ACC	IGNMENT	
<u> 24.50</u>		
From: Date:	Veh No: SDA 3180 R - Yr Regn: 2017 Sept	
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: BMW 520D c.c 1995	
at Workshop m/s	Colour While A/C: Insured / Std / NI / NA	
of	Sp.Reading T/Radio: Insured / Std / NI / NA	
insured:	Eng/No:	
Policy No.	C/No: W3AJC320309865110	
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:	Modi: Nil / S/Rim / STD A/Rim or	
	Tyre Size: F: 275/40R18.	
(Policy Condition)	R: 275/40R18	
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/Balmm L/Balmm	
Est. Repairs: days Res.: Yes or No	D.O.I. 20/05/22	
Lum Sum: % 3 Val.: Yes or No	Survey held at Tick Hau. It	
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 U/C / Chassis frame / Body Structure affected due to collision	
Date / Time Action / Instruction		
The broom briter	0.401-1-1-14	
mv:		
PV:		
Nett:	130 134	
	THE DATE OF THE PARTY OF THE PA	
Control of the Contro		
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
; Final Report	Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to?	Transportation:	
Add Fe	e: : Site Insp (\$)s+Rs,si	
	: Interview (\$) Photos	
	parameters.	

Lunin 20m / LP I: (\$

SS1Y22510008 / SME MOTOR PTE LTD ENTRY DATE & TIME: 18/05/2022 16:11 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (18/05/2022 16:11 (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>

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

18/05/2022 16:11 (SGT) 17/05/2022 15:18 (SGT) Adam Rd, Singapore **EXIT TWDS PIE** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SDA3180R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

LOW SHAO WEI @ DONALD LOW

S1633199F

swlow@kianann.com.sg (Phone) +65-96715016

+65-96715016

VEHICLE PARTICULARS

Manufacturer

Model

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

BMW

520i

Private use

No - Claiming third party

Private car

Auto

2000

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

HL Assurance Pte Ltd Comprehensive

No

MP306170

DRIVER

Name of Driver

NRIC No

LIM HONG MAY S2195164A

Accident report SS1Y225I0008

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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

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?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220518/7011.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

21/02/1966

23/07/2005

16 YEARS AND 10 MONTHS

(Phone) +65-96934008

swlow@kianann.com.sg

Collision - Head to Rear

44 BRAEMAR DRIVE

Outdoor

Female

559447

Spouse

No

No

Clear

Dry

No

Yes

No

Yes

No

Yes

No

Traffic Police

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SJU3913S

-

_

-

Private car

Accident report SS1Y225I0008

Page 2 of 14

Name of Driver
NRIC No
S7926811I
Contact Number
Address
Address Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)
NEO HAN MIN
S7926811I
VEHICLE B

INJURED PERSONS DETAILS

No

INJURED 1

Name of injured person

Gender

Phone No

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

LIM HONG MAY

Female

LIM HONG MAY

Female

SDA3180R

Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any will ul 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.
- 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 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 mo 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 law yers 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 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 dover 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' 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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

r's Signature / Date &

vehicle A (SDABI8OR)

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnet

Describe Circumstances of the Accident	
I was exiting Adam Road, going towar	ds PII
suddenly, vehicle B hit onto the rear por	tion
of my vehicle. I was injured due to the	
impact of the accident.	
Declaration	
We declare the foregoing particulars are true in every respect.	
Sunghine Cale	
Jung Mills	
Policyholder's Signature / Date & Driver's Signature (Kidriver is not the policyholder) / Date Time 18/5/2002 & Time 18/5/2003	Reporting Centre