CS/AGI21003900/Atf3

ASSI	GNMENT		
From: Date:	Veh No: SLR 603) J_ Yr Regn: 2017, Feb.		
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle No:	Make: Menedes Berz A200 c.c 1595		
at Workshop m/s	Colour While, A/C: Insured / Std / NI / NA		
of	Sp.Reading 28347, T/Radio: Insured / Std / NI / NA		
Insured:	Eng/No:		
Policy No.	C/No: WDD 17604325513350		
Claims No.	Gen. Cond. Good/ Fair / Poor / Burnt		
Sum Insured: Excess:	Steering Inorder / Jammed / Leaked / Burnt or		
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or		
Make of Veh:	Modi: Nil (S/Rim) STD A/Rim or		
	Tyre Size: F: 225/45 R17.		
(Policy Condition)	R: 225/45R17.		
Remark: The veh had commenced its N/S O/S	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
repair at the time of inspection.	TOYO / YOKO or		
Bal. or Market Value:	Front / Rear		
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm		
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm		
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. $\frac{26/03/21}{2}$.		
Lum Sum: % 3 Val.: Yes or No	Survey held at i Share		
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or		
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.		
Date / Time Action / Instruction			
TP Bridget Pirect			
	\$23000, 12DAYS		
MV: RED: 55466	5.4;72%		
Nett:	Divide Approve Services		
716.			
	IDGENE.		
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 12		
: Final Report	Resurvey No. of Trip: Survey Fee:		
Date/Time, File Return to?	Transportation:		
2) Add Fee			
	: Interview (\$) Photos		
Report Format:	:Tech. Invs (%) Others		
Lump Sum / LBJ: (3	:Weel end (\$		

SY0A213P0004 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 25/03/2021 16:38 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (25/03/2021 16:38 (SGT))

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 Authorised Driver
 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 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

25/03/2021 16:38 (SGT) 24/03/2021 18:00 (SGT) Upper E Coast Rd, Singapore JUNCTION Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLR6031J

INSURED/POLICYHOLDER

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

No ARTI SHARMA SXXXX729Z ARTIDHILLON@GMAIL.COM (Phone) +65-91389233 (Home) +65-91389233

VEHICLE PARTICULARS

Alternative Phone No.

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of

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

Vehicle Category Transmission CC

Mercedes A200

Private use

No - Claiming third party Private car

Auto 1600

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

NTUC Income Insurance Co-operative Ltd Comprehensive No 5118322638

DRIVER

Name of Driver NRIC No

ARTI SHARMA SXXXX729Z



Date Of Birth 04/04/1971 Occupation Indoor Date Of Driving Pass 27/01/1998 Driving experience 23 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-91389233 Alt. Phone Number (Home) +65-91389233 Email Address ARTIDHILLON@GMAIL.COM Address 96 SUNBIRD CIRCLE Address complement Postcode 487304 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

GENERAL INFORMATION OF THE ACCIDENT

Insurance Company of Other Vehicle Owned by Driver

Type of Accident Collision - Cross Junction
Weather Conditions Raining
Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

PASSENGER 1

Name TANYA DHILLON Gender Female

PASSENGER 2

Name TANISH DHILLON Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE4186C
Vehicle Manufacturer -



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	, - .
Contact Number	
Address) - 1
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 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' law yers/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
- (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/mall 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

At Stores Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan

PER SERVICE STATES	nces of the Accident		
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CONTRACTOR STREET	ALCOHOLOGICA DE LA CONTRACTOR DE LA CONT	/	
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	Refer to Attached		
	RETEV TO ATTACHED		
EDINES IN THE REAL PROPERTY.			
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M P/	& Driver's Signature (# driver is not the policyholds		/

On 24.03.2021 at about 18:00 hours at T-Junction of Upper East Coast Road and Hacienda Grove. I was travelling straight on lane 1 (along Upper East Coast Road towards Bedok Road) and suddenly, I heard a loud bang and felt an impact. When I alighted, I realised it was vehicle (B) that coming out from Hacienda Grove without checking the oncoming traffic condition hence collided onto the left hand side portion of my vehicle (A).

At Shave

I wish to state that I have 2 passengers in my vehicle (A).

Vehicle (A): SLR 6031J

Vehicle (B): SLE 4186C

Accident report SY0A213P0004