CS\$/GRB21008500/71493-ASSIGNMENT Date: Veh No: 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: at Workshop m/s Colour Insured / Std / NI / NA T/Radlo: Insured / Std / NI / NA Sp.Reading Eng/No: C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modl: NI TS/Rim / STD A/Rim or Make of Veh; Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / Remark: The veh had commenced Its OIS Marson repair at the time of inspection. TOYO / YOKO or Rear Front Bal. or Market Value: R/Bal. Consistent? : Yes or No R/Bal. IDAC Accident Rport: UBal. ∐Bal. Consistent?: Yes or No GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No days Est. Repairs: 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: FRY Rear / O/S / NIS / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date: Action / Instruction Date / Time Date/Time, File Pass to? Days Of Repair: : Prell. Report Survey Fee: Resurvey No. of Trip: : Final Report Transportation: Date/Time, File Return to? Add Fee: : Site Insp (\$ _S + RS.__SI : Interview (\$ Photos : Tech. Invs (\$ Others Representat : Lump Sum / LB.E.C. Weellend (\$ TOTAL



SY092185000A / YEW TEE AUTOMOBILE TECH PTE LTD [737856] ENTRY DATE & TIME: 05/08/2021 18:03 (SGT) SUBMITTED BY: TOH TZE CHANG VERSION: 1 (05/08/2021 18:03 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

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. policy liability.

4. The issue and acceptance of this norm by insurance companies is not an aumission of policy liability of 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

05/08/2021 18:03 (SGT) 04/08/2021 14:15 (SGT) Serangoon Rd, Singapore SERANGOON ROAD (LAMP POST 100) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer Model Variant

Transmission

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

CC

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

Accident report SY092185000A

FBS929Y

MOHAMED NAJIB BIN MOHAMED APANDI SXXXX187F SKYCITY1818@GMAIL.COM (Phone) +65-91199195 (Home) +65-91199195

Yamaha **NMAX**

Private use

No - Claiming third party Motorcycle Auto 155

NTUC Income Insurance Co-operative Ltd ThirdPartyFireTheft No 5122956375

MOHAMED NAJIB BIN MOHAMED APANDI SXXXX187F

Page 1 of 16

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 vehicle 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

REFER TO ATTACHMENT

ATTACHMENT(S)

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

Was there any audio recorded?

Yes No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Accident report SY092185000A

23/10/1982 Outdoor 10/10/2001

19 YEARS AND 10 MONTHS

Male

(Phone) +65-91199195 (Home) +65-91199195 SKYCITY1818@GMAIL.COM

BLK 467B FERNVALE LINK #03-521

792467 Yes

No

Collision - Change/cross lane

Clear

Dry

No

2 Yes

Yes Yes

No

Yes

Hougang Neighbourhood Police Centre

(Phone) +65-18004890999 (Fax) +65-63128989

60 Hougang Ave 9 Singapore 538775

No

SLK8639E

Private car

Page 2 of 16

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 Gender Phone No 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?

MOHAMED NAJIB BIN MOHAMED APANDI

FBS929Y

Yes

SKETCH PLAN

IMPORTANT NOTICE

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- 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 wiful misrepresentation or withholding of material facts may slow 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. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for erchiving and that copies of this report will for a fee be made evaluable upon application by interested parties.
- 7. By the lodgement of this report to the insurance, you havely consent to the archiving of this report at the centre and to cooles 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 parmitted 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 haurer (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 colectively referred to as the "Insurers"), the haurers' 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:
- (ii) carrying out ancior dealing with my instructions or responding to any enquiries by ma;
- (N) administrating my claims (including the making of correspondence, statements, hydross, reports or notices to me, which could involve disclosure of certain personal data about me to bring about dailyery of the same as well as on the external cover of envelopes/mail
- (v) complying with applicable law in administering, processing, handing and/or dealing with my citims.

(colectively 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 law yers faw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

_nr	m white	lai
Postcy holder's Signature / Date &	Driver's Signature (I driver is not the policyholder) / Date	Witnessed by Reporting Centre
Sketch Plan		Personnel
@ Mas FBS	9294.	
BSTK86	39E	
	/AIX	11
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claration			
declare the foregoing particular	s are true in every	respect.	
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