NATIONAL Assessment Co	ntre Services :	f : Ja-26-3]			
Date In 02/11/2018 17:5	Ich description		Date &Time Completed	Done by	
ROINU NA/JJJ1801997			i		
VeliNo SJF7925K	and make but I have been presented in	s, AIC 2hts)			
DOA 02/11/2018 07	100 i-Motor Claim				
i-Motor W		Within: OD 2hr	TP 4hrs)		
OD / TP- Performing Only		i-Photo Uploaded : .			
	Assessment/Surv		1		
TP Insurer	Ass't Report by		o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	The same of the sa		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	Fax:	
TP Particulars: Veh No:	SJH 727B	. INC ()/Non-INC()		
Owner / Driver: (0011 1010		Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-2	20%; P: 21-79%. P: 30	-100%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading	: \$1,000()/\$2,000(
General Remarks:-	THE R. P. LEWIS AND MICH. LANSING. LANS.		ASSISTANCE.		4 1
() Walk-In Customer : Customer	's information strictly Conf	fidential & S	trictly NO refer of repaire	r,	
() Total Loss Case : to e-mail	Insurer URGENTLY.	/*/			
Drive-In()/Towed-In(); I	nvoice: YES () / NO	0();	Towing Co: ()
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury: Date/Time Actions	st > \$3000] ()	で、シン			
Taimant's Particulars :-	807114	1) AR : Accid 2) DA : Dame	ge Assessment (\$100); INC	2 (\$80)	Amt (
Driver/Owner:		3) TF : Towin 4) FT : Follow	-Through Survey	\$120	
Contact No:		5) FT : Follow	Through Survey (Resurvey) g against INC Only (wef 10 Jan	\$30 2005)	
		6) TR : Re-in	pection	375	
Damäged Portion:		7) NI : Idao E	A + SMRT Survey	\$160	
		OD.		\$3	
C Checked by (Engr-In-Charge):	<u> </u>	*N6: Repa	esy Car / Tpt Allowance r Co-ordination	310	
Auditors' Comments :-	57.57 W. L. 178.6	*N7: Post	Repair Inspection Collect Excess Coordination	\$25	
at. 1:	and the about sections or	TP(NII)	TP (Non INC) against INC	\$20	·
		9) N12: Idao	WWW.	yed	Man
Cat. 2/3:		1,		********	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number EMail Address

- 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</u> 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.

310100000	
Martin Charles and ask ask as a single	ACCIDENT STATEMENT
Date Of Report	02/11/2018 17:31
Date Of Accident	02/11/2018 07:00
Exact Location Of Accident	JB CUSTOM TWDS WOODLANDS CUSTOM
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF7925K
Insured/Policyholder	
Name Of Registered Owner	NORLEILA BINTE SALLEH
NRIC No	S1613299C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94488477
Alternative Phone No	OTHERS-94488477
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	OPTRA ESTATE 1.6 AT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	18MPC00013301
Cover Note Number	
Driver	
Name of Driver	OSMAN BIN SALIM
NRIC No	S0124514G
Date Of Birth	23/07/1953
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94488477

OTHERS-94488477

NOEMAIL

BLK 687C WOODLANDS DRIVE 75 Address

#01-55

Postcode 733687

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

SPOUSE

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR

Road Surface Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

DRY

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME: : NIL

GENDER: : MALE

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?

NO

NO

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJH727B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 24

SKETCH PLAN

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 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:
 - 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:

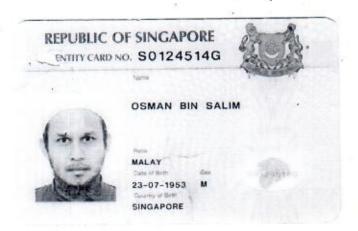
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

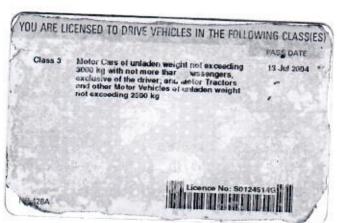
NRIC/FIN No.:

Date & Time:











INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Rcg. No. 198703792k | GST. Rcg. No. MZ-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711

Office (65) 63476100 (65) 62244174

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

516132990

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: 18MPC00013301		COVER: Third Party Only		
1.	Index Mark and Registration Number of Vehicle	4	SJF7925K	
	Chassis No	:	KL1NA356E8H104001	
2.	Name of Policyholder	:	NORLEILA BINTE SALLEH	
1	Effective date of Insurance	:	11/06/2018	
4.	Expiry date of Insurance	:	10/06/2019	
	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.
- (b) 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. a)
- b) Use for racing, pace-making, reliability trial, speed-testing.
- Use for the carriage of goods other than samples in connection with any trade or business.
- d) 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).

Agent/Broker : SUNMEX ENTERPRISE-87396SE-001

Date of Issue : 21/05/2018 13:29:49

Signed for and on behalf of the Company

Authorised Signatory