

SINGAPORE ACCIDENT STATEMENT

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 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 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	17/04/2023 15:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/04/2023 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TOWARDS PAYA LEBAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6709U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD IZWANDI BIN ZAINOR
NRIC No	
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	316i
Variant	B.M.W. / 316i 1.6 AT D/AB 4DR ABS HID
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5135143579

DRIVER

Name of Driver	MUHAMMAD IZWANDI BIN ZAINOR
NRIC No	
Date Of Birth	
Occupation	Indoor

Date Of Driving Pass	
Driving experience	
Gender	
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	
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

Type of Accident	Chain Collision
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)	2
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	NURDIYANA
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

PLEASE REFER TO THE SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV2939J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	NG WEI SHENG
NRIC No	S8724992A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR3728C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	MUHAMED SAABAN BIN AB RAZAK
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

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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)**
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) 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 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.

 17/4/23
Policyholder's Signature / Date & Time

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


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

Sketch Plan

 <p style="transform: rotate(-90deg); transform-origin: left top;">KPE towards Poye Lebar.</p>	<p>A - SKS6709U</p> <p>B - SMV2939J</p> <p>C - SLR3728C</p>
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vJun2022

1

Describe Circumstance of the Accident


Soon Lee
Choon

I was travelling along KPE towards Paya Lebar on 15/04/23 @
about 1830 hrs. It was heavy traffic and the vehicle in front came
to a stop. My vehicle had come to stationary. When the vehicle
behind suddenly bang on to my vehicle pushing it forward
causing a chain accident.

Soon Lee Choon

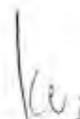
Declaration

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

 17/4/23

Policyholder's Signature / Date & Time

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



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

















RW AUTOMOTIVE APPRAISERS SERVICES
(Licensed Appraisers Claims Adjusters)
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Email: rw9988@yahoo.com Reg. 52821270B

INVOICE

Soon Lee Choon Auto Services Pte. Ltd. Invoice No : **230019**
Blk 5032, Ang Mo Kio Industrial
Park 2, #01-283 Date : **05.05.2023**
Singapore 569535
On behalf of Muhammad Izwandi Bin Zainer

Being:		
Survey Fees (including 84 photographs and transport charges)		\$1,044.00
S'pore Dollars	: One Thousand and Forty-Four only.	<u>\$1,044.00</u>
Our Reference No.	: RW/0019/23TP	
Vehicle No.	: SKS 6709 U	

SURVEYED WITHOUT PREJUDICE

RICHARD WONG
(Licensed Appraiser)



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Muhammad Izwandi Bin Zainer
c/o Soon Lee Choon Auto Services Pte. Ltd.
Blk 5032, Ang Mo Kio Industrial
Park 2, #01-283
Singapore 569535

Report No : RW/0019/23TP

Date : 05.05.2023

VEHICLE INSPECTION REPORT

REFERENCE

Requested by : Workshop, owner's behalf
Date of Request : 20.04.2023
Date of Accident : 15.04.2023
Date of Inspection : 20.04.2023
Inspected at : Soon Lee Choon Auto Services Pte. Ltd.
Blk 5032, Ang Mo Kio Industrial Park 2
#01-283, Singapore 569535

VEHICLE DETAILS

Vehicle No.	: SKS 6709 U	Make & Model	: BMW 316 i
Year Make	: 2015	Colour	: White
Engine No.	: A456J805N13B16A	Chassis No.	: WBA3A160X0NS38395
Engine Capacity	: 1598 cc	Mileage	: 176,173 km
Air-Con	: Yes	Radio/CD/Cassette	: Yes
Seat Belt	: Yes	Rims	: Sport

GENERAL CONDITION OF VEHICLE

General Condition	: Good	Modification	: Nil
Brakes	: Serviceable	Handbrake	: Serviceable
Steering	: Serviceable		

<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Rim</u>	<u>Tread Balance</u>
Front Right	Michelin	245/35 ZR19	Sport	6 mm
Front Left	Michelin	245/35 ZR19	Sport	6 mm
Rear Right	Michelin	245/35 ZR19	Sport	6 mm
Rear Left	Michelin	245/35 ZR19	Sport	6 mm

ASSESSMENT

	<u>Repairer's Estimate</u>	<u>Recommendation</u>
Spare Parts	: \$ 24,990.60	\$ 17,086.95
Labour Charges	: \$ 2,570.00	\$ 2,110.00
Paint Work	: \$ 2,200.00	\$ 1,900.00
Towing Charges	: \$ -	\$ -
Total	: <u>\$ 29,760.60</u>	<u>\$ 21,096.95</u>
Recommend lump sum repairs	: \$ 16,880.00	
Reduction	: \$ 12,880.60	
Estimated Period Required for Repair	: <u>10 days</u>	



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Page : 1

ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

Vehicle No: SKS 6709 U

Report No.: RW/0019/23TP

<u>S/No</u>	<u>QTY</u>	<u>Description</u>	<u>Condition/ Remarks</u>	<u>Repairer's Estimates</u>	<u>My Recommendation</u>
<u>REPLACEMENT OF DAMAGED PARTS</u>					
1)	1	Rear boot lid	Dented/Bent	\$ 1,615.80	\$ 1,615.80
2)	1	Rear boot lid logo	Necessary	\$ 68.00	\$ 68.00
3)	2	Rear boot lid hinges	Repairable	\$ 332.00	\$ -
4)	1	Rear boot lid lock	Dented	\$ 299.08	\$ 299.08
5)	1	Rear boot lid inner trim	Serviceable	\$ 295.43	\$ -
6)	1set	Rear boot lid inner trim clips	Necessary	\$ 50.00	\$ 50.00
7)	2	Rear boot lid reflectors	Serviceable	\$ 1,390.00	\$ -
8)	1	Rear boot lid weatherstripe	Necessary	\$ 312.00	\$ 312.00
9)	1	Rear bumper	Distorted	\$ 1,850.00	\$ 1,850.00
10)	1	Rear bumper lower diffuser	Distorted	\$ 640.00	\$ 640.00
11)	1	Rear bumper reinforcement	Dented	\$ 715.00	\$ 715.00
12)	1	Rear bumper side holders	Distorted	\$ 370.00	\$ 370.00
13)	1	Rear bumper tow cover	Distorted	\$ 35.00	\$ 35.00
14)	3	Rear bumper reverse sensors	Failed	\$ 915.00	\$ 915.00
15)	1	Rear bumper reflector LH	Cracked	\$ 85.00	\$ 85.00
16)	1set	Rear bumper clips	Necessary	\$ 50.00	\$ 50.00
17)	1	Rear end panel	Repairable	\$ 899.20	\$ -
18)	1	Rear end panel top garnish	Distorted	\$ 290.50	\$ 290.50
19)	2	Rear tail lamps	Serviceable	\$ 1,501.00	\$ -
20)	1	Rear exhaust pipe	Bent	\$ 2,480.00	\$ 2,480.00
21)	1	Rear exhaust mountings	Serviceable	\$ 90.00	\$ -
22)	1	Rear exhaust tail pipes	Dented	\$ 200.00	\$ 200.00
23)	1	Rear floor panel centre trim garnish	Distorted	\$ 882.00	\$ 882.00
24)	1	Front bonnet	Repairable	\$ 2,135.00	\$ -
25)	1	Front bonnet logo	Necessary	\$ 80.00	\$ 80.00
26)	1	Front bumper	Distorted	\$ 1,233.25	\$ 1,233.25
27)	1	Front bumper lower skirt	Distorted	\$ 1,600.00	\$ 1,600.00
28)	1	Front bumper reinforcement	Dented/Bent	\$ 695.00	\$ 695.00
29)	1	Front bumper number plate garnish	Distorted	\$ 110.00	\$ 110.00
30)	2	Front bumper fog lamps	Serviceable	\$ 660.00	\$ -
31)	2	Front bumper side holders	Necessary	\$ 230.00	\$ 230.00
32)	1set	Front bumper clips	Necessary	\$ 50.00	\$ 50.00
33)	1	Front bumper centre grille	Distorted	\$ 68.00	\$ 68.00
34)	2	Front bumper reinforcement brackets	Repairable	\$ 210.00	\$ -
35)	2	Front grilles	Cracked	\$ 360.00	\$ 360.00
36)	1	Front headlamp LH	Cracked	\$ 2,450.00	\$ 2,450.00
				<u>\$ 25,246.26</u>	<u>\$ 17,733.63</u>



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Page : 2

Vehicle No: **SKS 6709 U**

Report No.: **RW/0019/23TP**

		Balance brought forward		\$ 25,246.26	\$ 17,733.63
37)	1	Front headlamp nozzle LH	Serviceable	\$ 180.00	\$ -
38)	1	Front support panel	Repairable	\$ 627.00	\$ -
				<u>\$ 26,053.26</u>	<u>\$ 17,733.63</u>
			Less 5%	<u>\$ 1,302.66</u>	<u>\$ 886.68</u>
				\$ 24,750.60	\$ 16,846.95
39)	1	Front number plate	Cracked	\$ 120.00	SN \$ 120.00
40)	1	Rear number plate	Cracked	\$ 120.00	SN \$ 120.00
		Total (Parts):		\$ 24,990.60	\$ 17,086.95

LABOUR CHARGES

41)	Panel beat rear end panel, rear fenders and front bonnet. Straighten front and rear left chassises. Remove and replace all damaged parts.	\$ 1,600.00	\$ 1,400.00
42)	Check wiring and lightings.	\$ 100.00	\$ 60.00
43)	Remove and reinstall rear upholstery, cushion seats and roof lining to enable repair.	\$ 160.00	\$ 120.00
44)	Remove and reinstall rear exhaust silencer.	\$ 200.00	\$ 150.00
45)	Transfer rear tail gate fittings.	\$ 150.00	\$ 100.00
46)	Remove and replace rear reverse sensors.	\$ 120.00	\$ 80.00
47)	Rust proofing treatment on affected area.	\$ 240.00	\$ 200.00
48)	Spray painting on affected area.	\$ 2,200.00	\$ 1,900.00
	Total (Labour):	\$ 4,770.00	\$ 4,010.00
	Total:	<u>\$ 29,760.60</u>	<u>\$ 21,096.95</u>



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Page : 3

Vehicle No: SKS 6709 U

Report No.: RW/0019/23TP

POINT OF IMPACT

At the front and rear portion of the vehicle.

RECOMMENDATION

The vehicle was inspected thoroughly based on the repairer's estimate against the actual damages found on the vehicle. My findings and recommendation are listed as per attached.

My adjusted amount for the cost of repair is **\$21,096.95.**

CONCLUSION

The repairer has agreed to undertake repairs at a lump sum of **\$16,880.00** corresponding to labour charges, spray painting and replacement of parts.

SURVEYED WITHOUT PREJUDICE

A handwritten signature in black ink, appearing to read 'Richard Wong'.

RICHARD WONG
(Licensed Appraiser)



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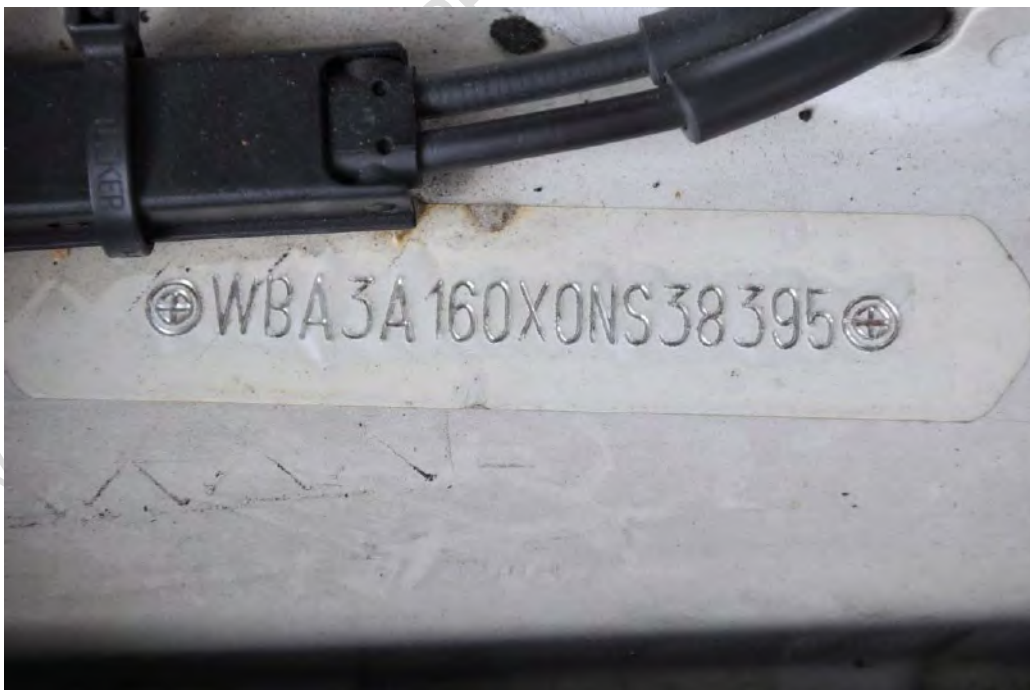
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Vehicle No: SKS 6709 U

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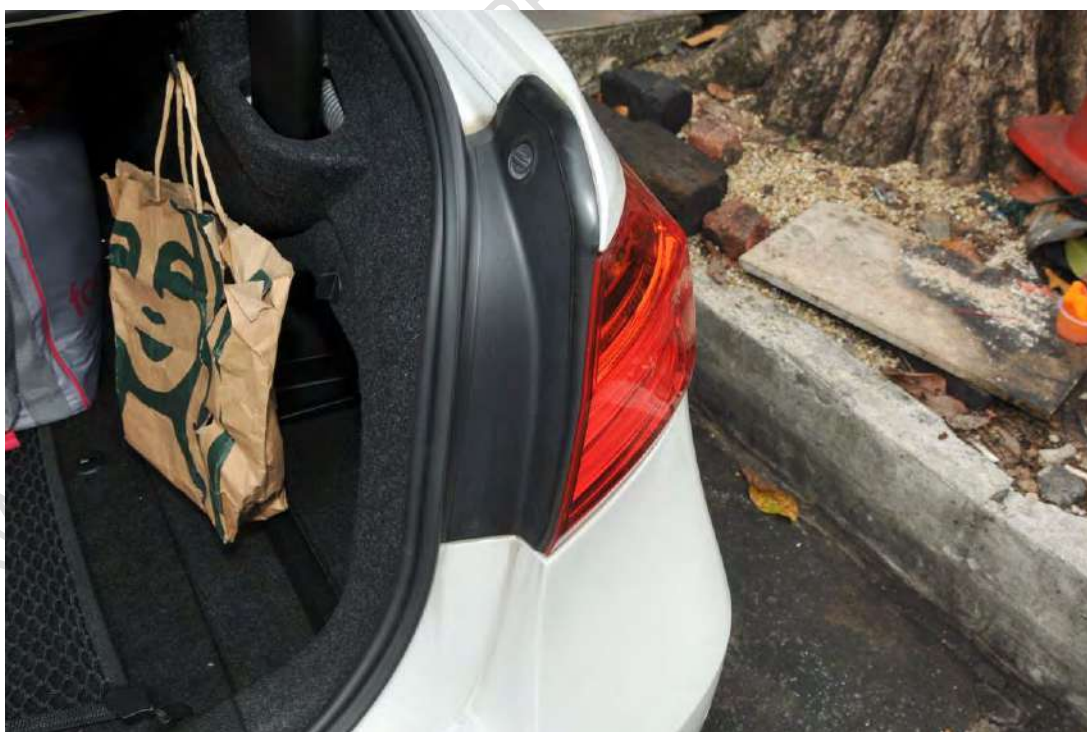
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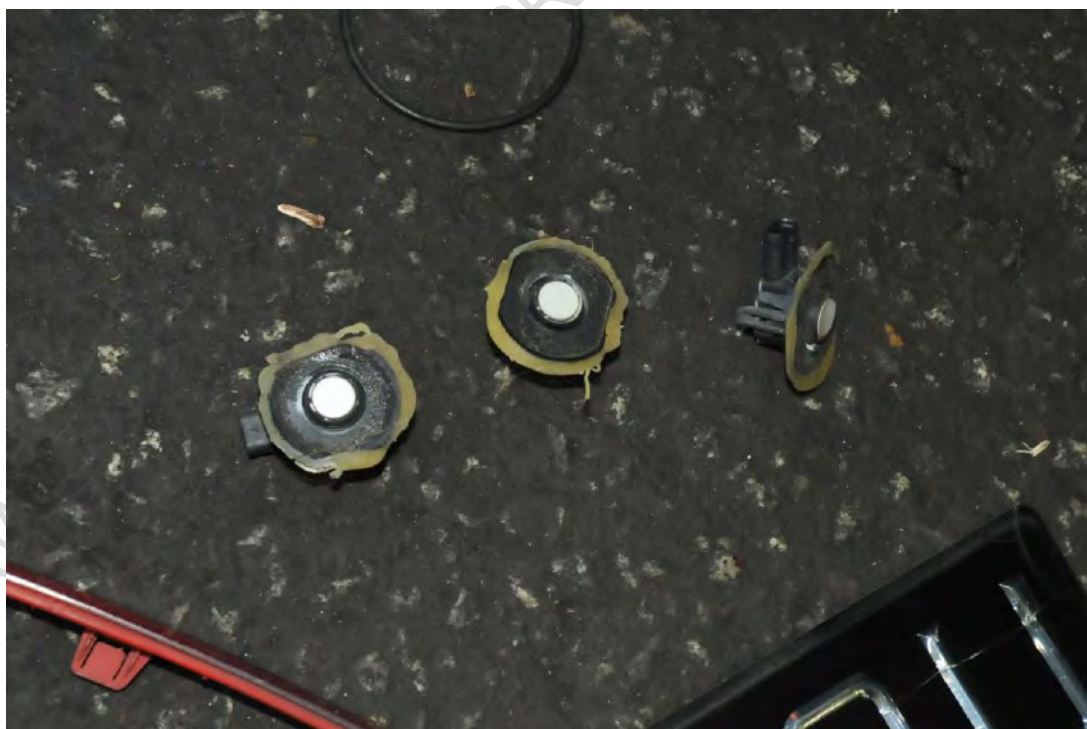
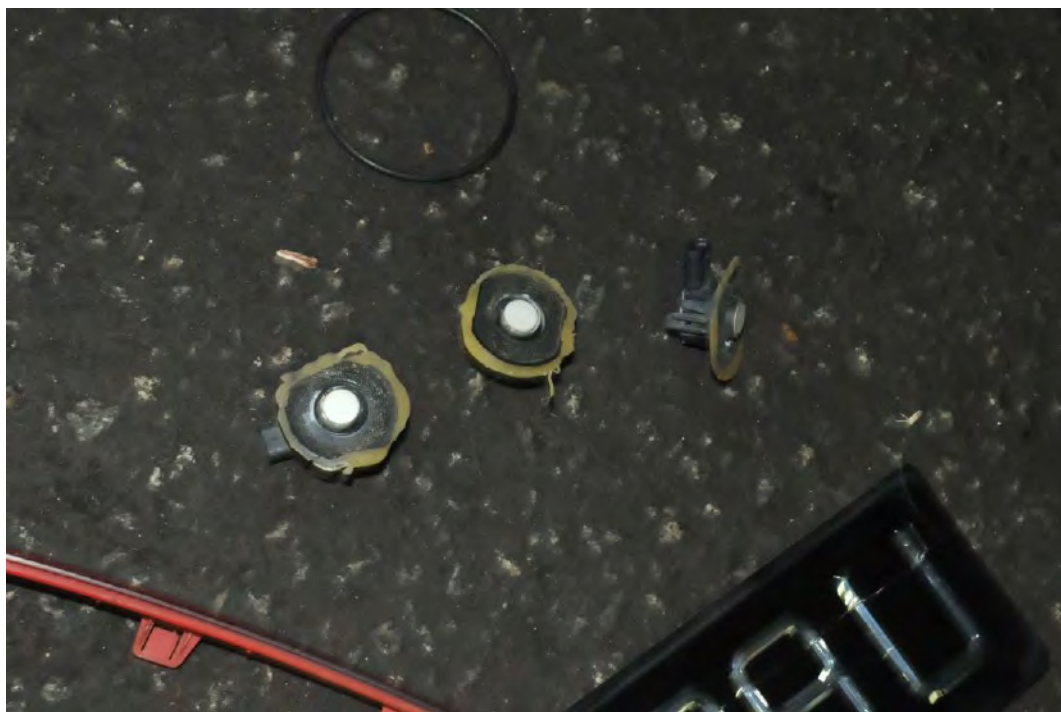
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(Licensed Appraisers & Claims Adjusters)

256 Bishan St. 22 #12-472 Singapore 570256

Tel +65 6996 9988 Hp: +65 8338 9988

Email: rw9988@yahoo.com Reg. 52821270B





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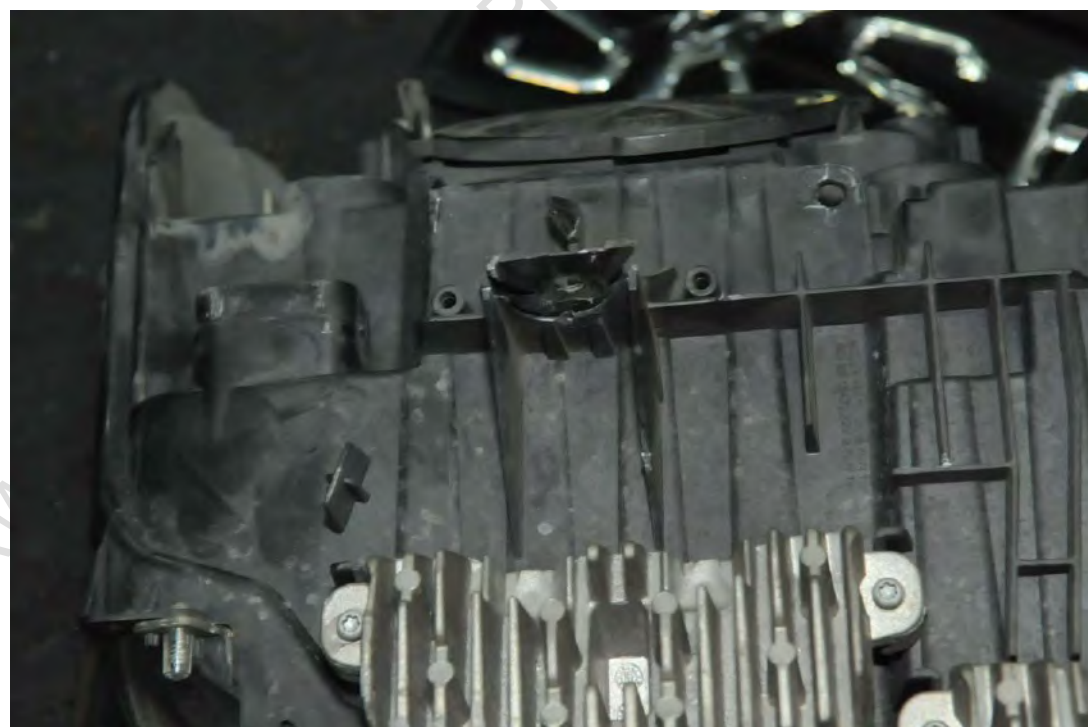
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(Licensed Appraisers & Claims Adjusters)

256 Bishan St. 22 #12-472 Singapore 570256

Tel +65 6996 9988 Hp: +65 8338 9988

Email: rw9988@yahoo.com Reg. 52821270B



Your Ref **SLR 3728C**
Our Ref : JP/DS/23/SKS 6709U/SLC
Date : 18 April 2023

Fax : **6538 3708**
Tel : **3152 0985**
Email : **jiapei@kscgp.com**

INCOME INSURANCE LIMITED

BY EMAIL ONLY

DATE OF ACCIDENT: 15 APRIL 2023

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of SKS 6709U to notify you of a road traffic accident on 15 April 2023 at 18.30pm along KPE towards Paya Lebar, involving our client's vehicle registration number SKS 6709U, vehicle registration number SMV 2939J and vehicle registration number **SLR 3728C** which was insured by you at the material time. A copy of the Singapore Accident Statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

DS

Enc.

Your Ref **SMV 2939J**
Our Ref : JP/DS/23/SKS 6709U/SLC
Date : 18 April 2023

Fax : **6538 3708**
Tel : **3152 0985**
Email : **jiapei@kscgp.com**

SOMPO INSURANCE SINGAPORE PTE. LTD.

BY EMAIL ONLY

DATE OF ACCIDENT: 15 APRIL 2023

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of SKS 6709U to notify you of a road traffic accident on 15 April 2023 at 18.30pm along KPE towards Paya Lebar, involving our client's vehicle registration number SKS 6709U, vehicle registration number SLR 3728C and vehicle registration number **SMV 2939J** which was insured by you at the material time. A copy of the Singapore Accident Statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

DS

Enc.

Your Ref : **CMTD2301536/GPL
SMV 2939J**
Our Ref : **JP/DS/23/SKS 6709U/SLC**
Date : 19 April 2023

Fax : **6538 3708**
Tel : **3152 0985**
Email : **jiapei@kscgp.com**

SOMPO INSURANCE SINGAPORE PTE. LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 15 APRIL 2023

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Surveyor
1	Richard Wong of RW Automotive Appraisers Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Soon Lee Choon Auto Services
Blk 5032 Ang Mo Kio Industrial Park 2
#01-283
Singapore 569535

Contact Person/Tel : Phyllis (Tel: 96868855)

Yours faithfully,

DS



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 18/04/2023

Your Ref No: JP/DS/23/SLR 3728C/SLC

Dear Sir/Madam,

Date of Accident: 15/04/2023 18:30 (SGT)

Vehicle No: SKS6709U

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SLR3728C	Singapore	(31.00)	1	(28.70)
GST Amount				(2.30)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

SINGAPORE ACCIDENT STATEMENT

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 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 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 16/04/2023 18:20 (SGT)
Reported by Actual Driver
Date of Accident 15/04/2023 18:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information KPE(ECP) AFTER TAMPINES ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR3728C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SITI RAIHANAH BINTE ROSLI

VEHICLE PARTICULARS

Manufacturer Nissan
Model Pulsar
Variant -
Vehicle Category Private car
Transmission Auto
CC 1200

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5121963849-01

DRIVER

Name of Driver MUHAMED SAABAN BIN AB RAZAK
NRIC No S9204904C
Address 189A RIVERVALE DRIVE #14-1020
Address complement -
Postcode 541189
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? Yes
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 4
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident SENT TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKS6709U
Vehicle Manufacturer BMW
Vehicle Model -
Vehicle Variant -
Vehicle Colour White
Vehicle Category Private car
Name of Driver MUHAMMAD IZWANDI BIN ZAINOR
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMV2939J
Vehicle Manufacturer Honda
Vehicle Model Civic
Vehicle Variant -
Vehicle Colour Black
Vehicle Category Private car
Name of Driver NG WEISHENG
Insurance Company Name -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MUHAMED SAABAN BIN AB RAZAK
Gender Male
Phone No (Phone) +65-97335861
Injured person in which vehicle? SLR3728C

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 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)

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) 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 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.

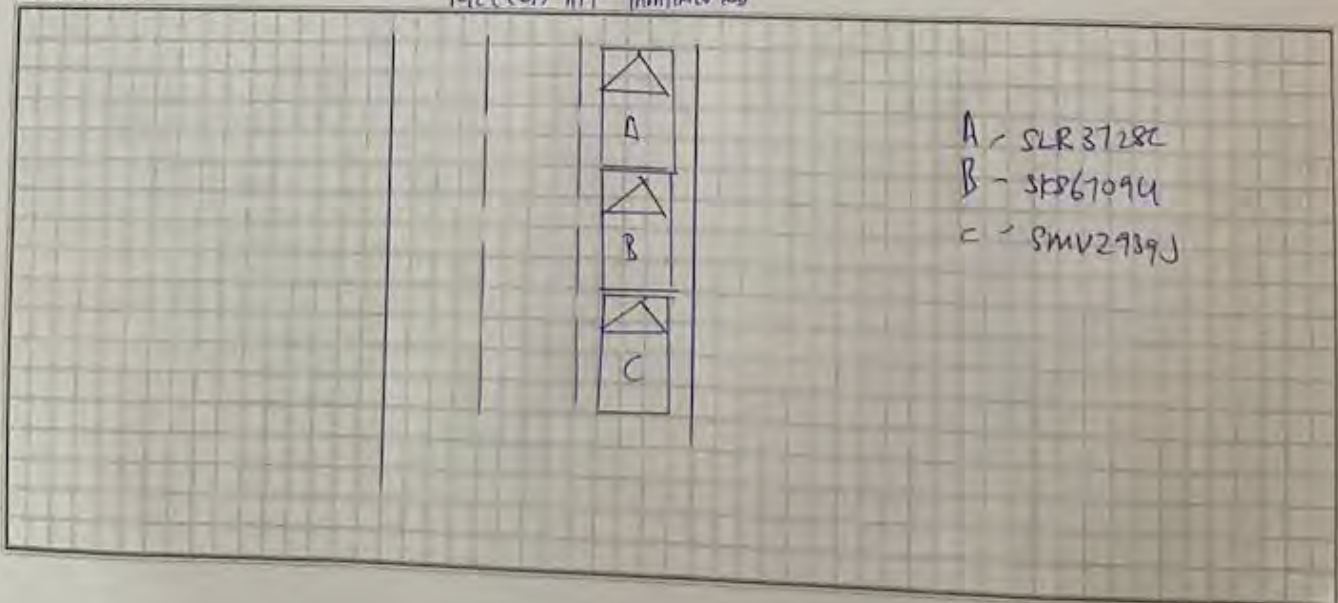
Policyholder's Signature / Date & Time

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

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

Sketch Plan

KPE (FCP) AFT TAMPAH RD



Describe Circumstance of the Accident

On 15/4/2023 at 1850hrs, as I was entering the KPE Tunnel, I slowed down due to obstructions ahead of me when STS6705H suddenly collided into my rear. I saw that SMV2939J had collided into the rear of STS6705H.

REFER TO REPORT NUM F/20230416/7031

Declaration

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

Policyholder's Signature / Date & Time

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

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



















**SINGAPORE
POLICE FORCE**



F/20230416/7031

1 of 2

POLICE REPORT (NP299)

Report No. F/20230416/7031

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 16/04/2023 15:31	Vide Report No.	Station Diary No.
Name Of Informant MUHAMED SAABAN BIN AB RAZAK	Address 189A RIVERVALE DRIVE #14-1020 SINGAPORE 541189	
ID Type / ID No. NRIC NO / S9204904C	Contact No. Home/Office:	Mobile: 97335861
Nationality SINGAPORE CITIZEN	Email Address SETHVAN92@HOTMAIL.COM	
Occupation Chemical engineering technician (petrochemicals)	Sex Male	Age 31
	Date of Birth 14/02/1992	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 15/04/2023 18:30 - 15/04/2023 19:25	Location Of Incident 189A RIVERVALE DRIVE #14-1020 SINGAPORE 541189	

Brief details.

I was involved in a car accident along KPE around 630pm on 15/04/2023. I was driving in the first lane and observed that there was an obstruction. I managed to slow down and come to a complete stop without hitting the rear end of the car in front of me. Unfortunately, the driver (plate no: SKS6709U) behind me hit me on my rear. I have video and photo evidence if you need it. We exchanged particulars and left the scene. This morning I got up feeling stiffness around my left neck and proceed to seek

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/04/2023 15:31
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20230416/7031

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230416/7031

medical attention as advised by insurer and was given 3 days MC. I was told to made a police report following my consultation with the doctor.

The details of the driver behind me
Muhammad Izwandi Bin Zainor
S9024609G

Subjects Involved			
Victim			
Person Name	MUHAMED SAABAN BIN AB RAZAK		
ID Type	NRIC NO	ID No	S9204904C
Gender	Male	Age	31
Race	Malay	Language	English
Occupation	Chemical engineering technician (petrochemicals)	Address	189A RIVERVALE DRIVE #14-1020 SINGAPORE 541189
Mobile No	97335861	Is Informant A Victim?	Yes
Person Name	MUHAMED SAABAN BIN AB RAZAK (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
16/04/2023 15:31

Classification Of Case:



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 18/04/2023

Your Ref No: JP/DS/23/SKS 6709U/SLC

Dear Sir/Madam,

Date of Accident: 15/04/2023 18:30 (SGT)

Vehicle No: SKS6709U

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SMV2939J	Singapore	(31.00)	1	(28.70)
GST Amount				(2.30)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

SINGAPORE ACCIDENT STATEMENT

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 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 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	17/04/2023 18:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/04/2023 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TOWARDS AIRPORT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV2939J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG WEISHENG

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
Vehicle Category	Private car
Transmission	Auto
CC	1996

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01020860

DRIVER

Name of Driver	NG WEISHENG
NRIC No	S8724992A
Address	APT BLK 406 PASIR RIS DRIVE 6
Address complement	# 08-471
Postcode	510406
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
------------------------	-----------------

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 3
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKS6709U
Vehicle Manufacturer BMW
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver MUHAMMAD IZWANDI BIN ZAINOR
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLR3728C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

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 willful 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 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:

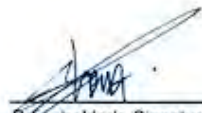
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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.


Policyholder's Signature / Date &
Time

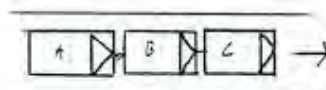
Sketch Plan


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

KPE towards Airport Road

 17/4/2023
Witnessed by Reporting Centre
Personnel

A - SMV 2939J
B - SKS 6709U
C - SLR 3728C




Describe Circumstances of the Accident

On 15/04/23 at about 1830hrs, I was driving along RPE towards airport road, suddenly ~~there's~~ in front there's one car collided into the car in front ^{of it} and he jammed brake and cause me to have no time to brake in time and resulted in collision between me and him only.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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

 17/4/2023
Witnessed by Reporting Centre Personnel





















Enquire Vehicle's Insurance Particulars (As At 15 Apr 2023 / 18:30:00)

Vehicle No.:

SLR3728C

Make Description/Model:

NISSAN / PULSAR 1.2 DIG-T CVT

Insurance Company Name:

INCOME INSURANCE LIMITED

Business Transaction Reference No.:

20230418164028094078

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Enquire Vehicle's Insurance Particulars (As At 15 Apr 2023 / 18:30:00)

Vehicle No.:

SMV2939J

Make Description/Model:

HONDA / CIVIC TYPE-R 2.0GT MANUAL

Insurance Company Name:

SOMPO INSURANCE SINGAPORE PTE. LTD.

Business Transaction Reference No.:

20230418163852214934

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Enquire Vehicle Owner Details (As At 15 Apr 2023 / 18:30:00)

Vehicle Owner Details

Owner ID Type:

Singapore NRIC

Owner ID:

S8724992A

Owner Name:

NG WEISHENG

Registered Address Type:

HDB / HUDC

Registered Block/House No.:

406

Registered Street Name:

PASIR RIS DRIVE 6

Registered Unit No.:

08 - 471

Registered Building Name:

-

Registered Postal Code:

510406

Vehicle Insurance Details

Vehicle No.:

SMV2939J

Make Description/Model:

HONDA / CIVIC TYPE-R 2.0GT MANUAL

Insurance Company Name:

SOMPO INSURANCE SINGAPORE PTE. LTD.



Thank you







You have successfully logged out.

Your last login date and time was 18 Apr 2023, 16:38:08.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No. 	Asset Type 	Asset ID 	Transaction Type 	Transaction Amount(\$\$) 	Log Date/Time 
1	Vehicle	SLR3728C	18.19 Enquire Veh Owner Info (Others) by Law Firm	26.75	18 Apr 2023 / 16:40:28
2	Vehicle	SMV2939J	18.19 Enquire Veh Owner Info (Others) by Law Firm	26.75	18 Apr 2023 / 16:38:52