikhsan Bin Abdul Aziz
Witnessed by Reporting Centre Personnel
(Name as in NRICAD card)