Lump Sum / LBJ: (\$

REF:	
SS, PEC, BV:	CNMENT
ASSI	GNMENT
rom. Date:	Veh No: Sm K 1875 K Yr Regn: 2020, Nov.
stimated Cost:	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
o Inspect Vehicle No:	Make: Honda Vezel. c.c 1496
it Workshop m/s	Colour Green A/C: Insured / Std / NI / NA
of	Sp.Reading 2532 / T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: RU11317906 *
Claims No.	Gen. Cond Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering Anorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
production resources that the	Tyre Size: F: 225/YOR19_
(Policy Condition)	R: 225/40RI9
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / OKO or
Bal, or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. Ob mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. /2/08/21
Lum Sum: % 3 Val.: Yes or No	'Survey held at
	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	S MANUAL DE MANUEL DE MANUEL DE LA COMPANSA DE LA C
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	CONSULTATION OF THE PROPERTY OF THE PARTY.
TPILL	
	Class To dee
M ✓ :	
PV:	
Nett:	
The state of the Red Street at	
THE STATE OF THE SERVICES PRESENTED	
Date Time File Page 102	Days Of Repair:
Date/Time, File Pass to? : Preli. Report	Days Of Repair: Resurvey No. of Trip: Survey Fee:
: Final Report	
1) : Final Report Date/Time, File Return to? Add Fe	Resurvey No. of Trip: Survey Fee: Transportation:
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:

: Westend (\$

SA1E218A0002-01 / Abwin Service Pte Ltd SATE218A002-017 ADMINISTRATE THE ELECTRIC SUBMITTED BY: Gerine Cheng VERSION: 2 (10/08/2021 16:45 (SGT))

SINGAPORE ACCIDENT STATEMENT

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
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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

10/08/2021 15:58 (SGT) 10/08/2021 03:50 (SGT) 233 Sumang Ln, Singapore 821233 MULTI STOREY CARPARK OF BLK 233 SUMANG LANE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMW1875K

INSURED/POLICYHOLDER

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

No MUHAMMAD MUZAKKIR BIN SALLEH SXXXX484A estrpt66@gmail.com (Phone) +65-98424999 (Home) +65-98424999

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

Honda Vezel

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

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Private use

No - Claiming third party

Private car Auto 1496

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

NTUC Income Insurance Co-operative Ltd Comprehensive

No

5119701491

Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

MUHAMMAD MUSLIM BIN SALLEH SXXXX124E



09/06/1998 Date Of Birth Occupation Indoor Date Of Driving Pass 02/04/2019 2 YEARS AND 4 MONTHS Driving experience Gender Male (Phone) +65-87425044 Mobile Number Alt. Phone Number estrpt66@gmail.com Email Address **BLK 133 EDGEDALE PLAINS** Address #17-42 Address complement 820133 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Sibling Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head on collision Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 SYAHIR BIN ABDUL RAHIM Name Male Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHED. ATTACHMENT(S) No Are accident photos available for attachment? Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** GBK4353Z Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour

Vehicle Category

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

SMW1875K

Yes

No

INJURED 1

Name of injured person MUHAMMAD MUSLIM BIN SALLED Gender Male Phone No (Phone) +65-87425044 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SMW1875K Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No INJURED 2 Name of injured person SYAHIR BIN ABDUL RAHIM Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained

Injured person in which vehicle?

Was this injured conveyed to hospital by ambulance?

Were seat belts worn?

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Folicyholder 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 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. 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 ledgement 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:

(2) 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

(i) processing, handling and/or dealing with try 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

(a) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agenta (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above

Policyholder's Signature / Date &

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

Sketch Plan

A: SMW 1875K

Witnessed by Regarting Centre

Personnel

6: CBK 43532

Describe Circumstances of the Accident		
	10/08/2021, at about 03:50 am, I was driving down the	
ramp in	mutti Storey Car part near BIK 233 Sumary Lane when	
vehicle B	from the opposite direction cut into my lane and cultided	
anto the	front portion of my vehicle.	
-		

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time Driver's Signature (# driver is not the policyholder) / Date & Timo

Witnessed by Reporting Ventre Personnel