

ASS. REC. BY:

REF: *SMR/**Kenneth*

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s

of *1016 01-214 6328*

Insured: _____

Policy No. _____

Claims No. _____

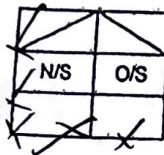
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: *216K*

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: *04* days

Res.: Yes or No

Lum Sum: *1.31* %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: *FBW 5186R*Yr Regn: *06, 24*

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

Truck / Trailer or _____

Make: *Yamaha**mt 15*

c.c

*155*Colour: *Black*

A/C: _____

Insured / Std / NI / NA

Sp. Reading: _____

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: *M21RG 6861R 0047840*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: _____

*100/80R17**140/70R17*

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

TOYO / YOKO or

MRF

Front

Rear

R/Bal. *8* mmR/Bal. *8* mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. *18/7/24*D.O.I. *23/7/2024*

Survey held at _____

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

& n/s body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

*PRS**En repair con 23-4K*

Date/Time, File Pass to?



: Prell. Report



: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech Invs (\$ _____)



: Weekend (\$ _____)

: Fines

: Others

TOTAL

Report Format :

ump Sum / I.B.I: (\$ _____)

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 First Submission	20/07/2024 13:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/07/2024 19:10 (SGT)
Exact Location of Accident	Near Aft Haw Par Glass Twr, Singapore
Additional Location Information	FORT CANNING ROAD FILTERING LEFT INTO CLEMENCEAU AVENUE.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBW5196R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SITI FATIMAH BT MOHTAR
NRIC No	S9390632B
Email Address	EDDBLAINE25@GMAIL.COM
Mobile Phone No	(Phone) +65-88173969
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mt-15
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	160

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5146671833

DRIVER

Name of Driver	SITI FATIMAH BT MOHTAR
NRIC No	S9390632B
Date Of Birth	25/12/1993

IMPORTANT NOTICE

SKETCH PLAN

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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)

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]

1/07/2024/1430HRS

Policyholder's Signature / Date & Time

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

[Signature]

MUHAMMAD ZAKI BIN SUPIAN

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

Sketch Plan

