ASS, REG. BY:

### HEF:

# CS/FCI21009823/Atf3

ASSI	GNMENT		
From: Date:	Veh No: SXB85727, Yr Regn: 2011 Fuly.		
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: Meredes Berz (180 c.c (597		
at Workshop m/s	Colour Black - A/C: Insured / Std / NI / NA		
of	Sp.Reading 9006 T/Radio: Insured / Std / NI / NA		
Insured:	Eng/No:		
Policy No.	C/No: WDDD040452A545942		
Claims No.	Gen. Cond. Good Fair / Poor / Burnt		
Sum Insured: Excess:	Steering: Inorder DJammed / Leaked / Burnt or		
(Client's Record)	Brake: morder / Jammed / Leaked / Burnt or		
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or		
Walls Fellow or the econo to the linears	Tyre Size: F: 225/45 R17 - R: 225/45 R17 -		
(Policy Condition)			
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:	<u>Front</u> <u>Rear</u>		
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. 22/09/21.  Survey held at Antomobile Hyb.		
Lum Sum: % 3 Val.: Yes or No			
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or		
Vehicle: IN / OUT  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.		
	The Ord T Grassis frame T Body endounce and the		
Date / Time   Action / Instruction   Action /	WE Bry 14: 3707/21.		
EVERT PRODUCT CLESSORISM	SCI M CCCC MIND BEFORE NO NO. SAT		
CATA CATANA PARA	4.20		
DED: 4700-7	T LUMP SUM \$1650		
The state of the s	*		
Nett:			
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 3		
: Final Report	Resurvey No. of Trip: Survey Fee:		
Date/Time, File Return to?	Transportation:		
2) Add Fee			
Albert according to the control of the same service.	Interview (\$ ) Photos		
Report Formst:	: Tech. Invs (\$ ) others		
Lump Sum / LB.I: (3	:Weel end (\$		

SN0721910002 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 18/09/2021 12:48 (SGT) SUBMITTED BY: Loo Han Ho Steve VERSION: 1 (20/09/2021 10:55 (SGT))



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process

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.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 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

18/09/2021 12:48 (SGT) 17/09/2021 16:24 (SGT)

Singapore

ANG MO KIO AVE 3 JUNCTION BELOW CTE FLYOVER

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SKB8572Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No Alternative Phone No No

TAN JUNLONG (CHEN JUNLONG) S8321119I

AGRIAS83@YAHOO.COM (Phone) +65-97530131 +65-97530131

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident

your vehicle?

Are you claiming under your own insurance policy for repair to

Vehicle Category Transmission

Private use

Mercedes

C180

No - Claiming third party

Private car Auto 1600

### INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy

Policy Number Cover Note Number NTUC Income Insurance Co-operative Ltd Comprehensive

No

5123013002

Name of Driver NRIC No

TAN JUNLONG (CHEN JUNLONG)



Date Of Birth 23/06/1983 Occupation Indoor Date Of Driving Pass 31/05/2004 Driving experience 17 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97530131 Alt. Phone Number +65-97530131 Email Address AGRIAS83@YAHOO.COM Address BLK 607 HOUGANG AVE 4 #03-145 Address complement Postcode 530607 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 Side Swipe 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Name MRS TAN Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? I WAS ABOUT TO MOVE OFF FROM THE JUNCTION WHEN THE BIKE (FBS4398C) GO IN BETWEEN LANE AND HIT MY SIDE MIRROR. Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident ADV TO SEND TO MOTORVIDEO@INCOME.COM.SG Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** FBS4398C Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	
Vehicle Category	Motorcycle
Name of Driver	TARVEEND RAJ RAMESH
NRIC No	S9676657B
Contact Number	-
Address	*
Address complement	- 11
Postcode	
Insurance Company Name	
Nature Of Damage	- 1100
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	- 15 15 15 15 15 15 15 15 15 15 15 15 15

SKEICH PLAN		
		V1 - SKB8572Y
		V2 - FBS4398C
		V2-1-0343980
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DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
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	The state of the s	
DECLARATION		
I/We declare the foregoing particu	lass are true in every recnert	
y we declare the foregoing particl	and are true in every respect.	teller
1/4		1 BLEET
11/		
V		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: +8/09/2021	(If driver is not the policyholder)	Name: Steve

S990020

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 flability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 lodgment 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)

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 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

18/09/2021

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Steve

S990020

On the 17th Sept 2021, CPI 117527 Tarveen raj Ramesh, was activated for a case of 1623hrs to CTE AYE 125km to attend to a breakdown riding cisco motoraych FBS 43986. While making a U-turn at Junction of Any Mo trio Ave 3, the bite side box had nit the left side mirror of a car SKB 8572 Who was also making a turn. I admit this was my mistake. I go down and check on both relices ton for damage No damages seen on onotorcycle. A slight misalignment was son on the motoraycle. No injuries were found on both party. I can contactable by this no the 982/0331.

> Je. 17/09/2021 TONEON ray Ramesh 596766578



### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0030 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09.00 - 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

## with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SN0721910002 Vehicle Registration No: SKB8572Y Name(as shownin NRIC) : TAN JUNLONG (CHEN JUNLONG) NRIC/RIM/PassportNo S83211191 (\*Webiele Drivery Vehicle Owner) (\*) Please delete as appropriate BLK 607 HOUGANG AVE 4 #03-145 Address Singapore( 530607 ) - Nil Mobile No.: 97530131 Contact (Tel) - AGRIAS83@YAHOO.COM Email Address : 17/09/2021 Time of Accident: 16:24 Date of Accident ANG MO KIO AVE 3 JUNCTION BELOW CTE FLYOVER Place of Accident Insurance Company: NTUC Income Insurance Co-operative Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: To add in additional photos

Policyholder / Driver's Signature Date: 20/09/2021

Reporting Centre Personnel's Signature

Name: Logon NRIC/FINNO .: BARYIE'T

Date: 20(04)202)