ASSIGNMENT

From: Date:	Veh No: SLC7283X - Yr Regn: 2016, May.
Estimated Cost:	Type: M.Cary M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Kin Forle K3. c.c 1591
at Workshop m/s	Colour Grey. A/C: Insured / Std / NI / NA Sp.Reading 15/3655 T/Radio: Insured / Std / NI / NA
of	Sp.Reading (5/3655) T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KNAFX411MGSS96032
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: (norder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or
no god	Tyre Size: F: 205/55R16
(Policy Condition)	R: 205/55R16.
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 / YOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 20/09/21.
Lum Sum: % 3 Val.: Yes or No	'Survey held at Kang.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The MC / Chargin frame / Pady Structure affected due to collision
Date: Person Contacted: Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
TP 111	
mv :	
PV:	
Nett:	
Annual Description of the Control of	THE PROPERTY OF THE PROPERTY O
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	
ettelnin (EKir Hrisb)	: Interview (\$) Photos
Report Format:	:Tech. Invs (3) others
Lunip Sum / LBJ: (3	: Weel end (\$

SN07219F0005 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 15/09/2021 11:12 (SGT) SUBMITTED BY: Md Shan Kasmeir Bin Abdullah VERSION: 1 (15/09/2021 11:12 (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>
 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.

- 4. The issue and acceptance of this form by instance companies is thought a failing solid planting of the part of the insurance companies.

 6. 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

15/09/2021 11:12 (SGT) 14/09/2021 17:15 (SGT) Singapore POTONG PASIR AVENUE 1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLC7283X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Email Address Mobile Phone No Alternative Phone No No WAKMAN 53335808J KHAIRULFL350@GMAIL.COM (Phone) +65-91458205 +65-91458205

VEHICLE PARTICULARS

Kia Manufacturer Forte 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

Private use

1600

No - Claiming third party Private hire Auto

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive No 5109410269-02

DRIVER

Name of Driver NRIC No

MUHAMMAD KHAIRUL BIN MOHAMED RANI S9006133Z



Page 1 of 16

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

Hit and run / Vandalism / Damaged whilst parked

Clear

No

No

Yes

0

No

27/02/1990

06/08/2009

#06-202

751359

OWNER

No

No

12 YEARS AND 1 MONTH

KHAIRULFL350@GMAIL.COM

BLK 359A ADMIRALTY DRIVE

(Phone) +65-91458205

Indoor

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?

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No

Police Station Address
Was notice of intended Prosecution given?

If yes, against whom?

Yes

Bishan Neighbourhood Police Centre (Phone) +65-18005529999 (Fax) +65-65561905 20 Bishan Street 23 Singapore 579757

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

THERE WERE NO PHV DECAL AS WINDSCREEN JUST REPLACED DUE TO SHATTERED WINDSCREEN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

No

SLL6297R

Honda

Vezel

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant



 Vehicle Colour

 Vehicle Category
 Private hire

 Name of Driver
 UNKNOWN

 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

- 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 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.
- 5. 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 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)
 - (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 (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

Date & Time 15/9/2021

HOOHAS

HOOHRS

Reporting Centre Personnel's Signature

NRIC/FIN No.

	BLK	BLK 114 POTONG PASIR AVEZ			
A- SLC7283X		Lot Damaged	openspace carpork		
SCRIBE CIRCUMSTANCES OF THE	ACCIDENT				
Refer to police repo	tvo				
CLARATION e declare the foregoing particulars are	true in every respect.		7		



T/20210915/2000

Institution / School Name:

Date of Expiry:

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 l of 3 Report No. T/20210915/2000

Station Diary No.:

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Race:

Malay

Occupation:

PROJECT ENGINEER

15/09/20	21 00:03		E/20210914/0125			
Informar	nt's Partic	ulars				
Name of Informant: MUHAMMAD KHAIRUL BIN MOHAMED RANI			Address: APT BLK 359A ADMIRALTY DRIVE #06-202 SINGAPORE 751359			
ID Type / ID No.: NRIC NO / S9006133Z Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office:	Mobile: 91458205		
			Email:			
Sex: Male	Age:	Date of Birth: 27/02/1990	Type of Informant:			

Driving Licence Information:

Language:

English

Class: 3

Vide Report No.:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/09/2021 17:15	Type of Location Car Park
Location:	SIR AVENUE 1			
POTONG PA	SIR AVENUE I			
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis	inn:			Anyone conveyed by

Details of V	ehicle Invo	lved		200000000000000000000000000000000000000		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLC7283X	-	KIA	FORTE K3	Blue	Slightly	0
	100000000000000000000000000000000000000		1.6A EX		Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

2013 Report No. T/20210915/2000

CONTINUATION OF REPORT

Driver			ID No.	S9006133Z
Name	MUHAMMAD KHAIRUL BIN MOHAMED RANI		ID No.	91458205 Class: 3
Related Vehicle	NIL			
			Class of	
Hospital/Clinic	NIL		Driving Licence & Expiry Date	Date of Expiry: NIL
Data Tasatmont	NIL	Date Dis	charge NIL	
Date Treatment NIL No. of Days granted Medical Leave NIL		Degree of Injury NIL		

On 14/09/2021 at about 9.39am, I parked my vehicle on an open space carpark of Bik 113 Potong Pasir. I parked at lot number 231. At about 6.30pm, as I was walking towards my car, I notice there was a Traffic Police officer.

Later, the officer informed me that my vehicle was involved in an accident and advised me to lodge a traffic police report.

There is in-car camera I my vehicle. However, at that point of time, it was not recorded as it runs out of

There were scratches and dents on my vehicle due the collision. The bumper observed to be dislodged and the suspension was also damaged.





T/20210915/2000

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 3 of 3 Report No. T/20210915/2000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Informant: Signature of Officer Recording The Report Sr Staff Sgt SITI NUR 'AFINA BINTE ROSLAN Date/Time: Signature Of Interpreter. 15/09/2021 00:03 Not applicable Classification Of Case: Officer In Charge Of Case: POLICE FORCE SN 061 SSI KASMAWATI BTE SAMIAN Contact No.: 65476368 Authentication Stamp SIGNATURE

MotorMed Pte Ltd

8 Kaki Bukit Ave 4 #02-14/44 Premier @ Kaki Bukit Singapore 415875

Phone Number:

69777077

Fax Number:

69777080

20/9/2021 éú

Customer:

KANG CAR

Date: VIN

SLC7283X

Company: License NO: Technician:

Odometer:

Order NO:

VEHICLE ALIGNMENT REPORT

						Final
		KIA, K3 All Models, 1	Initial		Max.	
rimary /	Angles			Min. 3°38'	4°38'	
rimary		Left	-	3°38'	4°38'	00061
	Caster	Right		-1°00'	0°00'	-0°36'
		Left	-0°36'	-1°00'	0.00,	-0°30'
	Camber	Right	-0°30'	-0°03'	0°09'	1°39' -0°03'
ront		Left	1°39'	-0°03'	0°09'	1°36'
	Toe	Right	-0°03'	-0°06'	0°18'	
		Total	1°36'		-1°18'	-1°36'
		Left	-1°36'	-1°42'	-1°18'	-1°36'
	Camber	Right	-1°36'	-1°42'	0°27'	0°18'
		Left	0°18'	0.00,	0°27'	0.09,
	Toe	Right	0°09'	0.00,	0°54'	0°27'
Rear		Total	0°27'	0.00,		-0°04'
		Total	-0°04'		Figations	Final
	Thrust Angle		Initial		fications Max.	
				Min.	14°24'	-
Secon	dary Angles	1.6		13°24'	14°24'	-
		Left	-	13°24'		
SAI		Right				-
	Analo	Left				-
Included	Angle	Right				-
	Tuess	Left				
Toe Out (On Turns	Right				_
		Left				
Max Turr	n Inside	Right				
		Left				0.4"
Toe Cun	ve Change	Right	0.4"			
		Front				-0.3"
Setback		Rear	-0.3"			-0.0"
			-0.0"			0.6"
Track W	ridth Diff.		0.6"			
Wheel	Base Diff.					
		Left				
Front R	ide Height	Right				
0.0	do Height	Left				
Rear Ri	de Height	Right				
Frame						