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	(Widda Shes, AIC 2hrs)	<del>i i i</del>	-
	r Claim Form	i.	
I-Moto	r W/O (Within: OD 2hr	s, TP 4hrs)	
OD (II) Reporting Only	Uploaded	1	
Assessor	nent/Survey Report		1
TP Insurer:	eport by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (	THE REAL PROPERTY OF THE PARTY		ix:
TP Particulars: Veh No: 1901	INC(	. )/Non-INC( ).	•
Owner / Driver: (		Tel:	)
Policy No: ( ) Period: (	)	Cover Type: (	).
Confirmed by: (	Date:	Time:	)
Insured/Driver Liability: ( %) [Note-Est. St	atus (WO): N: 0-20	0%; P: 21-79%. P: 80-10	00%]
Year of Registration: ( ) Warranty: Y	ES( )/NO(	)	
Excess: (\$ ) Loading: \$1,000 ( )/\$	2,000()		
General Kemarkasi Ke		表別的ななないよう。	Con St.
( ) Walk-In Customer : Customer's Information stric	tly Confidential & Str	rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insurer URGENT		<u> </u>	
Drive-In ( )/ Towed-In ( ); Invoice: YES (	)/NO( );T	owing Co: (	. )
ueminelis aver pais e manna erssaeropsi.		Direction Complessiff	waterDione by
1) Apply for Transport Allowance ( )/ Courtesy Car	( )		
2) QC Check / Post Repair Inspection (	( -)		
3) Upload Resurvey Photo [Repair Cost>\$3000]	( ) ::		7 1
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liminut sparticulars (2) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2) DA : Damage /	(\$100); INC (\$80)	
iver/Owner:	3) TF: Towing Fe 4) FF: Follow-Th	rough Survey \$1	20
ontact No:	5) FT + Follow-Th	rough Survey (Resurvey) 3 sinst INC Only (wef 10 Jan 2005)	30
maged Portion:	6) TR : Re-inspec	tion	60
inagon rottom.	7) N1 : Idao DA + 8) NTUC Addition	01.11.1	37
Checked by (Engr-In-Charge):	OD.		33
Circleto by (Birgi-tii-Cini)ge).	• N6: Repair Co	e-ordination 3	310
iditors Comments:	*N7; Post Repa	or Inspection	55
_1:	TP (Nt1): TP	(Non INC) against INC	30
2/3;	Involve dated	Fee Charged	CHESTINE STATES
The state of the s	Involce dated	Fee Charged	THE STREET

## 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 Authorised Driver,
- 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,	and to copies of the report being made available
2000年1月1日 1月1日 1月1日 1日 1	ACCIDENT STATEMENT
Date Of Report	08/12/2018 16:13
Date Of Accident	07/12/2018 11:10
Exact Location Of Accident	399 CHANGI ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD9694T
Insured/Policyholder	
Name Of Registered Owner	SPEED TOWING BIKE & TRANSPORT SERVICE
Co Reg No	5890286E
Email Address	JUNHUI8585@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96166852
Alternative Phone No	OFFICE-96166852
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0000692
Cover Note Number	2000000 2240-30000 - 47 (2007)
Driver	

OTHERS-96166852

#### Driver

Contact Number

Name of Driver	BAY CHUM HWEE (MA JUNHUI)
NRIC No	S8314882I
Date Of Birth	19/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	18/06/2004
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96166852
Fax Number	W (A NOT STREET)

Address BLK 169B PUNGGOL FIELD

#05-679

Postcode 822169

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Drivers Own Vehicle

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

## **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

### PLEASE REFER TO SKETCH PLAN

### Attachment(s)

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

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number YL9011A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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
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  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.

BOSOSBEE & SINE & SINE

Policyholder's Signature Date & Time: Driver's Signature

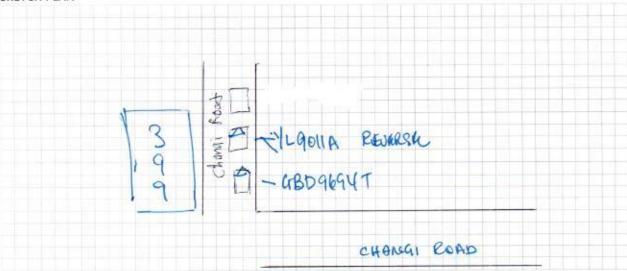
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 Stop belond YL9011A When I want
to unload like out of Sudden this Lorry resoure and he Bony my long GBD 9694T

## DECLARATION

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

Policyholder's Signature Date & Time

ROC No: 5890286E

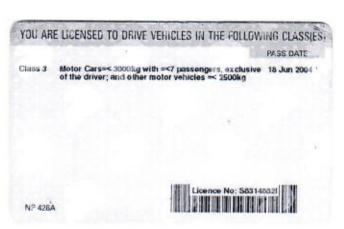
> Driver's Signature (If driver is not the policyholder) Date & Time:

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 | Geell Street | #04 | #05 | #06-02 | 108 Building | Singapore 04971 |

Office (65) 63476100

Email: Insurerrincom.sg Eas. (65) 62244174 Website www.ii.com.sg

COVER: Comprehensive

# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

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

# CERTIFICATE NO.: D18MCV0000692

1. Index Mark and Registration Number of Vehicle

GBD9694T

Chassis No

KDY2318017288

2. Name of Policyholder

SPEED TOWING BIKE & TRANSPORT SERVICE

3 Effective date of Insurance

04 Aug 2018

4. Expiry date of Insurance

03 Aug 2019

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their 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

#### 6. Limitations as to use\*

- a) Use in connection with the Policyholder's business.
- Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- Use for social, domestic and pleasure purposes.

#### The Policy does not cover

a) Use for hire or reward or for racing, pace-making, reliability trail, or speed-testing.

b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\*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.

Excess Sect I: SGD600.00

Windscreen Excess: SGD100.00

Hire Purchase Company : Abwin Pte Ltd

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

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

: P & C INSURANCE AGENCY

Date of Issue

: 06/07/2018 17:14:36 MZ300C (GOODS CARRYING)

COMPANY

For India International Insurance Pte Ltd

R. Ravindra Kumar

MD & CEO