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Owner/Driver: (01 10 100		Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by (Date:	Tline:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (W	(O): N: 0-2	0%; P: 21-79%.	P; 80-100%]		
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2/3;	.*:	Involce dated		Fee Charged	MARIEN	

SN09212Q0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 26/02/2021 15:18 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (26/02/2021 15:18 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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 26/02/2021 15:18 (SGT) Date of Accident 25/02/2021 16:30 (SGT) **Exact Location of Accident** 1 Woodlands Square, Singapore 738099 Additional Location Information CAUSEWAY POINT CARPARK ENTRANCE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF8950G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **BRYAN TEO HEE MENG** NRIC No SXXXX823A **Email Address** Selphk38@gmail.com Mobile Phone No (Phone) +65-97600180 Alternative Phone No +65-97600180

VEHICLE PARTICULARS

Manufacturer Kia Model KIA / FORTE K3 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

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company **FWD** Type of Coverage Comprehensive Fleet Policy Policy Number PNPV2018-00010490-02 Cover Note Number

DRIVER

Name of Driver **BRYAN TEO HEE MENG** NRIC No SXXXX823A Date Of Birth 30/11/1976 Occupation Indoor

Date Of Driving Pass	23/12/1997			
Driving experience	23 YEARS AND 2 MONTHS			
Gender	Male			
Mobile Number	(Phone) +65-97600180			
Alt. Phone Number	+65-97600180			
Email Address	Selphk38@gmail.com			
Address	15A WOODLANDS AVE 6			
Address complement	#05-15 738996			
Postcode				
Is the driver the policyholder?	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				
Vehicle registration runnber of outer vehicle of the second	-			
Insurance Company of Other Vehicle Owned by Driver				
GENERAL INFORMATION OF THE ACCIDENT				
Type of Accident	Side Swipe			
Weather Conditions	Clear			
Road Surface	Dry			
Trodu Suriace	,			
OTHER INFORMATION				
Was any foreign vehicle involved in the accident?	No			
was any foreign vehicle involved in the accident?				
Number of vehicles involved 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)	3			
Has the driver been approached by unknown person(s)				
soliciting/offering accident claims assistance?	No			
PASSENGER 1				
Name	BETH			
Gender	Female			
defided	7 \$11.51			
PASSENGER 2				
Name	BRAYDEN			
Gender	Male			
dondo				
DETAILS OF POLICE ACTION				
Specifies Late-A-Scale Section (1) The A-A-MOV (2) On Total Control (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
Was the accident reported to the police?	No			
Was notice of intended Prosecution given?	No			
If yes, against whom?				
CIRCUMSTANCES OF ACCIDENT				
PLS REFER TO THE ATTACHED STATEMENT.				
FLO REFER TO THE ATTACHED STATEMENT.				
ATTACHMENT(S)				
Are accident photos available for attachment?	Yes			
Was there any video captured by Car Camera?	Yes			
Was there any audio recorded?	No			
DETAILS OF OTHE	R VEHICLE PROPERTY 1			
Vehicle Registration Number	GBF4590G			
Vehicle Manufacturer	*			
Vehicle Model	-			

Vehicle Model Vehicle Variant

Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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
- 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 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;
 - (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' 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, 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
 - (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

Rym 26/02/21

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS GOING TO CAR PARK BUTRANCE SUDDENLY	UDH B	RFUTARSTD
AND HIT ONTO MY RH REAR PORTIONI.		
		entino entre e contro
		Name of State and Constitution of State

DECLARATION

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

Bayon

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

Date & Time:

Sym 26 (00 2)
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921. TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: SLF	89500	MAKE/MODEL:		KIA.		
DATE OF ACCIDENT	25 / 02/ 2024 DAY/MUNTH/YEAR	TIME /	6 HR	30		AM/ M
LOCATION OF ACCIDENT	CAUST			DARIC F	WTRAN	CE
EXACT PURPOSE USE DUF	RING ACCIDENT	, ELOINE	out			
CAR OWNER						
NAME OF CAR OWNER	BRYAN 750	HEE WENT	1			
CONTACT NO	97600180	(Ĭ			
NRIC	87637823A	•		-		
CLAIM TYPE	9 ~	OD	1	THIRD PARTY		REPORTING ONLY
INSURANCE COMPANY	FWD					
TYPE OF COVERAGE		COMPREHENSIV	E	THIRD PARTY		THIRD PARTY FIRE & THEFT
POLICY NO						
ACCIDENT DRIVER		AS ABOVE		IF NOT- KINDL	Y FILL IN BE	ow
NAME OF DRIVER	As Abone					
NRIC	27637823A		N	O OF PASSENGER	R/S 2	BETH (F) PERAYDENI(M)
DATE OF BIRTH	30-11-1976			_		PERMY DISMA (101)
OCCUPATION				OUTDOOR		NDOOR
DATE OF DRIVING PASS	23/12/198	T		1		
GENDER	0-1/0-0-		0	MALE		FEMALE
CONTACT NO	97600180				(0) 7	38996
ADDRESS	154 WOOD(ANDS AUG 6	40	5-15	(8)	28116
DRIVER OWN ANY VEHIC	NO/ IF YES- REGIST	TRATION NO	^			
RELATIONSHIP EMPLOY	EE/SPOUSE IF NOT:	OWNE				
WEATHER CONDITION		CLEAR	RAIN		OTHER:	
ROAD SURFACE ANY INJURIES		NO/ IF YES- NAME:				
CONTACT NO		NO) II 123 INNIE.				
POLICE REPORT		(NO) IF YES- LOCATIO	N:			
VIDEO FOOTAGE		NO/ (YES				
3RD PARTY INFO						
VEHICLE B NO	SIRFA59	361	N	O OF PASSENGE	R/S	~~~
NAME	MATARAJA	y 81 CACUB	ARAS	AXI O	8304	56[T
CONTACT NO				•		
VEHICLE C NO				NO OF PASSENGE	R/S	
VEHICLE D NO				O OF PASSENGE	R/S	
VEHICLE E NO				O OF PASSENGE	R/S	
VEHICLE F NO			N	NO OF PASSENGE	R/S	
ANY WITNESS						
WITNESS CONTACT NO						



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: PNPV2018-00010490-02 (Comprehensive - Executive Plan)

Car plate number: SLF8950G

Your name (As the policyholder): Bryan Teo Hee Meng

Coverage start date: 15/09/2020 Coverage end date: 14/09/2021

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:MSIG

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

Issued on: 16/07/2020

Khor Kee Eng

Chief Executive Officer FWD Singapore Pte Ltd Please immediately inform us at ~65-5820-5888 or email us at contact.sg@fwd.com if any details in this Certificate of Insurance need to be changed.