NATIONAL Assessment Centre Se	ervices. well Jan'05 1	MNA 119020039.	
Date In: 12/19-1~109 Jo	b description	Date &Time Completed	Done by
	SAS e-filing		
Veh No: 5167614.	E-mail (within Shrs, AIC 2hrs)		
	-Motor Claim Form		
6	-Motor W/O (Within: OD 2	thrs, TP 4brs)	
OD TP Reporting Only	-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:
TP Particulars: Veh No: Mc 30 (1)	. INC	()/Non-INC()	
Owner / Driver: (-	Tel:)
Policy No: () Period:	() Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-	Est. Status (WO): N: 0	-20%; P: 21-79%. P: 30-1	00%]
Year of Registration: () Warra	nty: YES ()/NO ()	2-300-300-300
Excess: (\$) Loading: \$1,000 ()/\$2,000()		
General Remarks:	4	THE RESIDENCE OF THE PARTY OF T	204
() Walk-In Customer : Customer's information	The Property of the Paris	A District Colonia, Add. St. 1807	
() Total Loss Case : to e-mail Insurer UF		N	
Drive-In ()/ Towed-In (); Invoice: YE		Towing Co: (,)
		Date & Time Completed	Doneby
Remarks:- (INC hotline: 6788 6616)		Dates: Thrib Comple 3d	New Average of the
1) Apply for Transport Allowance ()/Courte	sy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
Injury:			
Date/Time Actions			Manager Control
President Actions			Annual Indiana are
			5.00
		1)	
	-		
	Oliver of the supplier of		
NAC STATE OF THE S	Invoice P	reparation Checklist	Ant (S) Amt (S
NAIGO LOTY. "	1) AR : Accid	のでは、10mmでは、10m	Tit Bill Add Bi
laimant's Particulars :-		ge Assessment (\$100); INC (\$8	
river/Owner:	3) TF : Towin	B	1/\$45 \$120
	5) FT : Follow	v-Through Survey (Resurvey)	\$30
ontact No:	For claimin 6) TR: Re-ins	g against INC Only (wef 10 Jan 2005	\$75
armaged Portion:	7) N1 : Idao D	A + SMRT Survey	\$160
3	8) NTUC Add	litional Services:-	
C Checked by (Engr-In-Charge):	*N5: Court	csy Car / Tpt Allowance	\$5
To the free and \$1700 for the State Contract Con	*N6: Repai	r Co-ordination Repair Inspection	\$10 \$25
uditors' Comments :-	*N8: DV /	Collect Excess Coordination	35
Lli	TP (N11): 9) N12: Ideo 1	TP (Non INC) against INC	30
1.2/3:	Invoice dated	Fee Charged	easters'
	Invalce dated	Fee Charged	CONTRACTOR OF THE PARTY OF THE

1 . 300 41 1.00

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.
- 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 Report	13/02/2019 12:09
Date Of Accident	11/02/2019 15:35
Exact Location Of Accident	JOHOR CROSSING TWDS JB CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK2761Y
Insured/Policyholder	
Name Of Registered Owner	WANG HEE CHYE FELIX
NRIC No	S7715402G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98800995
Alternative Phone No	OFFICE-98800995
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0002233
Cover Note Number	

Driver		
Name of Driver	WANG HEE CHYE FELIX (YUAN XICAI)	

 NRIC No
 S7715402G

 Date Of Birth
 12/06/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 14/03/1997

Driving Experience 21 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98800995

Fax Number

Contact Number OFFICE-98800995

EMail Address NOEMAIL

Address BLK 60 TELOK BLANGAH HEIGHTS #08-49

100060

THE PERSON OF THE

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TELOK BLANGAH NEIGHBOURHOOD POLICE POST

YES

NO

1

2

Police Station Address ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 ,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2729999 - FAX NO: 63772526

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - D/20190212/2042.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMC7718Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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
 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)

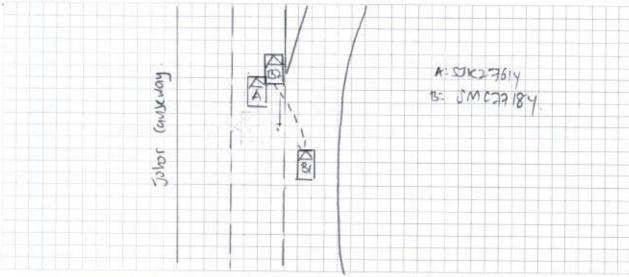
I understand, acknowledge, agree and consent that:

- (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

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

refer to	ble ubid-s/sides/had.	

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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

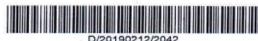
	ACCIDENT DATE:	_)(DD/MM/YYYY), TIME:(5 :35 ·)(HH:MM
	LOCATION: John Crossing	took is checkping
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: 110	27(1)
	b)INSURANCE COMPANY:	7700
	CIPOLICY NUMBER:	1/2
	dipolicy type: /course:	
	e)MAKE & MODEL:	ISIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	THE WHODEL.	
	GIVEHICLE CATECORY (PRIMA	PV /V AN / LORRY / MOTORCYCLE / OTHERS)
	hipippose of using AT A CO	TE / COMMERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACC	IDENT TIME: POULTE UM
	IF NO. PLEASE STATE ITHING ON	OUR OWN INSURANCE (XES/NO)
	2. INSURED / POLICY HOLDER	ARTY CLAIM / REPORTING ONLY)
	AINAME: LIGATION AINAME	4.1
	HINDIC STANDARDON	Felx (Yugo XS(M)) (MALE / FEMALE)
	DITTICLE INVENTORIES	TAIL VIVE
10 10	CIADDRESS: TILL 6 Tept 1	slangth 14:944 \$108-40 (10000)
	* CONTINUE TO 3 d IE DRIVER .	
AHO of pass	* CONTINUE TO 3.d IF DRIVER A DRIVER	LSO POLICY HOLDER
Clark	J O)NAME:	
(Including a	DINRIC/FIN/PASSPORT	(MALE / FEMALE)
(T)	b)NRIC/FIN/PASSPORT: c)ADDRESS:	CONTACT:
	distribution and a second second	
	*d)DATE OF BIRTH:	1637 155
	e)OCCUPATION: (INDOOR / OU	IDOOD (DD/MM/YYYY)
	f) YEARS OF DRIVING EXPRERIENCE	OF WALKED
	4. WAS DRIVER AN EMPLOYEE O	ETHE MANA .
	IF NO, RELATIONSHIP OF THE	F THE INSURED'S COMPANY? (YES / NO) DRIVER WITH INSURED:
	5. a) WEATHER CONDITION: (CLEAR	PANING (OTUES)
	DIRUMD SURFACE: (DRY / WET /	OTHERS.
	o. MAY ANARODA INTRED TAES IN	(0)
	7. a) REPORTED TO POLICE (YES / NO	OI.
	IF YES, PLEASE STATE WHICH PO	LICE STATIONS
4. A	8. THIRD PARTY VEHICLE	LICE STATION:
No of passens	a) VEHICLE NUMBER M (32)	N WORE
Including dri	ver) b) DRIVER'S NAME:	MODEL:
(1)	c) NRIC/FIN/PASSPORT:	CONT. CT
	9. THIRD PARTY VEHICLE	CONTACT:
. No of passer		HODE
Indian in	e) DRIVER'S NAME:	MODEL:
including de	e) DRIVER'S NAME:	000717
()	0111	CONTACT;
		

email =

fax =

VIDEO =





Report No. D/20190212/2042

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

Date/Time Report Made 12/02/2019 15:05	Vide Re	port No.		Station Diary No 14
Name Of Informant	Address	S		
WANG HEE CHYE FELIX	207	K 60 TELO	K BLANGAH HEIO	GHTS #08-49
ID Type / ID No.	Contact	No.		.+.
NRIC NO / S7715402G	Home/Office		Mobile 98800995	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race ·
PROPERTY AGENT	Male	41	12/06/1977	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 11/02/2019 15:35	Location Of Incident Along Woodlands causeway just before Malaysia Customs MALAYSIA			

Brief details.

On 11/02/2019 at about 1535hrs, I was driving into Malaysia via Woodlands Checkpoint. I was driving along the most left lane of a three lane road and was already at Malaysia side nearing to Malaysia Checkpoint.

As my lane was not moving at all, I then decided to cut into the middle lane. After I was in the middle lane, the car behind me, one red Honda Fit SMC7718Y, then cut out to the right most lane and overtake

Signature Of Officer Recording The Report:	Signature Of Informant:
D / Sgt 3 JEREMY TAN KAY JIN	th's
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2019 15:05
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / ASP MAN KAH WEI, BRANDON Jarree Contact No.: 67740000	Classification Of Case:





90212/2042

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190212/2042

my car. Subsequently, the car squeezed back into the middle lane in front of my car and while doing so, he collided with my car on the front right side. The driver had to squeezed back into the middle lane as the right most lane is a bus lane and is turning right into Malaysia Checkpoint.

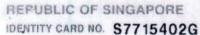
After the collision, the driver of the red Honda Fit then got down of his car and confronted me aggressively. The driver then demanded compensation which I refused as I felt that I was not at fault. The driver then showed me his tattoo and told me "watch out, Singapore is very small, you will get it from me". We both then drove off.

I wish to state that the driver is one male Chinese believed to be in his 30s. I also wish to state that the driver was very aggressive however no assault took place. My car is one blue Honda Fit SJK2761Y. I wish to add that there is just a scratch mark on the right mirror and I will be reporting the matter to my insurance company.

D / Sgt 3 JEREMY TAN KAY JIN	Signature of informant.
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2019 15:05
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / ASP MAN KAH WEI, BRANDON Contact No : 67740000	Classification Of Case:

Authentication Stamp

£ 5N 045







WANG HEE CHYE FELIX (YUAN XICAI)

袁 喜

CHINESE

Date of birth

12-06-1977

SINGAPORE







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Class 2A Class 2 Class 3

Motorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motorcycles > 400 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg Class 4

06 Feb 1999

25 Aug 1995 06 Jun 1997 16 Nov 1999 14 Mar 1997

NP 428A





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

COVER: COMPREHENSIVE

Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62244174 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)

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

CERTIFICATE NO.: D18MPC0002233

: SJK2761Y

1. Index Mark and Registration Number of Vehicle

Chassis No

: GE61087423

2. Name of Policyholder

: WANG HEE CHYE FELIX

3 Effective date of Insurance

: 14 Oct 2018

4. Expiry date of Insurance

: 13 Oct 2019

5. Persons 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

6. Limitations as to use*

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

The Policy does not cover

- a) Use for hire or reward.
- 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.

Insured and Named Drivers Excess Sect I: SGD600.00

Unnamed Drivers Excess Sect I:

SGD1,100.00

Windscreen Excess:

SGD100.00

Hire Purchase Company

N.A

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 : A000038/M Plus Consultancy Date of Issue : 08/10/2018 11:24:34 MX1-Private Car (Insured Driving) For India International Insurance Pte Ltd

R. Ravindra Kumar MD & CEO