ASS. REC. BY: Kenneth | REF: SMO/2300 7578/Kg

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Teh Motor

of 05-16 6074

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.

N/S	O/S

Bal. or Market Value: $14-18K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBS 2346R Yr Regn: 02, 21

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Scrambler

Make: Beta RR c.c 190

Colour Multi Colour A/C: Insured / Std / NI / NA

Sp.Reading 10398 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZD3EB01C8K 0000655

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: IRC 80/100 R21

R: Pneumax 140/80 R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	7 mm	R/Bal.	8 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	22/7/23	D.O.I.	27/7/2023

Survey held at ✓

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or N/S RM & O/S body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? _____

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

eport Format : _____

mp Sum / I.B.I: ($ _____)

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

Date of Submission	24/07/2023 16:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/07/2023 16:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ENG NEO AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS2346R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIN WEN-BIN
Passport No/FIN	FXXXX607Q
Email Address	benjamin.lin@fmglobal.com
Mobile Phone No	(Phone) +65-98240845
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BETA
Model	RR ENDURO 2T 200
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?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	200

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121136039-02

DRIVER

Name of Driver	LIM WEN BIN
Passport No/FIN	FXXXX607Q
Date Of Birth	05/11/1961
Occupation	Indoor

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 Authorised 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. The 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 the 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' law firms/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.

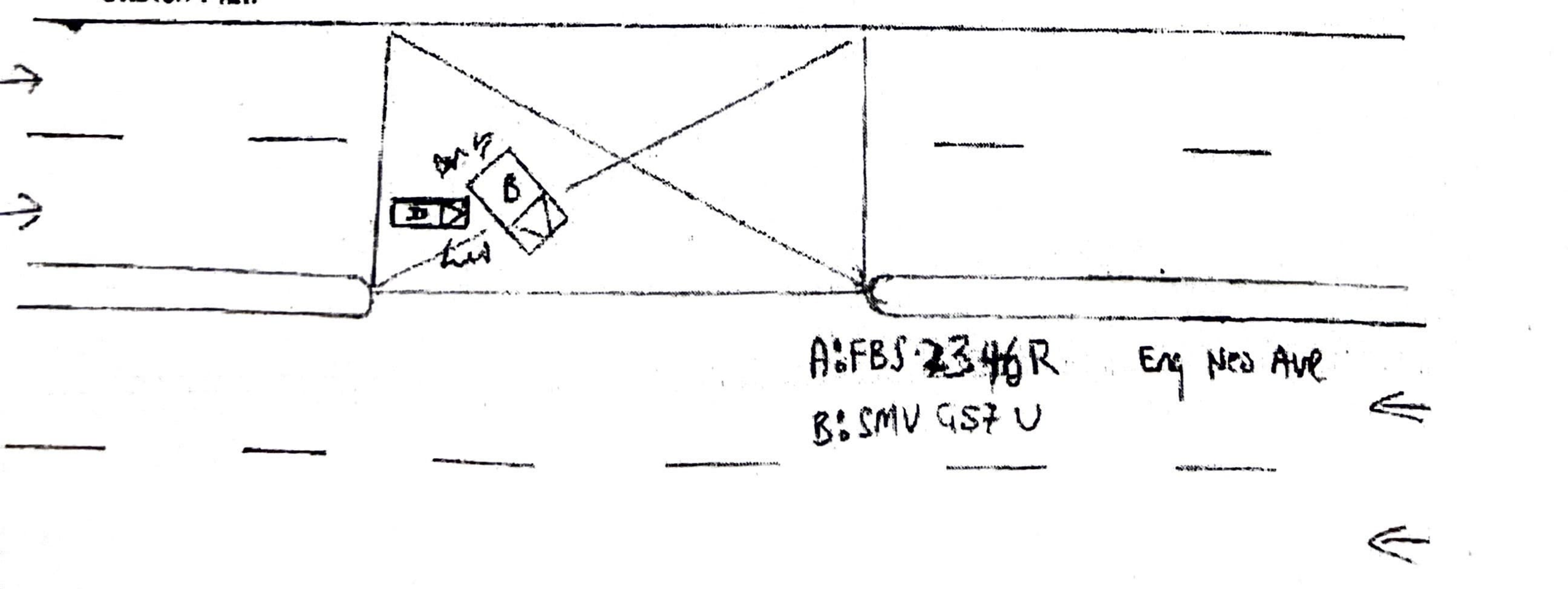
(collectively the "Purposes")

(b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
[signature]	[signature]	CITY AUTO PTE LTD Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singapore 575643 Tel: 6453 1288 Fax: 6453 7944 (Claims Section)

Sketch Plan



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

T/20230724/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS2346R	NTUC Income Insurance Co-Operative Limited	5121136039-02	24/02/2023	23/02/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIN WEN-BIN	ID No.	F2475607Q
Related Vehicle	FBS2346R (Motorcycle)	Contact No.	98240845
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: 09/02/2026
Date	22/07/2023		
No. of Days granted Medical Leave	04	Date	22/07/2023
		Degree of	Slight
Driver			
Name	TAKAHASHI KENTA	ID No.	M4326387T
Related Vehicle	SMV957U (Car)	Contact No.	98163397
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		
No. of Days granted Medical Leave	NIL	Date	NIL
		Degree of	NIL

Brief Details.

Around the above specified time, i.e. 4:55 pm, 22 July 2023, after I riding my bike exited from PIE to Eng Neo Ave. travelling south bound on the right lane toward the junction connecting Bukit Timah/Duneam Road, at the location where a yellow No Waiting Zone (box) outside of the Orchid Apartment (42 Eng Neo Ave.)/or opposite the lamp post (No. 8/with painted words EN1002 at the curb of the opposite travelling direction side of road, a motor car (reg. no. SMV957U) collided to me riding my bike while the driver was veering it to its right where my motorcycle was travelling on. It is noted that the driver (Mr. Takahashi Kenta) of the motor car was attempting to make an U-turn at a location not allowing of such maneuver. The motor car was not standing still and waiting, it was moving and veering off to the right from the left side provided me no enough time to react. except emergency braking and shouting.

After the collision, while I was collecting myself, briefly examined my visible injury, cut/abrasion with blood dripping at my left forearm near the wrist due to the watchband