S. F.E.C.3V.	
AS	SSIGNMENT
om: Date:	Veh No: S1CP 6396 Dr Regn: 2014, Sept.
simated lost:	Type: M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
D TP 18 TP RES OD RES EVA INV MV	Truck / Trailer or
o Inspect/ehide No:	Make: BMW 316; c.c 1598
Workstop m/s	Colour While A/C: Insured / Std / Ni / NA
	Sp.Reading /45663 T/Radio: Insured / Std / NI / NA
sured:	Eng/No:
Policy No.	C/No: WBA3A12000*J7222167
claims No.	Gen. Cond. Good) Fair / Poor / Burnt
Sum Insuled: Excess:	Steering: (norder / Jammed / Leaked / Burnt or
(Client'sRecord)	Brake: fiorder / Jammed / Leaked / Burnt or
Viake of Veh:	Modi: Nil /S/Rim / STD A/Rim or
1,0	Tyre Size: F: 255/35 R18-
(Policy Condition)	R: 255/35R19,
	O/S BS / DUN / EXNOVA (GY) FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO DT
Bal. or Market Value:	Front 0 Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. Nm R/Bal. Nm mm
GIA / PR Seen:Consistent? : Yes or No	L/Balmm . L/Balmm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 0//1/22
Lum Sum: % 3 Val.: Yes or No	Survey held at Avernet Auto,
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or
Vehicle: !N	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	The 6/6 / Orlabole Maille / 1979
TP Chin.	
MV: AHIC	
MV: 441C	
Nett: 16.81C	
1001-	
Date/Time, File Pass 10? Prell. Report	Davis Of Davis in
	Days Of Repair: Resurvey No. of Trip: Survey Fee:
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:
	.dd Fee: : Site Insp (\$)_s+Rs_si
	Interview (\$) Photos
Repro-Formal:	: Tech, Invs (\$) Others
Lamp Stars / LB.4: //F	: Weel and (\$
	707/4

SN0722AS000J / Income Insurance Limited ENTRY DATE & TIME: 28/10/2022 12:16 (SGT) SUBMITTED BY: Md Shan Kasmeir Bin Abdullah VERSION: 1 (28/10/2022 12:16 (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.

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

28/10/2022 12:16 (SGT) Both 26/10/2022 00:00 (SGT) Malaysia

JB CUSTOMS AFTER CLEARANCE TOWARDS SINGAPORE

Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKP6396D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

No

MOHD SHAHRIL BIN KAMARUDDIN

S8470869J

MDSHAHRIL84@YAHOO.COM

(Phone) +65-98795232

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

BMW

316i

Private use

No - Claiming third party

Private car Auto 1600

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

MOHD SHAHRIL BIN KAMARUDDIN

5125968813

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

S8470869J 12/07/1984 Indoor

Accident report SN0722AS000J

Date Of Driving Pass 11/07/2007 Driving experience 15 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-98795232 Alt. Phone Number **Email Address** MDSHAHRIL84@YAHOO.COM **BLK 865 WOODLANDS STREET 83** Address Address complement #11-309 Postcode 730865 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

Type of Accident Side Swipe
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 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) 7 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

PASSENGER 1

Name NUR SAFURAA ISMAIL
Gender Female

PASSENGER 2

Name SYAURAA NABIELLA Gender Female

PASSENGER 3

Name SHAFIY SYAUQI Gender Male

PASSENGER 4

Name SYIFAA NEYLA Gender Female

PASSENGER 5

Name SHARIQ SYAQIF Gender Male

PASSENGER 6

Name NOVITASARI Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	_

CIRCUMSTANCES OF ACCIDENT

On 26/10/22 at about 0000hrs,i was driving back from Jb.While at JB custom,i was driving out slowly, a car with a plate no SMW2365J failed to check while xiting the lane from the immigration counter and hit my car at the rear right bumper.I managed to exchange particulars but did not make any Malaysia Police report as we are already on route to Singapore. The other admit he was at fault for the accident.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW2365J
Vehicle Manufacturer	may in literature • 1
Vehicle Model	(A)
Vehicle Variant	
Vehicle Colour	and the same of th
Vehicle Category	Private car
Name of Driver	EDDIE BIN MOHD MASEH
NRIC No	S7129361J
Contact Number	(Phone) +65-97230067
Address	
Address complement	Orribentor -
Postcode	
Insurance Company Name	
Nature Of Damage	nisosom -
Details of property damaged in accident	OSSIGNATION IN
No. Of Passenger (Including Driver)	4

SKETCH PLAN

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 Actual 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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 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 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 Pers Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents wyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time 28/10/2022

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

Witnessed by Reporting Centre Personne

(Name as in NRIC/ID card

MD SHAN KASMEIR BIN ABDULLAH

1

Sketch Plan 1200HRS

A- SKP6396D B - SMW2365J

JB CUSTOMS, DIRECTION TOWARDS SINGAPORE

VEHICLE IMMIGRATION COUNTER



1

Describe Circumstance of the Accident
Refer to Circumstance of Accident

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Chrature / Bate & Time 28/10/2022 1200hrs

Oriver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

MD SHAN KASMEIR BIN ABDULLAH 2

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

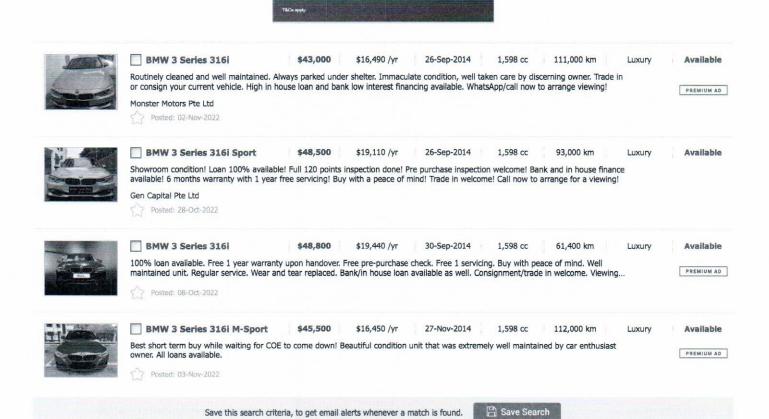
Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	869J
Vehicle No.:	SKP6396D
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Nov 2022
Vehicle Make:	B.M.W.
Vehicle Model:	316I 1.6 AT D/AB 4DR ABS HID
Primary Colour:	Brown
Manufacturing Year:	2014
Engine No.:	B012J785N13B16A
Chassis No.:	WBA3A12000J722167
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$30,051.00
Original Registration Date:	26 Sep 2014
First Registration Date:	26 Sep 2014
Transfer Count:	4
Actual ARF Paid: Intended PARF Rebate Details	\$24,072.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Sep 2024
PARF Rebate Amount: Intended COE Rebate Details	\$13,239.00
COE Expiry Date:	25 Sep 2024
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$74,403.00
COE Rebate Amount:	\$13,871.00
Total Rebate Amount:	\$27,110.00

The information contained herein is correct as at 01 Nov 2022



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Depreciation ~

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Reg Date V

Make

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Mileage V

Veh Type ✓

Status V

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