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D.O.A: 20/9/18-09:45	i-Motor Claim Form	i.					
	i-Motor W/O (Within: OD 2hi	rs, TP 4hrs)					
OD / TP / Deporting Only	i-Photo Uploaded						
TP Insurer:	Assessment/Survey Report						
ir ilisuici.	Ass't Report by Fax / Hand	Ass't Report by Fax / Hand to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW:	:(Tel: Fa	« :				
TP Particulars: Veh No: J	LZ4618M . INC)/Non-INC()	i				
Owner / Driver: (Tel:)				
Policy No: ()	Period: ()	Cover Type: ()				
Confirmed by : (Date:	Time:)				
	%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-100	0%]				
Year of Registration: () Warranty: YES ()/NO ()					
	\$1,000()/\$2,000()						
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() Total Loss Case : to e-mail In:		74 To 1	3				
Drive-In ()/ Towed-In (); Inv	voice: YES() / NO(); T	owing Co: (
Remarks;- (INC hotline: 6788 6616							
) / Courtesy Car ()	T					
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

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 Date Of Report
 21/09/2018 10:10

 Date Of Accident
 20/09/2018 09:45

Exact Location Of Accident KPE (MCE) AFTER TAMPINES RD EXIT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM4318X

Insured/Policyholder

 Name Of Registered Owner
 NG SENG HUAT

 NRIC No
 \$2550375I

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-82238601

 Alternative Phone No
 OFFICE-82238601

Vehicle Particulars

Manufacturer TOYOTA

Model CAMRY 2.0 AUTO ABS AIRBAG

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

If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO
Policy Number M495145

Cover Note Number

Driver

Name of Driver ABDUL JALIL BIN MUHAMMAD TAHIR

 NRIC No
 \$1359927J

 Date Of Birth
 14/11/1959

 Occupation
 INDOOR

 Date Of Driving Pass
 18/12/1980

Driving Experience 37 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98174807

Fax Number

Contact Number OFFICE-98174807

EMail Address NOEMAIL

Address BLK 9A SENGKANG EAST AVENUE

#04-32

Postcode 544743

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

2

Insurance Company of Driver's Own Vehicle

-

NO

NO

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS SLOWING DOWN MY VEHICLE ALONG LANE 3 KPE (MCE) AFTER TAMPINES RD EXIT AS IT WAS CONGESTED. I HEARD A SOUND FROM BEHIND, SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. VEHICLE C HIT ONTO VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLZ4618M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ROGER GOH KHOON SENG

NRIC/Passport Number S1771711A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1

NAME:

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBD6398T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver TAN GUANYU, ANDY

NRIC/Passport Number S8800858H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

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:
 - 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.
- (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:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

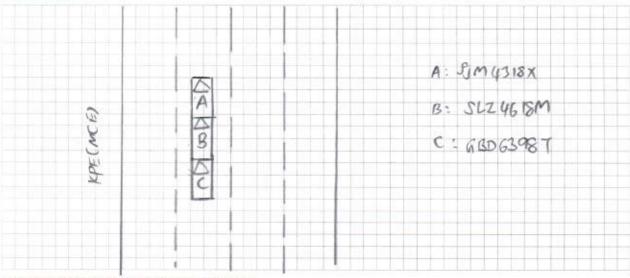
(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Refer to statement.	
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DECLARATION

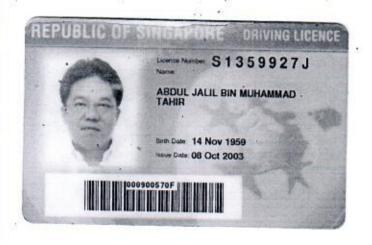
I/We declare the foregoing particulars are true in every respect.

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

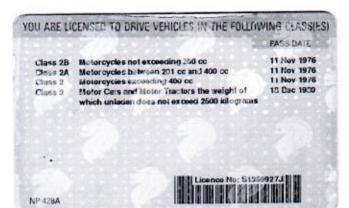
Date & Time: NRIC/FIN

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:











INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST. Reg. No. M2-0078806-X 64 Cecil Street #04/ #05/ #06-02 IOB Building Singapore 049711

Office (65) 63476100 (65) 62244174

Email insure@iii.com.sg Website www.iil.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.

The Certificate must be returned if the Insurance is suspended during its currency.

With NCD Protector

Agency Code: 87396SE

Insured/ Named Drivers Excess: \$750/- Sect I

Comprehensive

Unnamed Drivers Excess: \$1250/- Sect. 1 & additional \$2500/- Sect. 1 for age

< 21 years or > 65 years &/or S'pore D.L. < 2 years

Windscreen Excess:

CERTIFICATE NO.

M495145

Index Mark and Registration Number of Vehicle

SJM 4318 X

2. Name of Policy Holder Ng Seng Huat

Effective date of the Commencement of 3 Insurance for the purposes of the Act

29th December 2017

4. Date of Expiry of Insurance

01st January 2019

- 5 Person or Classes of Persons entitled to drive*
 - (a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.

Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Date of Issue: SJ/28.12.2017

SUNMEX ENTERPRISE 8 ENGGOR STREET #24-02 SINGAPORE 079718 TEL: 6220 5977 FAX: 6220 1698

for India International Insurance Pte. Ltd. (APPROVED INSURERS)

M.X. 1 (PRIVATE CAR) INDIVIDUAL OWNERSHIP

Authorised Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY

Agent/Broker Name: Sunmex

Hire Purchase Company: NA