and the second second	RE	CS/MSG2	1002666/AGqf3	
ASS, REC. BY:		ASSI	GNMENT	
		the acceptable for the	0100101	G. Yr Regn: 2016 / The
From:	Date:			
Estimated Cost:			Type M.Car / M.Cycle / Bus / Van /	Lorry / Laxi / Prime Mover /
OD / TP / WS / TI	P RES / OD RES / EVA / IN\	//MV	Truck / Trailer or	12/2
To Inspect Vehicle	e No:		Place	ima. ac 2362
at Workshop m/s			Colour /Black	
of			Sp.Reading 135580	T/Radio: Insured / Std / NI / NA
Insured:		a	Eng/No:	100001
Policy No.	30001621471	8	C/No: ACRSDO	152764
Claims No.	253923	7	Gen. Cond: Good / Fair / Poor / Bu	rnt
Sum Insured:	Excess		Steering: Inorder / Jammed / Leake	ed / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or		
Make of Veh:			Modi: Nil / S/Rim / STD A/Rim	
3/2		0	Tyre Size: F: 211	5/50R18
(Policy Condition)			R: 225	150R18
Remark: The veh	had commenced its	N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZ	ZA/MIC/OHTSU/PIR/SUMI/
repair a	at the time of inspection.		TOYO / YOKO or	4
Bal. or Market Va	lue:	*	Front	Rear
IDAC Accident Rport: Consistent?: Yes or No			R/Bal. 06 mm	R/Bal. Ob mm
GIA / PR Seen:	Consistent	?: Yes or No	L/Bal. 06 mm	L/Bal. 26 mm
Est. Repairs:	days Res.	: Yes or No	D.O.A.	D.O.I. 26/02/21
Lum Sum:	% 3 Va	I.: Yes or No	Survey held at Ac	wance '
	DED 1 0411DC		Des. of Damages : Frt / Rear / O	IS I N/S I U/C I Rooftop or
CA / REV /	REP. / 24 HRS	Vehicle: IN / OUT	Rees 1	
Date:	Person Contacted:		The U/C / Chassis frame / B	ody Structure affected due to collision.
Date / Time	Action / Instruction		,	
00/00/04/1	(P MS16)	*		
23/03/21	nformed MSIG, we	are pending estil	mate from repairer.	
	MV :			
	PV:		-231404 - 7215	
	Nett:			
		200	E STATE OF THE STA	
Date/Time, File Pass to? : Preli. Report			Days Of Repair:	
	: Final Re		Resurvey No. of Trip:	Survey Fee:
1)	um to?	JOIL		Transportation:

Add Fee:

Report Format:

Lump Sum / I.B.J: (\$

: Site Insp (\$

: Interview (\$

:Tech. Invs (\$

Weel end (\$

) __S+RS.__SI

Photos

Others

SS1Y212Q000B / SME MOTOR PTE LTD ENTRY DATE & TIME: 26/02/2021 16:37 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (26/02/2021 16:37 (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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

26/02/2021 16:37 (SGT) 26/02/2021 01:50 (SGT) Edgedale Plains, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLD2656G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No No

MOHAMAD MALAYSIA BIN KASSIM SXXXX706B mohammad.malaysia@tractors.simedarby.com

(Phone) +65-96524562

+65-96524562

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

your vehicle?

Are you claiming under your own insurance policy for repair to

Vehicle Category

Toyota Estima

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number QBE

Comprehensive

No

8-VX020481-MVA-R001

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

MUHAMMAD NAZEEM BIN MOHAMAD MALAYSIA SXXXX113E 09/04/1996 Indoor



16/10/2020 Date Of Driving Pass 4 MONTHS Driving experience Male Gender (Phone) +65-82984792 Mobile Number Alt. Phone Number nazeem277@hotmail.com **Email Address** 17 STILL RD SOUTH Address Address complement 423929 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Child No Does Driver Cwn Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Insurance Company of Other Vehicle Owned by Driver

Type of Accident Chain Collision
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vel icles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No

PASSENGER 1

Name SITI SALEHA Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 26/02/2021 AT ABOUT 1.50AM, AT ALONG EDGEDALE PLAINS. I WAS DRIVING MY VEHICLE A ON THE LEFT LANE ALONG THE ABOVE MENTIONED ROAD. I SLOWED DOWN TO MAKE A LEFT TURN INTO BLK 684A EDGEDALE PLAINS. WHEN SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR. WHEN I ALIGHTED, I REALISED IT WAS VEHICLE B WHO HIT INTO THE REAR PORTION OF MY VEHICLE A. THERE WAS ANOTHER VEHICLE C WHO HIT ONTO VEHICLE B. IT WAS A CHAIN COLLISION OF 3 CARS. I HAVE 1 OTHER PASSENGER IN MY VEHICLE.

ATTACHMENT(S)

Vehicle Colour

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

A -- Ident report \$\$1V2120000B

Page 2 of 12

DETAILS OF OTHER VEHICLE PROPERTY 2

SJY6525M Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage VEHICLE C Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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 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)

Lunderstand, 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:
 - 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)

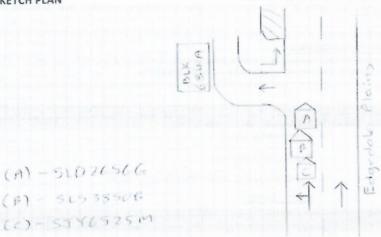
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the reference about 1500 m at along on the lett some Edgedale Plains I was driving my valuele (n) along the above wrationed read I slowed down to uple a left two into the block 6340 Edgedale Plains, when suddenly I felt a great impact from the wear when I alighted I aclosed it was which (b) which but into the real portion of my valuele (b). It was a chain collision of the last into valuele (b). It was a chain collision of a 1902. I have I also a chain collision of	- 1 - 12 - 1 - 1	I EUA M et along
Edgedak Plains I was driving my vehicle (n) along the above waterned coad I slowed down to make a left two into the block 6340 Edgedak Plains, when suddenly I felt a genet impact from the rear when I alighted I acalised it was Vehicle (B) who list into the rear parties of my vehicle (B). There was another vehicle (C) who list into the rear another vehicle (C) who list into the rear another vehicle (C).	On the reportation to consul	on the left lane
felt a great impact from the rear who I alighted, I addressed it was withick (B) who but into the rear parties of my vehicle (B). It was a chain rollisites of the life into vehicle (B). It was a chain rollisites of	Edgedale Plains I was driving	my vehicle (n) along the
adised it was Vehicle (B) who hit into the reached and portion of my Vehicle (B). It was a chain rollision of	above wationed road I slow	and down to make a Wit
portion of my Vehicle (B). It was a chain collision of	two into the block 634A Edgedo	of Plains, when suddenly I
the lit into vehicle (B). It was a chain collision of		
Me lit into vehide (B). It was a chain collision of		
	pertion of my Vehicle (A) The	er was another vehicle (C)
3 1919. I have I also passenge in my Urhide	Me his into vehicle (B). It	was a chain collision of
	3 1919. I have I also pos	scage in my Volide
		1 AND 10

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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: