CS3/A16 20005465/Eyf3 SLL 7997Y Yr Regn: 10/3/17 Date: Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / nated Cost: JD / TP / WS / TP RES / OD RES / EVA / INV / MV KIA Forte To Inspect Vehicle No: Make: Insured / Std / NI / NA at Workshop m/s Colour T/Radio: Insured / Std / NI / NA Sp.Reading Insured: Eng/No: KNAFJ411 MHS708118 Policy No. C/No: Gen. Cond: Good / Fair / Poor / Burnt Claims No. Excess: Steering: Inforder / Jammed / Leaked / Burnt or Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / \$/Rim / STD A/Rim or Make of Veh: 195/65R15 Tyre Size: (Policy Condition) N/S O/S Remark: The veh had commenced its BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. Kumhs TOYO / YOKO or Bal. or Market Value: Front Rear Consistent?: Yes or No R/Bal. R/Bal. IDAC Accident Rport: Consistent?: Yes or No L/Bal. GIA / PR Seen: D.O.I. days Res.: Yes or No Est. Repairs: 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: Frt / Rea / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction MV-50K Date/Time, File Pass to? : Preli. Report Days Of Repair: : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$ S+RS. SI Interview (\$ Photos Report Format: Tech. Invs (\$ Others Lump Sun / I.B.J: (\$ Weellend (\$ TOTAL

Condition (CON)

(01)Bani (2)Dented (3)Distorted (4)Cracked (5)Cut (6)Scratched (107)Deformed (08)Shifted (09)Buckled (10)Broken (11)Necessary (12)Missing (13)Torn (14)Unconfirmed (15)Not Working

MOTORCAR (Rear)

<u>ΛCΤΙΟΝΙΔC</u>)
(1)Replace (√) (2)Repaid() (3)Check (2)

(4)Not Consistent NC)

Aug 2005

Vehicle No: SLL: 7997 Y

Rear Po	rtion			88	1
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1139	993630	Rear Number Plate Garnish	CUI	1	-
1140	993632	Rear Number Plate Lamp	CHI		-
1141	992958	Rear Bumper	nn.	-	
1142	993085	Rear Bumper Upper	00	V	-
1143	993017	Rear Bumper Lower (ONT, LH .	41	-	-
1144	993054	Rear Bumper Side	TN	V	
1145	993103	Rear Bumper Tow Cover		-	
1146	992341	Rear Bumper Clips	1150	-	-
1147	992970	Rear Bumper Bracket	NEC	V	_
1148	993068	Rear Bumper Side Retainer	00	٠,	-
1149	993045	Rear Bumper Reinforcement	RR	1	2
1150	992970	Rear Bumper Beam	BR	V	
1151	99307	Rear Rumper Spans		+-	_
1152	1 99790	I I Page Description	-	-	_
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1154	99303	6 Rear Bumper Per De hord	Di- C	1	1
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115	6 99304	4 Rear Bumper Reflector	-	_	
115	7 99302	3 Rear Bumper Lower Spoiler	-		
115	8 99402	Reverse Sensor	CUT	V	1
115	9 99332	7 Rear End Panel	BR	V	1_
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	111 333	443 I Hootlid Lock	J.	1	-
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		382 Bootlid Hinge	TA	Y	-
	181 904	877 Bootlid Spoiler	-	1	+
li	182 001	543 Tailgate	-	-	+
- Fi	183 994	328 Tailgate Emblem	_	+	+
		643 Tailgate Outer Handle		+	+
	101 /	1040 Tailgate Moulding	+	+	+
		1545 Tailgate Garnish		+	+
	187 90	1648 Tailgate Reflector 1549 Tailgate Lamp		+	+
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1213	993357	Rear Exhaust Chrome Pipe			
	993361	Rear Exhaust Mounting	1		
1215	993358	Rear Exhaust Heat Shield			
1216	995223	Rear LH Chassis Member	!		
1217	993165	Rear RH Chassis Member	-		
1218	993436	Rear LH Fender	,		
1219	993449	Rear LH Fender Protector	-		
1220	993420	Rear LH Fender Inner Panel		_	
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1226	994025	Rear LH Rim Cover			
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5 repair days

MSLM20043806 / Soc Leon Motor Works - Kaki Buki ENTRY DATE & TIME: 27/04/2020 15:08 SUBMITTED BY: IRENE LEONG SUM PHENG

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 Authorised 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 compan

THE REPORT OF THE PARTY OF THE

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

27/04/2020 15 08 Date Of Report **Date Of Accident** 24/04/2020 16:55

YISHUN CENTRAL/YISHUN AVE 2 TRAFFIC JUNCTION **Exact Location Of Accident**

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

STREET STREET

AND ALL REPORTS AND AND ADDRESS OF THE PARTY OF THE PARTY

SLL7997Y Vehicle Registration Number

InsuredPolicyholder-

DREAM LEASING PTE LTD Name Of Registered Owner

2XXXXX953H Co Reg No NOEMAIL **Email Address**

Mobile Phone No

Alternative Phone No OFFICE-81288789

Vehicle Particulars

Manufacturer KIA

Model **CERATO K3-1.6 (A)**

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

If No, Please state action to be taken THIRD PARTY PRIVATE HIRE Vehicle Category

Institution Company

EQ INSURANCE COMPANY LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

DMCFHQ19-000086 **Policy Number**

Cover Note Number

Driver

NURASHIZAH BINTE SHAHARUDDIN Name of Driver

SXXXX025A NRIC No Date Of Birth 07/07/1983 OUTDOOR Occupation **Date Of Driving Pass** 24/10/2012

Driving Experience 7 YEARS AND 6 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-87678517

Fax Number

Contact Number

EMail Address NURASHIZAH@GMAIL.COM Address

BLK 440 YISHUN AVE 11 #05-452

Postcode

760440

OTHER - HIRER

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehide

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

NO

Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: SHAHRUL NIZAM BIN SHAHARUDDIN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

WOODLANDS DIVISION HQ

Police Station Address

ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED POLICE REPORT. Attachment(s)

YES

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

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBD7638U

Vehicle Make/Model/Colour

TOYOTA DYNA LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

81287703

Address

Page 2 of 14

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NURASHIZAH BINTE SHAHARUDDIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLL7997Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process
- 2. This Form must be sometered by the Policyhelder und/or the Authorities Oriver
- Information provided must be as <u>invalved and accurate as possible</u>. Any willul misrepresentation or withholding of material facts may allow insurance companies to <u>repurciate policy liability</u>.
- 4. The issue and acceptance of this form by innurance companies is not an admission of policy hability on the part of the insurance companies.
- 5. Any take reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Contro 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of alte report being made available aforesaid.
- S. Consent under the Personal Data Protection Act (PDPA)

I understand, admonissing, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") snay/are parallel to collect, use, disclose anolor process my personal data/personal information set out in this floral and any other personal information provided by one 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' involvers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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:
 - (fill) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (including any claims fincluding the smalling of correspondence, statements, invoices, reports or notices to me, swhich could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of environes/mail packages): and/or
 - (v) complying with applicable law in administering, processing, heading and/or dealing with any claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the lossrers' invyers/fave/firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above furposes; and
- (c) any Personal Information analytem 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.
- (d) tray Personal Information will also be collected and used to compile claims history for the purpose of traud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (iii) for complying with requirements under any regulations, laws or court orders.

Pelicylodder's Signature

Orien's Signature \
W diver is not the policyholder

Date & Time:

Reporting Contro Personnel's Signature

NICHW No.:

GWW. Sheld Harrow VS

Sketch Plan #2

Yelle 4 - 91 74174 Yelik 3 - 6807684

SKETCH PLAN

			Yishun	ACL) .
			Yielus BJ. R	
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DECLARATION				
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removed a second of the first of the second	(# driver is not the policyholder	l Han	e:	





POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Report No. L/20200426/7002

Vide Report No.			Station Diary No	
Address APT BLK 440 YISHUN AVENUE 11 #05-452 SINGAPORE 780440				
Contact No. Home/Office: Mobile:				
Email Address				
Sex		Date of Birth	Race	
Female	36	07/07/1983	Malay	
Language English				
Location Of Incident APT BLK 440 YISHUN AVENUE 11 #05-452 SINGAPORE 760440				
	Address APT BLA SINGAP Contact I Home/Of Email Ad danishub Sex Female Language English Location (APT BLK	Address APT BLK 440 YISH SINGAPORE 7604 Contact No. Home/Office: Email Address danishubereats@ge Sex Age Female 36 Language English Location Of Incident APT BLK 440 YISH	Address APT BLK 440 YISHUN AVENUE 11: SINGAPORE 760440 Contact No. Home/Office: Mobile: 87678517 Email Address danishubereats@gmail.com Sex Age Date of Birth Female 36 07/07/1983 Language English Location Of Incident APT BLK 440 YISHUN AVENUE 11 #	

On 24 April at 4.58pm I was travelling along Yishun Central, I met with an car accident at the junction along Yishun Ave 5 and Yishun Ave 2. I stop at the junction as the traffic light already turn red, there is a blue lony hold the car plate no: GBD7638U that bang my car from behind, nobody in the car or any third party was hurts at that moment, I will be consulting doctor for my neck pain after the incident, after the incident I feel that my whole body especially my neck is in pain

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 26/04/2020 08:49		
Officer In-Charge Of Case:	Classification Of Case:		
A. Sharekins Change			

Authentication Stamp

Sketch Plan #4





POLICE REPORT (NP288)

CONTINUATION OF REPORT

Report No. L/20200426/7002

Person Name	NURASHIZAH BINTE SHAHAI	NURASHIZAH BINTE SHAHARUDDIN			
D Type	NRIC NO	ID No	S8320025A		
Gender	Female	Age	36		
Race	Malay	Language	English		
Occupation	Food processing and related trades worker nec (ag fruit pickler)	Address Type			
Address	APT BLK 440 YISHUN AVENUE 11 #05-452 SINGAPORE 760440	Mobile No	87678517		
Is Informant A Victim?	Yes				

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 26/04/2020 08:49		
Officer In-Charge Of Case:	Classification Of Case:		
Authantication Stown			