me noeth	220116861Kp
Prom:	SSIGNMENT
From: Date:	Veh No: SIP 5744CYr Regn: 03, 14 Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD UTP/ WS / TP RES / OD RES / EVA / INV / MY	
To Inspect Vehicle No:	Make: BMW 320; c.c 1997
at Workshop m/s River view	Colour M Silver AC: Insured / Std / NI / NA
092	
Insured:	Eng/No:
Policy No.	CNO: WBA3B16040N5 5092
Claims No.	Gen. Cond; Good/ Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inogeter / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingrafer / Jammed / Leaked / Burnt or
Make of Veh:	Mod1: NII / S/RIm / STD A/Rim or
	Tyre Size: F:
(Policy Condition)	1 1916 SIZE. R: 225/40R18
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	TOYO/YOKO or Corrinal e/
Bal. or Market Value: \$55/c	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bai. Z mm 'R/Bai. Z mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 7 mm R/Bal. 7 mm
Est. Repairs: 03 days Res.: Yes or No	D.O.A. 16/11/22 D.O.I. 29/11/20
Lum Sum: 20 % 3 Val.: Yes or No	
	Survey held at
CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted:	
	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	· · · · · · · · · · · · · · · · · · ·
ete/Time, File Pass to? : Preil. Report	Days Of Repair:
Preii. Report	
a/lime, File Return to?	Resurvey No. of Trip: Survey Fee:
	Transportative
Add Fee:	
그 등 경기들이 보다가게 되었다.[하다] 나를 하다.	Intensions (\$
ort Format :	Toch love (\$
np Sum / I.B.I: (\$	Tech Invs (\$) Others
	Weekend (\$
	TOTAL

Lung Sien Repour Lon 20% RIVERVIEW AUTO SERVICES PTE LTD 10 ANG MO KIO INDUSTRIAL PARK 2A #04-07/#04-16 AMK AUTOPOINT SINGAPORE 568047 Tel: 6481 2025 / 6481 5797 Fax: 6481 8715 Email: service@riverviewauto.com.sg Website: www.riverviewauto.com.sg to.Reg No: 200800062E GST.Reg No: 200800062E List Price \$ SLP5744C BMW 3201 BMW less 5% Parts front Bumper Head amp RHS abour charges To Renew damaged a cident area. front deal & scan with BMW computer Not Authorn LKK Auto Consultants hence notify. the Repairer of the following: To resurvey before/after spray painting To display damaged part(s) during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is ancwed Supplementary item(s) must be resurveyed and is subject to final approval from insurance Company Acknowledged by Repairer Signature: Date:

SM0Z22BH0001 / MODERI\ AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 17/1\ 20\ 22\ 10:40 (SGT) SUBMITTED BY: CHIN SOI S\ 10\ NG GRACE VERSION: 1 (17/11/2022 10:40 (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

Information provided must be as trumful and accurate as possible. Any will information or without any 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.
 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

17/11/2022 10:40 (SGT)

Both

16/11/2022 08:00 (SGT)

50 Hougang St 11, Singapore 538749

BASEMENT CARPARK

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLP5744C

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

SOMA SUNDRAM SHIVANESH

S8903092G

CORPORATEMANTHRAS@GMAIL.COM

(Phone) +65-90011874

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

your vehicle?

Vehicle Category

Transmission

CC

BMW 320i

Private use

No - Claiming third party

Private car

Auto

1997

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5125603853

DRIVER

Name of Driver NRIC No

Date Of Birth

Occupation

SOMA SUNDRAM SHIVANESH S8903092G 24/01/1989 Indoor

SKETCH PLAN

ORTANT NOTICE

- se 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.
- Intermation provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
- 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.
- 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
- 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:

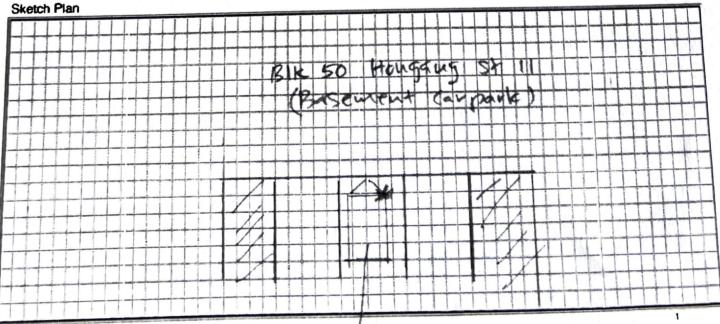
= 17/11/22

- (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.

Policyholder's Signature / Date & Time

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

Witnessed by Repo (Name as in NRICAD card)



v.Jun2022

5LP5744C