A CONTRACTOR OF THE PROPERTY O	Leb doctribles	Date & Time Completed	Done by				
Date In: 14 [1] 21 09:29	Jeb description	Onte de finite Completed	10 0110,01				
Ker Ha MAIFWD 210,00657144	SAS c-filling						
Vol No SEC 84947	E-mail (within thes, AIC thes)		N " E E				
11 CIA 13/1/21 07:00	I-Motor Cinim Form	4					
(11) (A) : Reporting Only							
The state of the s	i-Photo Uplonded						
TP Insurer:	Assessment/Survey Report		A Section				
, 11 mater:	Ass't Report by Fax / Hand	o Owner/Wksp					
Profested Wise / INC Assign Wise / QW: (	•	Tol: f	x:				
TP Particulars: Veh No: 5J	10 3881A . INC	)/Non-INC( : )					
Owner / Driver: (	* * * *	Tel:	)				
Policy No: ( ) Peri	od: ( )	Cover Type: (	)				
Confirmed by ; (	Date:	Time:	)				
	ote-Est Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	10%]				
	brranty: YES ( )/NO (	)					
Excess: (\$ ) Loading: \$1,000			<del> </del>				
Encide Religious & S.		是是是是是是是是	Dr. 1				
( ) Walk-In Customer : Customer's Inform	nation strictly Confidential & St	ictly NO rafer of repairer.					
( ) Total Loss Case : to e-mail Insurer							
Drive-In ( )/ Towed-In ( ); Invoice:		owing Co: (# · , v	<del></del>				
	1123( )/110( ),1	owing co. (p					
utanengia kerendas anbangsa apatra ta tanak	医直接性骨髓 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	军上在各部的军队的军队的战略的战略,	サンド ではない				
1.5555500000000000000000000000000000000	THE CONTRACTOR OF THE PARTY SHAPE THE PARTY SHAPE	問的用質是原用自治診の自由や言語以下	Markingurp, ph				
	urtesy Car ( )	a Britishan Ason Inches	Ma Missoup py				
1) Apply for Transfort Allowance ( )/Co		SITE STANDS OF THE LA	Majoritorophy				
Apply for Transport Allowance ( ) / Co     QC Check / Post Repair Inspection	.( ·)	Witter Stand Resolutive as E. C.	March trouble				
1) Apply for Transfort Allowance ( )/Co	.( ·)	Witte Rand South Ast.	Manufactor				
Apply for Transport Allowance ( ) / Co     QC Check / Post Repair Inspection	.( ·)	Sire samines of the same	Manufacture to A				
1) Apply for Transfort Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Infarp :	.( ·)		Manual Country				
1) Apply for Transfort Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury;  The Cost   Cos	.( ·)	Sire sam soon in rate.	Page: 4-e-				
1) Apply for Transfort Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury :	( ·) [00] (·)		Part				
1) Apply for Transfort Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury :	( ·) [00] ( · ) :		Tage Chicken				
1) Apply for Transfort Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury :	( ·) [00] ( · ) :		Page: A expension				
1) Apply for Transfort Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury :	( ·) [00] ( · ) :		Page School Street				
1) Apply for Transfort Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury :	( ·) [00] ( · ) :		Page States				
1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury :			Page Andrews				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:			Marie Divinion of the Control of the				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury :  Defection			PARTITION INC				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	00] ( )	nroftin Christia (1997); Reperling (530); Assessment (5100); INC (540)	STATE OF STATE				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury :  Date China Castron Castron Cost > \$300  Chinana Date Canton Castron Ca	00] ( )	Ansation Circling 2 (1972) Ansation Circling 2 (1972) Reporting (530); Assatsment (5100); INC (580) 540/5	13				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury :  Differing Castronia ( ) Apply	1	In Detail (S100); INC (S10); INC (S10); Frough Survey (Resurvey) 5	STATE OF STATE				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury :  Date China Castron Castron Cost > \$300  Chinana Date Canton Castron Ca	1	Arricital Christill (1997)  Reporting (530);  (seerament (5100); INC (510);  rough Survey (Nesurvey) 5  rough Survey (Nesurvey) 5  alust INC Only (waf 10 Jen 300))	45 20 30				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Differing Stations of Applications of A	1 AR: Accident 2 DA: Damage 3) TF: Towing F 4) FT: Follow-Ti Forglainulages 6) TR: Re-Inspec	Anatolia Circling Colors Anatolia Circling Colors Reporting (530); Anatoment (5100); INC (510)  rough Survey (Staurvey) 5 alast INC Only (waf 10 Jan 2005) Ion 5	45 20 30				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury :  Differing Castronia ( ) Apply	1 AR: Accident 2 DA: Darrays 3) TF: Towing F 4) FT: Follow-Ti Forglainding as 6) TR: Re-Inspec	Arthritis (Glir Chill 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	45 20 30				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Differing Stations of Applications of A	OO]  ( )  ( )  ( )  ( )  ( )  ( )  ( )  (	Arthritis (Glir Chill 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	45 20 30				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Distriction Statements  Driver/Owner:  Contact No:  Damaged Portion:	OO]  ( )  ( )  ( )  ( )  ( )  ( )  ( )  (	Analytical City City 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	45 20 30 75 60				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Differing Stations of Applications of A	OO]  ()  (i)  (ii)  (iii)  (ii	Area (Sa)  Assessment (Sa)  Frough Survey (Resurvey)  Fough Survey (Res	75 60				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Distriction Statements  Driver/Owner:  Contact No:  Damaged Portion:  2 C Checked by (Engr-In-Charge):	1) AR: Accident 2) DA: Damage 3) TF: Fedlow-Ti Forglainding an 6) TR: Re-Inspec 7) NI: Idao DA 6) NTUC Additio OD* • NS: Courtary • NG: Rapair Court	Arrection Chirchital (1990) Assessment (5100); INC (510) Frough Survey (Resurvey) Ion SMRT Survey (Resurvey) Salestinct (5100); INC (510) Ion SMRT Survey Salestinct (5100); INC (510) Ion Salestinct (5100)	45 20 30 75 60				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Distriction Statements  Driver/Owner:  Contact No:  Damaged Portion:  2 C Checked by (Engr-In-Charge):	OO]  ()  ()  ()  ()  ()  ()  ()  ()  ()  (	Arrection Cliff Cliffs (1997) Asserting (330); Asserting (3100); INC (340) Frough Survey (Resurvey)  Idea (1997)  SMRT Survey (Resurvey)  Sales (INC Only (wef 19 Jen 2003)  Idea (1997)  SMRT Survey (1997)  The Allowance of Inspection (1997)	75 60 75 10 73				
1) Apply for Transport Allowance ( ) / Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury :  Different a programme of the programme o	OO]  ()  ()  ()  ()  ()  ()  ()  ()  ()  (	Arrection Color Chilis County Reporting (530); Assessment (5100); INC (530) Frough Survey (Resurvey)  alost INC Only (waf 10 Jan 2003)  don  SMRT Survey  al Services:  Car / Tpt Allowance  -bridination  by Inspection  set Excess Coordination  Non INC) against INC  S	73 45 45 45 45 45 45 45 45 45 45 45 45 45				

SN09211E0001 / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 14/01/2021 09:29 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (14/01/2021 09:29 (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 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 companies.
- 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 14/01/2021 09:29 (SGT)
Date of Accident 13/01/2021 07:00 (SGT)
Exact Location of Accident Simei Ave, Singapore
Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SFC8494T

### INSURED/POLICYHOLDER

 Is company?
 No

 Name Of Registered Owner
 MOHAMMAD SAID RAHIM

 NRIC No
 SXXXX505F

 Email Address
 MDSAID@GMAIL.COM

 Mobile Phone No
 (Phone) +65-94799902

 Alternative Phone No
 +65-94799902

## VEHICLE PARTICULARS

Manufacturer Toyota

Model Estima

Variant 
Exact purpose for which vehicle was being used at time of accident Private use

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming

your vehicle? No - Claiming third party
Vehicle Category Private car

#### INSURANCE COMPANY

 Name of Insurance Company
 FWD

 Type of Coverage
 Comprehensive

 Fleet Policy
 No

 Policy Number
 PNPV2019-00001898-01

 Cover Note Number

#### DRIVER

 Name of Driver
 MOHAMMAD SAID RAHIM

 NRIC No
 SXXXX505F

 Date Of Birth
 15/01/1974

Date Of Driving Rose	
Date Of Driving Pass	15/01/2003
Driving experience	18 YEARS
Gender Mobile Number	Male
Mobile Number	(Phone) +65-94799902
Alt. Phone Number	46E 04700000
Email Address	MDOMBOOLE
Address	DI ICOO TANDUCTO
Address complement	BLK 23 TAMPINES ST 34 #07-13
Postcode	
Is the driver the policyholder?	529233
If No. Relationship of the Driver with the Lawrence	Yes
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
***************************************	
Insurance Company of Other Vehicle Owned by Driver	2
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	
Weather Conditions	Complete Fredu to Real
Road Surface	AFTER RAIN
231000	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	NA.
Number of vehicles involved in the accident	No
Was anybody injured in the Accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
nds the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the assistant repeated to the U.S.	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
ATTACIMENT(3)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Vas there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
PENNEU CA	THE PROPERTY OF
/ehicle Registration Number	SJU3881A
enicle Manufacturer	(7.0%以内250m)(2.0% (A) 量(
/ehicle Model	2)
ehicle Variant	-
/ehicle Colour	
/ehicle Category	
lame of Driver	Private car
VRIC No	SEAH WAH KWEE
	SXXXX272J
Contact Number	(Phone) +65-91903920
ddress	· 1
ddress complement	·
ostcode	ASSO.

Insurance Company Name	
Nature Of Damage	8.58
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Rease 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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' law yers/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
- (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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Simei Arenue

7

BA

scribe Circum	stances	s of the		ıt ,					
		1	was	that	elling	alow	Sime	i Arenue	
					1	- ()	- ///	, , , , ,	600
uddenly	1	fela	- an	impa	of tho	m be	hird.	vehi cle	·K
. 0	C-10=3=	- 14		1				000,00	0
ollided	0 /	-10	the	rear	PORT	in or	a my	vehi ce	
	2000		7.0	rewr	10111	01	viry	1019 00	
							U		
				-					-
	100								
			esta (ili-						
E.M.									- 22
		en mer							
									ACC = = 41(1000
					Source HINE				
	-11170-071	1111111111111							
			Ar						
								and the second	
		100			12-1-2-2				
							MONRE -		
		CONTRACTOR OF							
	100000					11.00			
								-	
	-								
							10000000000000000000000000000000000000		

## Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



# CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2019-00001898-01 (Comprehensive - Classic Plan)

Car plate number: SFC8494T

Car chassis number: ACR500080033

Engine number: 2AZC490196

Your name (As the policyholder): Mohammad Said Rahim

Coverage start date: 12/01/2020 Coverage end date: 26/05/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company:Lakeview Credit Pte Ltd

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 11/11/2020

1

Khor Kee Eng Chief Executive Officer FWD Singapore Pte Ltd Please immediately inform us at +65-6820-8888 or email us at contact.5g@fwd.com if any details in this Certificate of Insurance need to be changed.

Date of Accident Accident Place Vehicle Reg. No (Car plate No.) Insurance Company : Company / Individual MOHAMMAD SAID BIN RAHIM Name of Registered Owner ID of Registered Owner : Co Reg No: : Co Contact No: -As Owner DRIVER'S Name DRIVER'S Date of Birth Relationship bet. Owner & Driver : Spouse \ Parents \Children\ Sibling \ Employee\ Others AP) BUK 23 Tamping 8+34 #07-130 DRIVER'S Address DRIVER'S Contact No./ Alt No. DRIVER'S Occupation INDOOR OUTDOOR (eg. working inside or outside of an ofc) mdsaid agmail com Email Address Weather & Road Surface : CLEAR & DRY \ RAINING & WET VALTER RAIN & WE Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance 1 driver cales Number of Passengers (including Driver): Was the accident reported to the police? YES \ NO Was there any video Captured by car camera: YES NO Exact purpose for which vehicle was being used at the time of accident: Private use. Work purpose Other Party Driver's Particulars (if any) Vehicle Reg No: Vehicle MakelModel: Vehicle Make Model: Name DRIVER: IC No. DRIVER: IC No. DRIVER : DRIVER'S Contact & add DRIVER'S Contact & add: