

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 *SG 98*

of _____

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: *FBS 9283S* Yr Regn: *09.21*

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

Truck / Trailer or _____

Make: *Yamaha* *RI5* c.c. *153*Colour: *Red* AC: Insured / Std / NI / NASp. Reading: *1816P* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *MEIRG 6714 MOO 92897*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: *110/70R17*R: *140/70R17*

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

TOYO / YOKO or *Maxxis*

Front: _____ Rear: _____

R/Bal. *6* mm R/Bal. *6* mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. *23/8/22* D.O.I. *26/8/2022*

Survey held at _____

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

all over body

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

Date / Time Action / Instruction

etc not ready

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation

S - RS. SI

Fees

Others

TOTAL



**SINGAPORE
POLICE FORCE**



F/20220824/7059

1 of 2

Report No. F/20220824/7059

POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 24/08/2022 18:08	Vide Report No.	Station Diary No.
Name Of Informant NURUL NATASHA BINTE MOHD SALIM	Address 641 ANG MO KIO AVENUE 4 #07-818 SINGAPORE 560641	
ID Type / ID No. NRIC NO / S9415957A	Contact No. Home/Office:	Mobile: 92372500
Nationality SINGAPORE CITIZEN	Email Address POLICE_FUTURE94@HOTMAIL.COM	
Occupation Applications/Systems programmer	Sex Female	Age 28
Institution/School Name	Date of Birth 13/05/1994	Race Malay
Date/Time Of Incident 23/08/2022 15:50 - 24/08/2022 17:55	Location Of Incident 641 ANG MO KIO AVENUE 4 #07-818 SINGAPORE 560641	

Brief details.

On 23 august at about 1550hrs , i was at Temasek polytechnic on the way to another block to return the school keys.

I was on the extreme right lane on 2 lane while the taxi was on the left side of the lane. My bike FBS9283S collided with taxi strides SHB1875E

I was going straight for the road and the taxi from the left swift in to turn in to the right . In result , i was hit by the taxi and flung off from my bike

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: 24/08/2022 18:08
Officer In-Charge Of Case:	Classification Of Case:

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.

ACCIDENT STATEMENT

Date of Submission 25/08/2022 14:18 (SGT)
Reported by Both
Date of Accident 23/08/2022 15:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information 21 Tampines Ave 1 Singapore 529757 (Tampines North carpark)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS9283S

INSURED/POLICYHOLDER

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

No
NURUL NATASHA BINTE MOHD SALLEH
S9415957A
POLICE_FUTURE94@HOTMAIL.COM
(Phone) +65-92372500

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

Yamaha
R15 ABS MANUAL
Private use
No - Claiming under own policy
Motorcycle
Manual
160

INSURANCE COMPANY

Name of Insurance Company
Policy Number / Cover Note Number

DRIVER

Name of Driver
NRIC No
Date Of Birth

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 invalidate 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

SKETCH PLAN


25/08/2022
1400HRS
Policyholder's Signature / Date & Time

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


SUMAN SUKUMAR
S990968
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

