ASS, REC. BY:	
A	SSIGNMENT
From: Date:	Veh No: SFE628S - Yr Regn: 2013 Dec.
Estimated Cost:	Type: (M.Car) 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: Morcedes Benz E250 c.c 1991
at Workshop m/s	Colour Silves A/C: Insured / Std / NI / NA
of	Sp.Reading 160995 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WDD2120362A819710
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modí: Nil S/Rim / STD A/Rim or
	Tyre Size: F: 245/45R17.
(Policy Condition)	R: 245/45R17.
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 Petlas.
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 86 mm R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 96 mm L/Bal. 06 mn
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. bl 11 21,
Lum Sum: % 3 Val.: Yes or No	'Survey held at YSK'
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collisio
Date / Time Action / Instruction Action	
CONTROL CONTROL CONTROL OF CONTRO	
	The state of the s
MV:	
PV:	
746(1);	
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) Arlo	Fee: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others

Westend (\$

Lump Eum / LEJ: (\$

SY0921B1000A / YEW TEE AUTOMOBILE TECH PTE LTD [737856] ENTRY DATE & TIME: 01/, 1/2021 17:18 (SGT) SUBMITTED BY: TOH TZE CHANG VERSION: 1 (01/11/2021 17:18 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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

01/11/2021 17:18 (SGT) 30/10/2021 10:52 (SGT) Singapore BISHAN ST 22 TURNING RIGHT TO BISHAN ST 23 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SFE628S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No Alternative Phone No No

SEE WENG HWA SXXXX286I

Alvinsee82@gmail.com (Phone) +65-83332243 (Home) +65-83332243

VEHICLE PARTICULARS

Manufacturer

Model Variant

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

Mercedes

E250

No - Claiming third party

Private car Auto 1991

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number FWD Singapore Pte. Ltd. Comprehensive

PNPV2020-00010852

DRIVER

Name of Driver NRIC No

SEE WENG HWA SXXXX286I

Assidant roacht SV0921B1000A

07/06/1956 Date Of Birth Indoor Occupation 28/09/1976 Date Of Driving Pass Driving experience 45 YEARS AND 1 MONTH Gender (Phone) +65-83332243 Mobile Number (Home) +65-83332243 Alt. Phone Number Alvinsee82@gmail.com **Email Address** BLK 9 UPP SERANGOON CRESCENT #13-20 Address Address complement 534032 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 Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Yes Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 GBK6785Y

Vehicle Registration Number Vehicle Manufacturer Vehicle Mcdel Vehicle Variant Vehicle Colour Commercial vehicle 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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims pursues.
- 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 fects may ellow industriate companies to repudiate policy liability.
- The issue and ecceptance 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
 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)

tunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to callect, use, disclose aAd/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 (sollectively 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 ans/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), analym
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (h) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lewyers/lew 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 Percental Information may/san be disclosed by any of the Insurers and/or SIA 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 di insurers antifor any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, low enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

SHUYI

Policyhoided's Signature

Driver's Signature

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Neurosin Neuro

SKETCH	PLAN		BISHM 81 73		
		2 A /		[A] STE 6285 [B] GRK 6985Y	
	BE CIRCUMSTANCES C			22 Cural	
SI	GNOL TO THE	THEN ING PLEM LICLE NO. GB	T BISHAN < 6785Y	HIT TO MY BACK	
	à.		LEC SUG.		
		,	- 001 001	/ IA/02/5039	
	oranie acco	1 24500 H 40	e (Mag Selection)	O V NE MA OLEMAN V GRAN	
		DOV	1110223012		
DECLA I/We de	RATION date the foregoing partic	ulars are true in every respect.	* yeeesoes	SHUYI	
Policyho Dete & 1	ider Signature	Driver's Signature (If driver is not the policyto Date & Time	lder) N	eporting Centre Personnel's Signature ame: RIC/FIFE No.:	