ASSIGNMENT Veh No: FBC 2 8 / Yi Regn: I/(1) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ASS. REC. BY: March REF: CS/ASI	n21004362/UVC
Estimated Cost OD P WS TP RES OD RES EVA INV INV To Inspect Vehicle No: at Workshop mis Cost Yk 9 40 Mo Insured: Policy No. Claims No. S1M036N7 Sur Insured: (Clerr's Record) Make of Veh:		ICNMENT / /
at Workshop m/s of Insured: Vkg Yo Wo	From: Date: Estimated Cost: OD TP / WS / TP RES / OD RES / EVA / INV / MV	Veh No: FBC28/R Yr Regn: ////0/07 Type: M.Car/M:Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Insured: Policy No. Claims No. S1M036N7 Sum Insured: Excess: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (IDAC Accident Rport: Consistent?: Yes or No GIA / PR Sent: CA / REV / REP. / 24 HRS Person Condoted: (Person Condoted:		Colour Black A/C: Insured / Std / NI / NA
Claims No. S1M036N7 Surn 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: (DAC Accident Rport: Consistent? Yes or No Est. Repairs: A systems: 124 HRS CA / REV / REP. / 24 HRS Person Contacted: Person Contacted: Person Contacted: Date / Time Action / Instruction Co 4 u.M.f. (10-(0-2-2-2.7 H.f. & 3.70 G) Add Fee: Size is line file? File Pass to? Date / Time Date / Time Action / Instruction Co 4 u.M.f. (10-(0-2-2-2.7 H.f. & 3.70 G) Add Fee: Size is line file? Size is line file? Days Of Repair: 4 Resurvey No. of Trip: 1 Survey Fee: Insurance is line file? Resurvey No. of Trip: 1 Survey Fee: Insurance is line file? Days Of Repair: 4 Resurvey No. of Trip: 1 Survey Fee: Insurance is line file? Resurvey No. of Trip: 1 Survey Fee: Insurance is line file? The UC / Chassis frame / Body Structure affected oue to collision. Date / Time Action / Instruction Co 4 u.M.f. (10-(0-2-2-2.7 H.f. & 3.70 G) Add Fee: Size insurvey No. of Trip: 1 Survey Fee: Insurance is line file? Transportation: Transportation: Transportation: Survey Fee: Interview (\$) Photos Interview (\$) Others Interview (\$)		Sp.Reading 44178 T/Radio: Insured / Std / NI / NA
Claims No. S1M036N7 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: (DAC Accident Rport: Consistent?: Yes or No. IDAC Accident Rport: Consistent?: Yes or No. St. J. Person Contacted: Date: Time Action / Instruction Code: Unity of Person Contacted: Date: Person Contacted: Date	Insured: YK940/M	
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: IDAC Accident Roort: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: Asy No. 3 Val:: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Time: Action / Instruction Cod. u.M. (10-(0-2227 Arg. § 3 70 6 Modi: Mil) Sirkim / STD Airkim or Tyre Size: F: // O - 40-//9 R: SD / DUN / EXNOVA / GY / FS / LUZA / MIC / CHTSL / PIR / SUMI/ TOYO / YOKO or Sh / Mode Repair: Probability / Summed / Leaked / Burnt or Bas / DUN / EXNOVA / GY / FS / LUZA / MIC / CHTSL / PIR / SUMI/ TOYO / YOKO or Sh / Mode Repair: Probability / Summed / Leaked / Burnt or Modi: Mil) Sirkim / STD Airkim or Tyre Size: F: // O - 40-//9 R: SD / DUN / EXNOVA / GY / FS / LUZA / MIC / CHTSL / PIR / SUMI/ TOYO / YOKO or Sh / Mode / GHT / SUMI/ TOYO / YOKO or Sh / Mode / GHT / SUMI/ TOYO / YOKO or Sh / Mode / GHT / SUMI/ TOYO / YOKO or Sh / Mode / GHT / SUMI/ TOYO / YOKO or Sh / Mode / GHT / SUMI/ TOYO / YOKO or Sh / Mode / GHT / SUMI/ TOYO / YOKO or Sh / Mode / GHT / SUMI/ TOYO / YOKO or Sh / Mode / GHT / SUMI/ TOYO / YOKO or Sh / Mode / GHT / G		
Citient's Record Make of Veh: Modi Mij Silim STD A/Rim or Tyre Size: F:	Claims No. S1M036N7	
Make of Veh: Modi: Nij Sirim STD Arim or Tyre Size: F:	Sum Insured: Excess:	
Tyre Size: F:	(Client's Record)	
Remark: The veh had commenced its repair at the time of inspection. Bal or Market Value: Bal or Market Value	Make of Veh:	
Remark: The veh had commenced its repair at the time of inspection. Bal or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: CA / REV / REP, / 24 HRS Descor Contacted: Person Contacted: Person Contacted: Date / Time Action / Instruction COLUM: (0 - (0 - 2027 L14 & 3706 LUS L2700 Confirmed with MIZ / 20 (Red 4058.50,58%)) Date / Time, File Pass to? Date / Time, File Return to? 2) 28/6/21-Typist Add Fee: Site Insp (\$) exercise (\$) Photos Report Format: Smart Claim Lump Sum / LBal. D.O.A. / 1/3 / M.C. / Amm R/Bal. Mm LBal. Mm LBal. Mm LBal. Mm LBal. D.O.A. / 1/3 / M.C. / Rear / Ois / N/S / U/C / Rooftop or O/S / N/S		
TOYO I YOKO or Shink to like the of inspection. Bal. or Market Value: \$9\$500 Date A PR Seen: Consistent? Yes or No Lum Sum: Was 3 Val.: Yes or No Date Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Cod und. (10-10-2027 ATA & 370 G Albert Time, File Pass to? Date/Time, File Pass to? Date/Time, File Pass to? Date/Time, File Pass to? Date/Time, File Pass to? Add Fee: Site Insp (\$) s + RS Si Interview (\$) Photos Rear R/Bal. 7 mm R/Bal. 7 mm L/Bal. mmm Label. mmm Don. 1. 6/4/2/ Survey held at Des. of Damages: Fin / Rear / O/S / N/S / U/C / Rooftop or D/S	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Ball or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: CA / REV / REP. / 24 HRS Person Contacted: Person Contacted: Person Contacted: Date: Person Contacted: Person Contacted: Date: Person Contacted: Do.A. / 3/3 // NS / UIC / Rooftop or O/S // NS / UIC / Rooftop or O/S // The UIC / Chassis frame / Body Structure affected aue to collision. The UIC / Chassis frame / Body Structure affected aue to collision. The UIC / Chassis frame / Body Structure affected aue to collision. The UIC / Chassis frame / Body Structure affected aue to collision. The UIC / Chassis frame / Body Structure affected aue to collision. The UIC / Chassis frame / Body Structure affected aue to collision. The UIC / Chassis frame / Body Structure affect	183 333	
Date Time File Pass to? Preli. Report Person Confidence Co	Bal. or Market Value: 45 9500	
Est. Repairs: Lum Sum: Agys Res.: Yes or No CA / REV / REP. / 24 HRS Person Contacted: Date: Person Contacted: Date / Time Action / Instruction Co4 un. (10-10-2027 114 & 3706 Also Lys & 2900 Date/Time, File Pass to7 Survey Fee: Transportation: Co4 un. (20-10-2027 114 & 3706 Resurvey No. of Trip: 1 Survey Fee: Transportation: Survey Fee: Interview (\$) Photos Report Format: Smart Claim Lump Sum H.B.H: (\$ 2900 D.O.A. , 1/3/1 D.O.I. 6/4/2/ Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or	IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. mm
Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN/OUT Date / Time Action / Instruction Co 2 unt (10 - (0 - 20 2 7 14 8 3 70 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	GIA / PR Seen: Consistent?: Yes or No	L/Bal. mm L/Bal. mm
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time	13	
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time		
Date/Time, File Pass to? : Preli. Report Days Of Repair: 4		
1)	Date / Time Action / Instruction (02 unl. (10-10-2027 L748 18/6/1 L/S \$2900 anfirmed w	83706 La MR 100 (Red 4058.50,58%)
Report Format : Smart Claim Lump Sum H.B.I: (\$ 2900) : Weekend (\$) Others	1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: 1 Survey Fee: Transportation:
Report Format: Smart Claim :Tech. Invs (\$) Others Lump Sum H.B.I: (\$ 2900) :Weekend (\$)	2) 28/6/21-Typist Add Fee	
Lump Sum /	Report Format: Smart Claim	
		TOTAL

EROFIA MOTOR TRADING PTE LTD

No 1 Kaki Bukit Avenue 6 #02-62 AutoBay @ Kaki Bukit Singapore 417883 Tel : 67527740 Fax : 67528669

Co. Reg No. 201202259N Email: erofia@singnet.com.sg

Name : Gary Eng Teng Mun

Accident Date: 12-Mar-21

Triumph

Vehicle No: FBC281R

Vehicle Model:

Scrambler

Manual

Estimated Repair Costs

	Estimated Repair (OSTS		
Qty	Description		A	mount S(\$)
	List Items			
2	Fork gaitor 3 VC	*	\$	360.00 X
1	Front rim shaft SVC		\$	155.00
1	Clutch lever Cu7	2.20		250.00
1	Brake lever ^ ^	205	\$	250.00 X
1	Handle bar buf		\$	480.00
1	Key switch holder Daned		\$	280.00
1	Gear pedal	290	\$ \$ \$	320.00
1	Gear pedal rubber M.S		¢	108.00
1	Front footrest - L/H 3 22	60	\$	303.00
1	Front footrest - R/H . M.g.	, 20	\$	303.00
1	Exhaust assy 700/701	2(0)	\$	
2	Exhaust assy Rear footrest - L/R/H W/S 13/10	nsv	\$	2,200.00
1	Tail lampassy 300	150		396.00 10 2
1	Engine cover 4	305	\$	330.00
			\$	910.00
		T 100/	\$	6,645.00
		Less 10%	\$	664.50
			\$	5,980.50
	Special Nett Items			
1	Number Plate (1 set) / M		-	V
	(1 50)		\$	38.00 X
			\$	38.00

Not Arellond
Leve
6/4/1
1/5 \$ 2900
Hdys.
Whe Atlan rep

Page 1 of 2

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:

3670

EROFIA MOTOR TRADING PTE LTD

No 1 Kaki Bukit Avenue 6 #02-62 AutoBay @ Kaki Bukit Singapore 417883 Tel : 67527740 Fax : 67528669 Co. Reg No. 201202259N

Email: erofia@singnet.com.sg

Name : Gary Eng Teng Mun

Accident Date: 12-Mar-21

Triumph

Vehicle No: FBC281R

Vehicle Model:

Scrambler

Manual

Estimated Repair Costs

S/No.	Labour	
1	To provide towing (LOD)	\$ 60.00
2	To check wiring and reset headlamp focusing	\$ 17 80.00X
3	To repair body frame	\$ 1 \ 380.00 \
4	To provide labour	\$280 420.00
		\$ 940.00
	6 15	2-1 <u> </u>

Grand Total

\$ 6,958.50

Singapore Dollars: Six Thousand Nine Hundred Fifty-Eight and Cents: Fifty only

EROFIA MOTOR TRADING PTE LTD



PRINCE TOWING SERVICES
CO REG NO: 53405980E
PRINCETOWING.SERVICES@GM-AIL.COM/ +65 9222 7993

no. 2768 date: 17/3/≯

M/S VEHICLE NO FROM TO REMARKS	FBC 517 Airpor 02-62 A		MODEL CALL TIME TIME ARRIVAL ARRIVAL WORKSH	Motor 1430 1510 1540	
	RES/PATCH TYRES		USE	E CAR CARRIER EN DOOR	☐ LOADED☐ JUMP START
USING KING	DOLLEY	☐ DISMANTLE BRA	AKE/SHAFT CRA	ANE UP/WINCH OUT	
REC	EIVED BY	71 (H. S		PRINCE	TOWING

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Category.

COE Period(Years):

PQP Paid: COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 22 Mar 2021

Singapore NRIC

485H

FBC281R

N. .

23 Mar 2021

TRIUMPH

SCRAMBLER MANUAL

Black 2006

1279067

SMTTJ9171G6277930

.

\$10,889.00

11 Oct 2007

11 Oct 2007

5

\$1,634.00

No

.

\$0.00

10 Oct 2027

D-Motorcycle

10

\$5,328.00

\$3,706.00

\$3,706.00







1 of 3

Report No. T/20210317/7002

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2021 01:36		Vide Report No.: G/20210312/0065	Station Diary No.:			
Informa	it's Partici	ulars		7 / 10 20 20		
	Informant: NG TENG		Address: 427 HOUGANG AVENUE 6 #03-34 SINGAPORE 5304			
ID Type . NRIC NO	ID No.: 7 S76304	85H	Contact No.: Home/Office:	Mobile: 98587648		
Nationality: SINGAPORE CITIZEN			Email: GARYENGTM@GMAIL.COM			
Sex: Male	Age: 44	Date of Birth: 16/09/1976	Type of Informant: Rider			
Race: Chinese		Language: English	Institution / School Name:			
Occupation: Marketing & Communications		Driving Licence Information Class: 2B,2A,2,3	ation: Date of Expiry:			

Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 12/03/2021 08:55		Type of Location X-Junction
Location: PASIR RIS IN	NDUSTRIAL DRIVE 1				
Weather:		Road Surface:			d Speed Limit:
		Road Surface: Dry		Road 50 K	
Weather: Clear Traffic Flow: One Way			king	50 K	m/h ic Volume:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBC281R	Motorcycle	TRIUMPH	SCRAMBLE R MANUAL	Black	Seriously Damaged	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBC281R	DIRECT ASIA INSURANCE (SINGAPORE) PTE, LTD.	MC/00606383/02	09/03/2019	08/03/2022		





2 of 3

Report No. T/20210317/7002

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso	n Involved			THE STATE OF	TO S	
Any Pedestrian II	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	destrian	Cross	sing: NA
Rider		O E INCHES				
Name	GARY ENG TENG	MUN	444	ID No.		S7630485H
Related Vehicle	FBC281R (Motorcycle)		Contact No. 9		98587648	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence Expiry		Class: 2B,2A,2,3 Date of Expiry: NIL	
Date	12/03/2021		Date		12/03	3/2021
No. of Days gran	ted Medical Leave	04	Degree of	f	Sligh	t

Brief Details.

On the stated venue, date and time, I, riding a motorcycle bearing the license plate FBC281R was making a right turn on the extreme right turning lane while a lorry bearing the license plate YK9401M, abruptly attempted an u-turn from the left lane beside me with the side of the lorry cutting through my path, I instinctively steer left but was not quick enough and so the inevitable happen, the rear of the lorry impacted onto me and I fell to my left along with my motorcycle.

Shortly after I was brought down in the middle of the junction, an SCDF ambulance arrived at the scene and attended to me and my injuries. The police arrived shortly after followed by a traffic police to the scene to assist.

I was conveyed to Sengkang General Hospital via the SCDF ambulance. I suffered injuries on my upper left rib cage, wrist and multiple abrasions on my body. I was discharge on the same day and received a 4 day mc from 12 March 2021 to 15 March 2021.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20210317/7002

CONTINUATION OF REPORT

S	ket	ch	P	lan

Authentication Stamp

NP168

Informant is not able to provide sketch

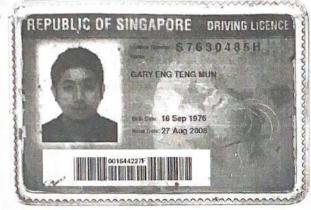
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2021 01:36
Officer In Charge Of Case: TP / TPIB / YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:

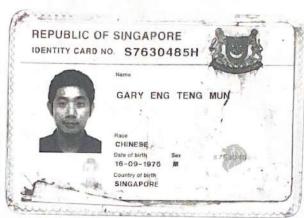


PRINCE TOWING SERVICES
CO REG NO: 53405980E
PRINCETOWING.SERVICES@GM-AIL.COM/ +65 9222 7993

NO. 2768 DATE: 17/3/→

M/S VEHICLE NO FROM TO REMARKS	FBC 517 Arpar 02-62 A		MODEL CALL TIME TIME ARRIVAL ARRIVAL WORKSH	Motor 1430 1510 00 1540	
	RES/PATCH TYRES		USE OW SPOILER □ OPE	CAR CARRIER	☐ LOADED
USING KING	DOLLEY	☐ DISMANTLE BRA	KE/SHAFT CRA	NE UP/WINCH OUT	
REC	EIVED BY			PRINCE	TOWING











SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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

3. Information provided must be as unuful and accurate as possible ray fundamental 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, take 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

30/03/2021 13:46 (SGT) 12/03/2021 08:55 (SGT) Singapore Pasir Ris Industrial Drive 1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBC281R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address Mobile Phone No Alternative Phone No

No

Gary Eng Teng Mun

SXXXX485H

garyeng7m@gmail.com (Phone) +65-98537648 (Home) +65-98537648

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Triumph Scrambler

Private use

No - Claiming third party

Motorcycle Manual 850

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

Direct Asia Insurance (Singapore) Pte Ltd

ThirdParty No MC 00606383

nil

Gary Eng Teng Mun SXXXX485H



Accident report S101213U0002

Page 1 of 17

Date Of Birth Occupation _ Date Of Driving Pass Driving experience Gender Mobile Number

Alt. Phone Number Email Address Address Address complement

Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? 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?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Report Please refer to Police Report

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

YK9401M

Commercial vehicle

Accident report S101213U0002

Page 2 of 17

16/09/1976

07/01/2003

18 YEARS AND 2 MONTHS

(Phone) +65-98537648

(Home) +65-98537648

garyeng7m@gmail.com

427 Hougang Ave 6 #03-34

Indoor

Male

530427

Side Swipe

Clear

Dry

No

Yes

Yes

Yes

No

Yes

No

Traffic Police

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

2

Yes

No

No

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
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Gary Eng Teng Mun 427 Hougang Ave 6 #03-34

530427

Upper Ribcage Wrist FBC281R

No Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report portectly the details of the accordent to spend up the claims process
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any willul managers entation 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 tability on the past 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
- By the lodgement of this report to the insurers, you bereby 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)

Lunderstand, 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 and or process my personal culture 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 shall be collectively referred to as the "Insurers"), the histories' 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
- (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 making of correspondence, statements, rivacies, reports or natices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as wiel as on the external cover of envelopes mall
- (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 hisurers' law yers law firsts, 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 fisurers and/or GA to their third party service providers or agents (including their law yers/law firms), which may be seed 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) / Onle

Witnessed by Reporting Centre

Sketch Plan

TEATER LILHT

V - TUPICTION

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	PETER TO POLICE EFFORT
THE RESERVE THE PROPERTY OF THE PERSON OF TH	

Declaration

I'We doctare the foreigning particulars are true in every respect.

100 policy 1000

Folicyt dicer's September Pate & Tion Deven a New York of the Arms, the procedure to 1 Trotal & Tone

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