PER REC EN STATE CS3/AIG 200	07275/Eaf3-1
From: Date:	Weh No SMC 7362P Vr Regn: 19/7/18
Estimated Cost:	Type M Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TES WELTE REST OD REST ENT INVINA	Truck / Trailer or
To Inspect Vehicle No:	Mara RMW V2 1000
at Workshop m/s	Colour Of -
of	5-70.0
hsured:	Sp. Reading
Policy No. 2100509474	14/01-1
Claims No. 0923290103SG	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	
(Client's Racord)	Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Committee / Leaked / Burnt or
	0.00
(Policy Condition)	Tyre Size: F: 245/S0 KM
Remark: The veh had commenced its N/S O/S	R:
repair at the time of inspection.	BS/DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Sal. or Market Value:	TOYO/YOKO or
IDAC Accident Rport Consistent? : Yes or No	Front Rear
GIA / PR Seen: Consistent? : Yes or No	L/Bal. /L mm R/Bal. /L mm
Est. Repairs: 5 4 days Res.: Yes or No	Total Ola Mm
Lum Sum: % 3 Val.: Yes or No	11/1/0 0.0.1. 14/1/1/1
	Survey held at Safe Auto
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The WC / Charge from / Bath Co
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
MV-160K	*
16/07/20 Submit DAR.	
20/20/20 1 11/10 40550 5 1 17/20	00. 1000
09/09/20 Submit LS \$6550, 5 days (Red \$44	00, 40%)
* .	
Date/Time, File Pass to?	
09/09 Pren. Report	Days Of Repair: 45
1)46/07 Typist : Final Report	Resurvey No. of Trip: 4 Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fed	9: Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Format : MER-DAR	: Tech. Invs (\$) Others
Lump \$um 71.BJ. (\$ 6550)	:Weellend (8

Condition (CON)

(0.10cm (2Dented (3)Distorted (4)Cracked (3)Cut (0)Scratched (0.20chemod (0.8)Shifted (0.9)Duckled (10)Broken (11)Necessary (12)Missing (1.3)Ture (14)Unconfirmed (1.3)Net Working

Rear Portion

MOTORCAR (Rear)

ACTION IAC)
(1)Replace (1) (2)Repaid() (3)Check (1)
(4)Not Consistent NC) Vehicle No: SMC 73621

NA	r Portion	Item	COL	NA	CQ
-		Rear Number Plate		1	
-	38 99362	7 Rear Number Plate Base		1	Ι
-	20 00262	Rear Number Plate Garnish		T	
-	30 99363	2 Rear Number Plate Lamp		1	
-	40 99363	Real Number France Carry	100	Iv	7
		8 Rear Bumper	(ul	Ti	7
	42 99308	S Rear Bumper Upper	THIL	TV	1
	43 00301	Rear Bumper Lower		1'-	-
	44 00305	4 Rear Bumper Side	TIMIT	1	*
		Rear Bumper Tow Cover	- 1717	1	1
11	46 99234	Rear Bumper Clips	TYL	+12	+
	47 902076	Rear Bumper Bracket	IR	+-	117
		Rear Bumper Side Retainer		17	1
-		Rear Bumper Reinforcement		+4	+-
-		Rear Bumper Beam		+	+-
11:		Rear Bumper Sponge		+	+-
115		Rear Bumper Damper		+-	+-
115		Rear Bumper Protector		-	+-
115		Rear Bumper Pad		-	4
115		Rear Bumper Moulding		_	1
115		Rear Bumper Reflector		1	1
115		Rear Bumper Lower Spoiler			L
115		Reverse Sensor			L
115	9 993327	Rear End Panel			
	993339	Rear End Panel Top Garnish		Ι	
115	993333	Rear End Panel Inner Trim			
	2 990333	Boot Compartment Inner Trim	1	\vdash	1
1163		Rear LH Taillamp		1	1
115-		Rear LH Taillamp Garnish	1		1
_		Rear LH Taillamp Panel	+	-	+
		Rear RH Taillamp	+	-	+
1157		Rear RH Taillamp Garnish	-	-	+
			+	-	+-
		Rear RH Taillamp Panel Rear Apron Panel	+	-	+-
			-	-	+
	992895		1111	-	17
1171		Bootlid Emblem	MIC	V	2
		Bootlid Handle		-	-
		Bootlid Moulding		_	_
		Bootlid Reflector			_
		Bootlid Lamp LH			
1176	992899	Bootlid Lamp RH			_
1177	995243	Bootlid Lock	E1	/	
1178	990377	Bootlid Rubber			
1179	290382	Bootlid Hinge			83
1180		Bootlid Spoiler	1		
181			W	/	_
182		Tailgate Emblem	100	_	-
_		Tailgate Outer Handle	-	29221	-
			-	-	-
		Tailgate Moulding	1	_	-
185		Tailgate Garnish	-		
186		Tailgate Reflector	1		
187		Tailgate Lamp			
188		Tailgate Protector			
189	994676	Tailgate Wiper Arm			
190		Tailgate Wiper Blade	1		
		Tailgate Wiper Nozzle	1		-
	004666	Failgate Wiper Motor	1		-
191	1 774777	LALLEGIC TO INCI ITALIA	. 1	70	L
191 192			+	-	
191 192 193	994602	l'ailgate Glass			
191 192 193	994602	Failgate Glass Failgate Glass Rubber			
191 192 193 194	994602 7 994606 7 994604 7	Failgate Glass Failgate Glass Rubber Failgate Glass Moulding			
191 192 193 194 195	994602 7 994606 7 994604 7 994607 7	Failgate Glass Failgate Glass Rubber Failgate Glass Moulding Failgate Glass Sealant			
191 192 193 194 195 96 97	994602 7 994606 7 994604 7 994607 7 994629 7	Failgate Glass Failgate Glass Rubber Failgate Glass Moulding Failgate Glass Sealant Failgate Lock			
191 192 193 194 195	994602 7 994606 7 994604 7 994607 7 994629 7	Failgate Glass Failgate Glass Rubber Failgate Glass Moulding Failgate Glass Sealant Failgate Lock			
191 192 193 194 195 96 97	994602 7 994606 7 994604 7 994607 7 994629 7 994651 7	Failgate Glass Failgate Glass Rubber Failgate Glass Moulding Failgate Glass Sealant			

		Venicie ivo: 31 70 1	CON	AC	Oty
NAC	INC	Item,	CON		-6-2
1202	993784	Spare Tyre Board			
1203	994328	Spare Tyre Panel			-
1204	995065	Spare Tyre		-	
1205	994326	Spare Tyre Lock Screw			
1206	993787	Spare Tyre Cover			
1207	995323	Triangle Breakdown Sign			
1208	990507	CD Changer Assy	1		
1209	990164	Antenna			
1210	990534	Centre Exhaust Pipe Assy			
1211	990532	Centre Exhaust Mounting			
1212		Rear Exhaust Pipe	II		
		Rear Exhaust Chrome Pipe			
1213		Rear Exhaust Mounting		-	
1214	993361	Rear Exhaust Heat Shield		-	-
1215	993358	Rear LII Chassis Member		_	
1216	995223			-	-
1217	993165	Rear RH Chassis Member		-	
1218	993436	Rear LII Fender		-	-
1219	993449	Rear LH Fender Protector	 		-
1220	993420	Rear LII Fender Inner Panel			-
1221	993431	Rear LII Fender Inner Trim		-	-
1222	993415	Rear LH Fender Inner Garnish.			_
1223	993425	Rear LH Fender Inner Shield .			_
1224	993621	Rear LH Mudflap			
1225	993933	Rear LH Wheel Rim			
1226	994025	Rear LH Rim Cover			
1227		Rear LH Tyre			
1228		Rear RH Fender			
	002450	Rear RH Fender Protector	-		_
1229		Rear RH Fender Inner Panel		_	_
1230			-	-	-
1231	993431	Rear RH Fender Inner Trim	-	-	-
1232		Rear RH Fender Inner Garnish	_	-	-
1233		Rear RH Fender Inner Shield		-	-
1234	993622			_	-
1235	993934			_	<u></u>
1236	994025	Rear RH Rim Cover			_
1237	995065	Rear RH Tyre			
1238	995162	Rear Fender Extension Panel LII			
1239	993401	Rear Fender Extension Panel RH			
1240	993430	Rear Fender Inner Top Garnish			
1241					
1242		Rear Fender 1/4 Glass Rubber			1
1243		Rear Fender 1/4 Glass Scalant	-	-	1
1244		Rear Windscreen Glass	-	-	-
			-	-	-
1245		Rear Windscreen Rubber	11.50	١-,	-
1246		Rear Windscreen Moulding	MEC	V	_
1247		Rear Windscreen Sealant		_	_
1248		Third Brake Light	12		
1249	993385	Rear Fender Air Grille			
1250		Fuel Lid		1	1
1251		Fuel Neck		1	1
1252		Fuel Tank		-	+-
1253		Fuel Tank Bracket	+	-	+-
			-	+	+-
		Fuel Tank Float	-	-	-
1.1701	990247	Sticker			
			1		
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			+	-	+
			-	-	-
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		1170 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1
				1	1
		1000 000 0000 0000	-		

MSME20056528 / SME Motor Pie Ltd - Kaki Buldi ENTRY DATE & TIME: 11/07/2020 11/42 SUBMITTED BY Chia Per Ying

SINGAPORE ACCIDENT STATEMENT

- 1. Please report correctly the datails of the accident to speed up the claims process This form must be completed by the Policyholder entiror the authorised Driver.
 Information provided must be as touthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to entirors.
- names is not an admission of policy liability on the pert of the insurance companies.
- 4. The issue and acceptance of this Form by insurance comp
- The issue and ecceptance 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 recort will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for rebiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- archiving and that copies of this report will, for a rec. be made available and the report 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 to the record to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available.

ACCIDENT STATEMENT:

11/07/2020 11:42 Date Of Report 09/07/2020 08:05

Date Of Accident ALONG CLEMENTI AVE 3 Exact Location Of Accident

SINGAPORE Country State of Loss

DETAILS OF OWN VEHICLE

SMC7362P Vehicle Registration Number

Insured Policyholdet WU SEE KIAT

Name Of Registered Owner SXXXX939A NRIC NO NOEMAIL

Email Address (LOCAL) +65-97886422 Mobile Phone No OFFICE-97886422

Alternative Phone No Vehicle Perticulars

BMW Manufacturer

X3

Exact Purpose for which vehicle was being used at

time of accident

Are you daiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5110503640 Policy Number

Cover Note Number

WU SEE KIAT Name of Driver

NRIC No SXXXX939A Date Of Birth 17/10/1953 Occupation INDOOR Date Of Driving Pass 14/09/1973

Driving Experience 46 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97886422

Fax Number

Contact Number OFFICE-97886422

EMail Address NOEMAIL BLK 503 JELAPANG ROAD #09-366

Address

670503

Postcode

Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

aringskip skolongeriadni imme find principalishe saktib koranaktomogningeria eta eta eta eta eta eta eta eta e

General information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET and montherested resistationals. There is the assert that the chieft become being a plant curved resists which we

Other information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

3

involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

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)

Details of Police Action

NO

Was the accident reported to the police? If Yes Please state which Police Station

Was notice of intended Prosecution given?

NO

if Yes against whom?

MY VEHICLE WAS STATIONARY, SUDDENLY, I FELT AN IMPACT ON MY VEHICLE, WHEN I CAME DOWN, IT WAS A 3 CAR CHAIN COLLISION.

NEW KANDESTEE NAMED HUNGER LESS ERSTEEN DE HEINE VERFEREN DE FREI DE HEINE VERFEREN DE FERENDE FERENDE FERENDE

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Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

II DETAILS OF OTHER VEHICLE PROPERTY IN

Vehicle Registration Number Vehicle Make/Model/Colour

SI N8507L

Details Of Properties

VEHICLE B

Vehicle Category

PRIVATE CAR

Name of Driver

GOH SIOW MONG

NRIC/Passport Number

SXXXX942D

Contact Number

97420275

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YP6218U

,7 2020 SAT 12:08 FAX

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

-

DETAILS OF INJURED PERSON 1

Name

WU SEE KIAT

VEHICLE C

PRIVATE CAR

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMC7362P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Sketch Plan Pg. 1

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 regudiate 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
- Any faire reporting may be referred to the Police for investigation.
- 6. The 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 lodgment 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 purposo(s)
 - (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
- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, nvestigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (1) 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GLARAC ShatchPlanForm V3

BIN KNOW

Sketch Plan #2 Pg. 1

	× ×	1.00
TETCH PLAN	led and Title 7 minus	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17-17-17-17-17-17-17-17-17-17-17-17-17-1	131-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
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	dre 18-1 4-1-1620-1-17	
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1111111111	<u> </u>	
-1	-1-1-1-1-+-1-+	
	- 	
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
My vericle was st	Hionary Suddenly I fee	of dv. impact on mit
	me clown It was a 3	
		
DECLARATION		
/We declare the foregoing particula	ers are true in every respect.	
Pruces	13.11	
0	- C1345/21	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(if driver is not the policyholder)	Name:

GARGE Medidifuntion VI