ASS, FIEC.BY:	See The Real way of the see that the see tha						
AS	SIGNMENT						
From: Date:	Veh No: S6C3333X Yr Regn: 2017, Fcb.						
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /						
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or						
To Inspect Vehicle No:	Make: Mercedes Berz Ezero c.c 1981						
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA						
of grooms Ween was een more our een een open	Sp.Reading 87720 T/Radio: Insured / Std / NI / NA						
nsured:	Eng/No:						
Policy No.	C/No: WDD2130422A*159763						
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						
100 100 100 100 100 100 100 100 100 100	Tyre Size: F: 245/45 R 18 -						
(Policy Condition)	R: 245/43R18						
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:	Front Rear						
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 0 mm R/Bal. 0 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. 27/08/22						
.um Sum: % 3 Val.: Yes or No	Survey held at Modern						
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or						
Vehicle: IN / OL Date: Person Contacted;							
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision						
TP Chian.							
	21						
The Later Court Control							
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Nett:							
71611							
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ate/Time, File Pass to? : Preli. Report	Days Of Repair:						
	Resurvey No. of Trip: Survey Fee:						
ate/Time. File Return to?							
) ate/Time, File Return to? Add Fe	Transportation:						

1 carrier Prince I & 150 for 100

SM0Z229R0001 / MODERN AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 27/09/2022 10:34 (SGT) SUBMITTED BY: CHIN SOI SHONG GRACE VERSION: 1 (27/09/2022 10:34 (SGT))

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 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

27/09/2022 10:34 (SGT) Date of Submission Driver Reported by 26/09/2022 14:30 (SGT) Date of Accident **Exact Location of Accident** Newton Circus, Singapore Additional Location Information NEWTON CIRCUS FLYOVER Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SGC3333X Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? MODERN SALES & LEASING Name Of Registered Owner 5XXXX316E Company Reg No ADMIN@MODERNAUTOMOTIVE.COM.SG **Email Address** Mobile Phone No (Phone) +65-67484422 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model E200 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

INSURANCE COMPANY

Income Insurance Limited Name of Insurance Company 5107789261 Policy Number / Cover Note Number

DRIVER

CC

Name of Driver NRIC No Date Of Birth Occupation

AJITH MURALI SXXXX486E 19/05/1977 Indoor

Private use

Private car Auto

1991

No - Claiming third party

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

Collision - Head to Rear Clear Dry

10/06/2008

Male

648353

No

No

Hirer

14 YEARS AND 3 MONTHS

ADMIN@MODERNAUTOMOTIVE.COM.SG

248 WESTWOOD AVENUE #07-63 THE FLORAVALE

(Phone) +65-91808494

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) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING FROM BUKIT TIMAH ROAD TOWARDS WOODLANDS, AS I REACHED NEWTON FLYOVER, THE LORRY (YP8424C) CAME AND HIT ONTO MY VEHICLE REAR PORTION.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Vehicle Registration Number YP8424C Vehicle Manufacturer Mitsubishi Vehicle Model Fuso Vehicle Variant Vehicle Colour Vehicle Category Goods vehicle Name of Driver **AVTAR SINGH**



Contact Number	(Phone) +65-90579364
Address	-
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	et a service
No. Of Passenger (Including Driver)	

SKETCH PLAN

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 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

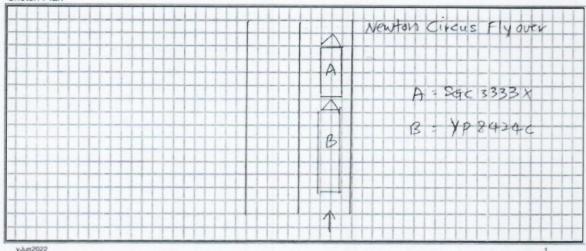
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes. MODERA

SAJJ Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time 26/9/22 Witnessed by Reporting (Name as in NRIC/ID card)

GST. Reg. 2005et

Sketch Plan



I was driving from Bukit Timah Road towards woodlands, as 2 reached Newton Flyover, The long (198424c) came and hit outo my vehicle rear									
I was	driviu	9 1	Prom	Buk	et Time	aly Re	ad .	tava	rds
woodland	s, as	2	reac	hed	Newton	Hy0	ver,	Tue	long
CYP8424	c) (a	me	and	lilt	outo	my	vehic	le	V-eav
partian									
1									
						-			

Declaration

I/We declare th

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) / Date & Time 26/9/22 26/9/22

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

vJun2022