4 6 6 1	64 101 15	A ST PICE
A. Trait	SCAN !	EB I I I

From Date:		Veh No: SL	F3378S	Yr Regn: 26	216 August.	
Estimated Cost:				orry / Taxi / Prime M	1	
OD / TP / WS / TP RES / OD RES / EVA / IN	V/MV	Truck / Traile	er or			
To Inspect Vehicle No:		Make:	lazda 3	C.C	1496	
at Workshop m/s		Colour W	hile.		/ Std / NI / NA	
of			76528 T/Radio: Insured / Std / NI / NA			
Insured:		Eng/No:				
Policy No.		C/No:	IMBMA)	A 8 60339	820	
Claims No.		Gen. Con (: Good)	Fair / Poor / Burnt			
Sum Insured: Excess	5.	Steering (horder)	Jammed / Leaked	/ Burnt or	1	
(Client's Record)		Brake: (norder)	Jammed / Leaked	/ Burnt or		
Make of Veh:		Modi: Nil /S/Rin	STD A/Rim or	r		
		Tyre Size: F:	205/6	OR16.		
(Policy Condition)		R:	205/60	R16.		
Remark: The veh had commenced its	N/S O/S	BS / DUN / EXNOV	A / GY / FS / LIZA	/ MIC / OHTSU / PIR	/SUMI/	
repair at the time of inspection.		TOYO / YOKO or	West	lake.		
Bal, or Market Value:	Some South State of the State o	Front		Rear	,	
IDAC Accident Rport: Consistent	?: Yes or No	R/Bal.	mm	R/Bal. 0	6 mm	
GIA / PR Seen: Consistent	?: Yes or No	L/Bal.	mm	L/Bal. O	1	
Est. Repairs: days Res.	: Yes or No	D.O.A.		D.O.I. 29	06/21.	
Lum Sum: % 3 Va	l.: Yes or No	Survey held at	M6	Solution. 1		
CA / REV / REP. / 24 HRS		Des. of Damages :	Frt / Rear / O/S	I N/S / U/C / Roof	ftop or	
Date: Person Contacted:		The U/C / Cha	ssis frame / Bod	y Structure affected	due to collision.	
Date / Time Action / Instruction TP Bridget Di	(at.		•			
M∨:						
PV:		den Te Art				
Nett:						
Dale/Time, File Pass to? : Preli. Re	port	Days Of Repair:				
i) : Final Rej	port	Resurvey No. of	Trip:	Survey Fee:		
Date/Time, File Return to?				Transportation:		
2)	Add Fe		(\$)S +RSSI		
	*	: Interview	(\$) Pholos		
Report Format :	_	: Tech. Inv	ş (3 <u> </u>) Others		
Lopap Som / LPU: 05)	: West end	(\$			
				77.7.81	1	

SN09216S000D / National Assessment Centre Services [408933] ENTRY DATE & TIME: 28/06/2021 18:05 (SGT) SUBMITTED BY: Hui Zhen VERSION: 1 (28/06/2021 18:05 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process
- Please report correctly the details of the accident to speed up the claims process.
 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 witholding of material facts may allow insurance companies to repudiate
- 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 insurance of the GIA Records Management Centre actablished by the General Insurance Association of Signature.
- 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

28/06/2021 18:05 (SGT) 26/06/2021 18:45 (SGT) Bedok, Singapore BEFORE T-JUNCTION OF BEDOK NORTH AVE 3 AND BEDOK RESERVOIR ROAD Singapore

1

1

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLF3378S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No.

Alternative Phone No.

No

SIM TECK YEW JOSHUA

SXXXX369I

joshuasim@gmail.com (Phone) +65-91162407 (Office) +65-91162407

VEHICLE PARTICULARS

Manufacturer

Model

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

Transmission

CC

Mazda

3

Private use

No - Claiming third party

Private car

Auto

1500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

FWD Singapore Pte. Ltd. Comprehensive

PNPV2020-00008216

DRIVER

Name of Driver

SIM KEE SENG PAUL

Accident report SN09216S000D

NRIC No Date Of Birth

Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

SXXXX386G 30/06/1959 Indoor

27/02/1978

43 YEARS AND 4 MONTHS

Male

(Phone) +65-97486202

joshuasim@gmail.com

BLK 323 TAMPINES STREET 93

520323

No Parent No

_

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

No 2

Yes

No Yes

2

No

LIM SIEW CHOO

Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

ATTACHMENT(S)

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

Was there any audio recorded?

Yes No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

SMA4490H

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Accident report SN09216S000D

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E.

 Vehicle Category
 Private car

 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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

SIM KEE SENG PAUL

BACK AND NECK PAIN
SLF3378S

Yes
No

INJURED 2

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured persor in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

LIM SIEW CHOO
BACK AND NECK PAIN
SLF3378S
Yes
No

SKETCH PLAN

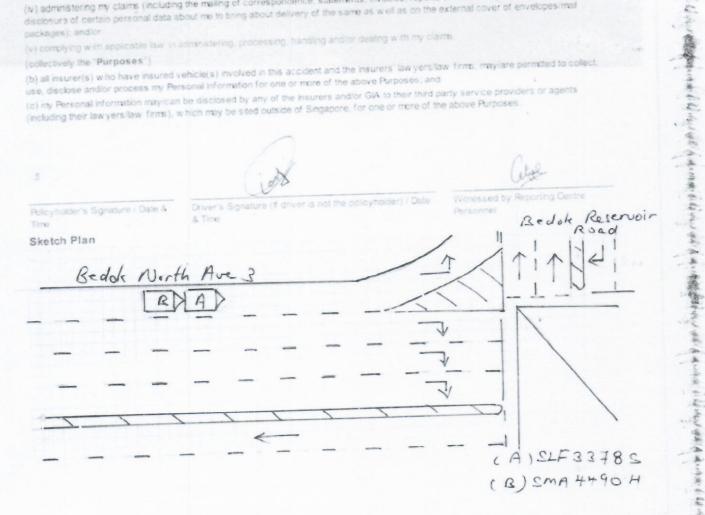
IMPORTANT NOTICE

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- 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
- 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 (at 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 gs vernment 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 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.

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers law firms, may/are permitted to collect. use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (d) 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.



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On 26/06/2021 at about 1845 has before T- Junction

of Bedok North Ave 3 and Bedok Reservoir Road, I

was travelling on the extreme left have along Bedok

North Ave 3 and when corning towards the above

mentioned T- Junction, my front rehicle slow down

and stop hence I follow suit. Suddenly I felt a great

impact from the Rear and when I alighted, I realised

that it was Vehide (B) from hit onto my Rear Portion

of my vehicle (A) causing damages to my vehicle.

(A) SLF 3378 S

(B) SMA 4490 H

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respec

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre