The second secon		
ASSI	GNMENT	
From: Date:	Veh No: SMS8289C Yr Regn: 2020, Jan.	
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: Mercedes Benz ALOD c.c 1332	
et Workshop m/s	Colour Silves A/C: Insured / Std / NI / NA	
of	Sp.Reading 6 2 5 27 T/Radio: Insured / Std / NI / NA	
insured	Eng/No:	
Policy No.	C/No: WDD 1771872 W012382	
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:	Modí: Nil / S/Rim / STD A/Rim or	
	Tyre Size: F: 245/40 R 18	
(Policy Condition)	R: 245/40R/S	
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 OF	
Bal. or Market Value:		
DAC Accident Rport: Consistent? : Yes or No	R/Bal 86	
GIA / PR Seen: Consistent?: Yes or No	1/Rel 06	
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 13/09/22	
.um Sum: % 3 Val.: Yes or No	Survey held at 14 D Perfect.	
CA PEV PED 24UDG	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	The state of the s	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.	
Date / Time Action / Instruction	1	
17 401		
mv :		
PV:		
Nett:	•	
ate/Time, File Pass to? Proli Roport	O. D	
. From Report	Days Of Repair:	
: Final Report Fate/Time, File Return to?	Resurvey No. of Trip: Survey Fee:	
Add Fee:	Transportation:	
Variate 8, 22/2-	: Site Insp (\$)_s+Rs_s : Interview (\$) Photos	

SN07228U0001 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 30/08/2022 08:34 (SGT) SUBMITTED BY: Mohammad Ikhsan Bin Abdul Aziz VERSION: 1 (30/08/2022 08:34 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

30/08/2022 08:34 (SGT) Driver 29/08/2022 13:50 (SGT) Lavender St., Singapore AFTER BALESTIER ROAD JUNCTION

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMS8289C

INSURED/POLICYHOLDER

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

No KWA CHIN PHENG S7110402H BEVERCHUA10@GMAIL.COM (Phone) +65-93395124

VEHICLE PARTICULARS

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 vour vehicle? Vehicle Category Transmission CC

Mercedes A200

Private use

No - Claiming third party Private car Auto 1400

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number NTUC Income Insurance Co-operative Ltd 5125351694

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

BEVER CHUA YU TING T0035949H 10/10/2000 Indoor

07/11/2019 Date Of Driving Pass 2 YEARS AND 9 MONTHS Driving experience Gender (Phone) +65-93395124 Mobile Number Alt. Phone Number BEVERCHUA10@GMAIL.COM **Email Address** BLK 137 #14-154 Address POTONG PASIR AVENUE 3 Address complement 350137 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Collision - Change/cross lane Type of Accident Clear Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident 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) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number

DETAILS OF POLICE ACTION

Original language used in the statement

Translator's email

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING WITHIN MY LANE WHEN VEHICLE B ABRUPTLY LANE CHANGE INTO MY LANE WHILE WE AT IN THE MIDDLE OF THE JUNCTION. I TRY TO SWERVE MY VEHICLE TO THE RIGHT HOWEVER HIS VEHICLE STILL COLLIDED AGAINST MY VEHICLE. I CAN'T SWERVE OUT TOO MUCH AS I MY VEHICLE WILL BE ON THE OPPOSITE LANE.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

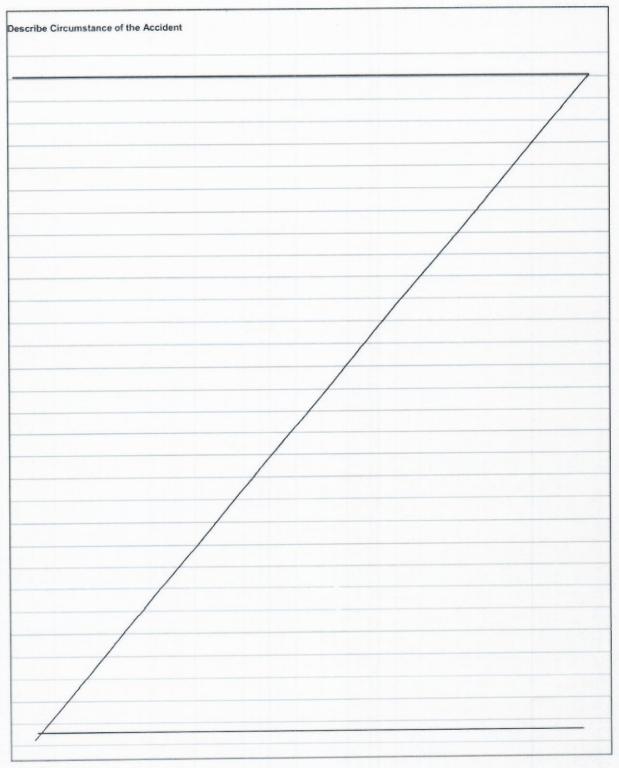
Vehicle Colour

Vehicle Category

YN8478H

Commercial vehicle

Name of Driver	DURAI RAJ SENTHIL KUMAR
Passport No/FIN	G6580129P
Contact Number	(Phone) +65-84246018
Address	-
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	나는 이 전 생활 하는 것으로 모르다
Details of property damaged in accident	
No Of Passenger (Including Driver)	1



Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

30/08/2022 & 0830HRS

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

Mohammad Ikhsan Bin Abdul Aziz

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

2

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 Actual 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 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.
- 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.
- 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;
- (iii) 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.

V

30082022 & 0830HRS

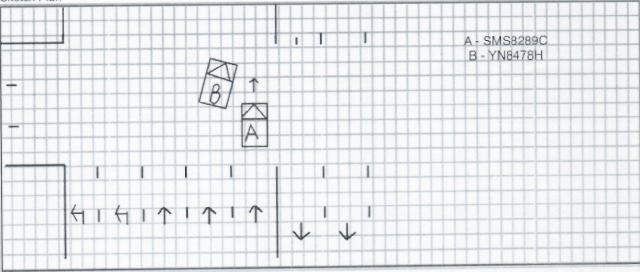
Mohammad Ikhsan Bin Abdul Aziz
Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Policyholder's Signature / Date & Time

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

Sketch Plan



1