HEFT: ASS. FEG. BY: ASSIGNMENT SFZ1801R Yr Regn: 2015, Sept. Veh No: From: Type: (M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV Hyundai Elector. C.C 1591 To Inspect Vehicle No: Make: A/C: Insured / Std / NI / NA at Workshop m/s Colour T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured KMHDH41CM-G4624596. C/No: Policy No. Gen. Cond. Good Fair / Poor / Burnt Claims No. Steering: morder / Jammed / Leaked / Burnt or Sum Insured: Excess: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil /S/Rim / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) N/S 0/5 BS / DUN / EXNOVA / GY / FS / LIZA / MIC OHTSU / PIR / SUMI / Remark The veh had commenced its repair at the time of inspection. TOYO / YOKO or Bal. or Market Value: Rear Front R/Bal. Consistent?: Yes or No IDAC Accident Rport: mm Consistent?: Yes or No GIA / PR Seen: D.O.A. Res.: Yes or No Est. Repairs: days SM 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision Action / Instruction TP Date/Time, File Pass to? : Preli. Report Days Of Repair: Survey Fee: : Final Report Resurvey No. of Trip: Date/Time. File Return to? Transportation: Add Fee :S'e msp

Others

Report Format !

Inolia. LKK
_ Adrian.

SS2X229A0002 / SME MOTOR PTE LTD ENTRY DATE & TIME: 10/09/2022 10:42 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (10/09/2022 10:42 (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 Actual 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.

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.
 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

10/09/2022 10:42 (SGT) Both 09/09/2022 14:03 (SGT) Pasir Ris Dr 1, Singapore JUNCTION TWDS LOYANG AVE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SFZ1801R

INSURED/POLICYHOLDER

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

Mobile Phone No Alternative Phone No No

MOHAMED JASMIN BIN HASHIM S1584728Z

KHAMSIA@HOTMAIL.COM (Phone) +65-98562660

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

Hyundai

Elantra

Private hire

No - Claiming third party

Private car

Auto

1591

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5121012598-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

KHAMSIA BINTE SIDIK S7224428A 15/06/1972 Outdoor



14/12/1972 Date Of Driving Pass 49 YEARS AND 9 MONTHS Driving experience Gender Male (Phone) +65-81126360 Mobile Number Alt. Phone Number KHAMSIA@HOTMAIL.COM **Email Address** BLK 32 BEDOK SOUTH AVE 2 #14-313 Address Address complement Postcode 460032 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Spouse 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

Type of Accident

Weather Conditions

Road Surface

Collision - Change/cross lane
Clear

Dry

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? Yes 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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

PASSENGER 1

Name MR ZUL Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG PASIR RIS DRIVE 1 TOWARDS LOYANG AVE ON THE EXTREME LEFT LANE OF 3 LANES. THE TRAFFIC AT THAT POINT OF TIME WAS HEAVY. ALL VEHICLES IN FRONT OF ME WERE MOVING SLOWLY AND STOPPING INTERMITTENTLY. I CHECKED MY RIGHT SIDE WING MIRROR AND SAW VEHICLE B IN THE CENTER LANE WAS STATIONARY FROM A DISTANCE. HENCE, I FILTERED INTO THE CENTER LANE WITH THE SIGNAL LIGHT ON. WHILE MY VEHICLE FILTERED HALF WAY THROUGH, VEHICLES IN FRONT OF ME SLOWED DOWN TO A STOP AND I FOLLOWED SUIT. ABOUT 5-10 SECONDS LATER, THE VEHICLE IN FRONT OF ME MOVED AND I STARTED TO MOVE. SUDDENLY, I FELT A HUGE IMPACT FROM MY RIGHT SIDE. VEHICLE B MOVE OUT FROM THE STATIONARY POSITION AND COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE AND CAUSED DAMAGES.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBE9746Y**

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category Commercial vehicle

Name of Driver Contact Number Address Address complement Postcode

Insurance Company Name Nature Of Damage

Details of property damaged in accident **VEHICLE B**

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MOHAMED JASMIN BIN HASHIM

Gender Phone No Address Address Complement Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle? SFZ1801R Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

WITNESS DETAILS

WITNESS 1

MR ZUL Name Phone (Phone) +65-98470620

Email

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims pro
- 2. This Formmust 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 GA 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)

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 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 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' 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 GM 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.

Driver's Signature (F driver is not the policyholder) / Date Witnessed by Reporting Centre Policyholder's Signature / Date & Personnel Time & Time Loyana Sketch Plan A: SFZ1801R B: GBE 9746Y T. Junction of Pagir Rig Drl Loyang Ave

3 lanes.
The traffic at that point of time was heavy, all vehicles in front of me were moving slowly
and stopping intermittently.
I checked my right-side wing mirror and saw veh "b" in the center lane was stationary from
a distance hence I filtered into the center lane with the signal right on.
While my vehicle filtered half way through, vehicles in front of me slowed down to a stop
and I followed suit.
About 5-10 seconds later, the vehicle in front of me moved and I started to move when
suddenly I felt a huge impact from my right side.
Veh B moved out from the stationary-position and collided into the front right portion of my
vehicle and caused damage.
DECLARATION I/We declare the foregoing particulars are true in every respect.
Win Shurix
Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (if driver is not the policyholder) Name: NRIC/FIN No.:

I was travelling along along Pasir Ris Dr 1 towards Loyang Ave on the extreme left lane of

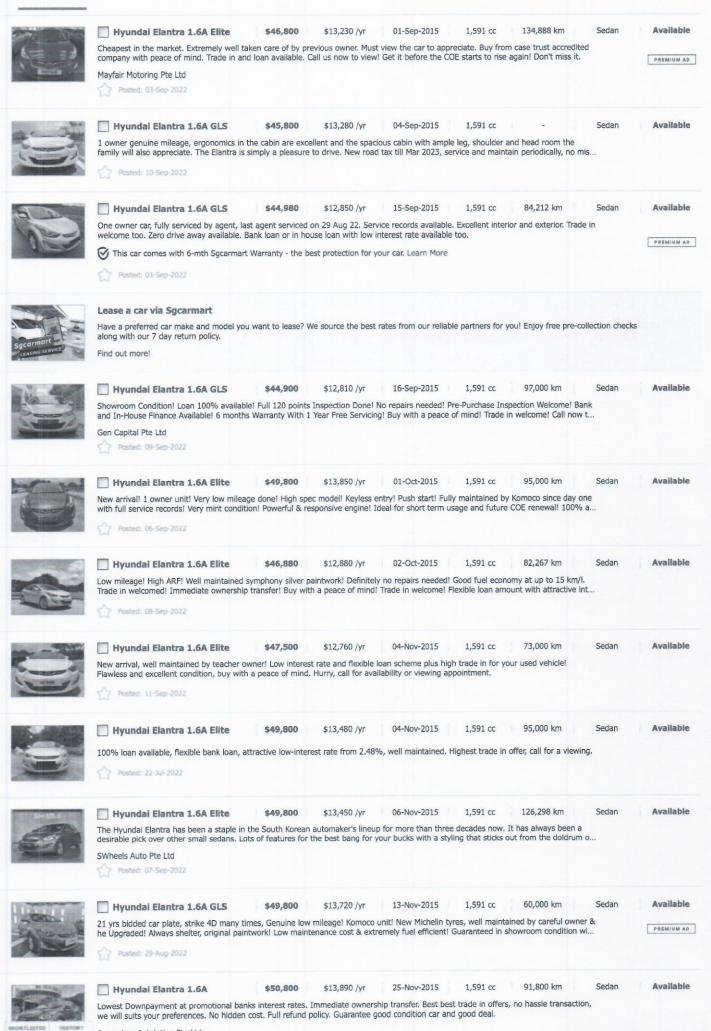
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	728Z
Vehicle Details	
Vehicle No.:	SFZ1801R
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Sep 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	G4FGFU024256
Chassis No.:	KMHDH41CMGU624596
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$15,175.00
Original Registration Date:	01 Sep 2015
First Registration Date:	01 Sep 2015
Transfer Count:	1
Actual ARF Paid:	\$15,175.00
inter ded PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Aug 2025
PARF Rebate Amount:	\$9,105.00
COE Expiry Date:	31 Aug 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$55,889.00
COE Rebate Amount:	\$16,556.00
Total Rebate Amount:	\$25,661.00

The information contained herein is correct as at 14 Sep 2022



Accendore Autolution Pte Ltd