NATIONAL Assessment C	entre Services. per spicos	The state of the s	
Date In: 23 17 119 14:19	Jeb description	Date &Time Completee	Done by
Rellin MAI ITI 19012962	hy SAS c-filing		
Veh Har 515 7675 P	E-mail (while this, AIC 2hrs	,	4
11/11/ 22/7/19 17:30.	I-Motor Claim Form	,	
	I-Motor W/O (Within: OD	2hrs, TP 4hrs)	
(II) (II) / Reporting Only	I-Photo Uplonded		
77111	Assessment/Survey Repor	t i	
TP lumer:	Ass't Report by Pax / Han	d to Owner/Whan	
Proformed Wicap / INC Assign Wicap / GW		Tolt	Prox:
TP Particulius: Yeh No:	51H 2707Y ! INC	()/Non-INC()	.,
Owner / Driver: (Tel:	
Policy No: () Cover Type: ((
Confirmed by : (Datet.	Tiner	10000
The state of the s	%) [Note-Est. Status (WO): N: 0	-20%; P; 21-79%; P 80	100301965 -1-1-1
Year of Registration: (Excess: (\$) Loading.) Warranty; YES ()/NO (: \$1,000 ()/\$2,000 ()		
			DESTRUCTION OF THE PARTY OF THE
() Walk-In Customar : Customori		Strictly NO refer of repairer	Marilla 14
() Total Loss Case : to e-mall I	Control of the Contro	THE NEW YORK SHIP	A Company of the contract of t
The state of the s	voice: YES() / NO(, i);		
itaniais martisentali nesaila			E SE
1) Apply for Transport Allowance ()/Courtesy Car (14-231335
2) QC Check/ Post Repair Inspection	(')	14 14 14	20000
1) Upload Resurvey Photo [Repair Cost	> \$3000] (-)	77 79 18 384	48.49
Injurý ;	C Marie	ha are and a	standard Landry
			and the second second
Supremental statements of the statement			PROBRIGATION AND AND AND AND AND AND AND AND AND AN
	Carlot Carlotte	The state of the s	7-79171
	1 1 2 2 1 1 1 1	16133	1 1
	1	S Des Sales Sales	Section and
And the second s	ALUM MINISTER MANAGEMENT AND	NAME OF THE OWNER OWNER OWNER OF THE OWNER OWNE	Apple of the second
MA1905431			Ste Wallist Likelijoin
umming and Park Shelple Wale Alles		(610) (100) 180 (6 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3000 443
iver/Owner:	3) Tri Towley	Piro manda processing it St	0/545
minet No:	Sylene Pollow-	Through Burvey (Resurvey)	530
	6) Tite Resign	amina ONG ONLY (well 10 Am 200)	573
maged Portion:	7) NL'i Idao DA	+SMRT Survey	2160
1. Clinaria de la companya de la com	Oliversia	A STATE OF THE PARTY SHAPES AND	TO PROPERTY AND ADDRESS.
Checked by (Engr-In-Charge):	Not Hapair		\$10
	Wednesday De Branch Branch Company	pair Inspection olient Expess Coordination	22 - 1
. 1:	10; (NII) 17 5) NI2; Idao M	II (Non 1100) against 1100	30 30 1 2 2
2/3	Involce dated	Per Charged	CONTROL OF THE PARTY OF THE PAR
501038	Involce dated	Fee Charged	立一部連出る」。
W 85	The state of the s		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

Any false reporting may be referred to the Police for investigation.

- 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	23/07/2019 14:19	
Date Of Accident	22/07/2019 17:30	
Exact Location Of Accident	232 WHITLEY RD OPEN CARPARK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS7675P	
Insured/Policyholder		
Name Of Registered Owner	KEE WERN TJIN JEFFREY	
NRIC No	S9132208J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91824283	
Alternative Phone No	OFFICE-91824283	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	MAZDA 3	
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	D18MPC0002026	
Cover Note Number	*	
Driver		
Name of Driver	KEE WERN TJIN JEFFREY	
NRIC No	S9132208J	
Date Of Birth	07/09/1991	
Occupation	INDOOR	
Date Of Driving Pass	18/01/2010	
Driving Experience	9 YEARS AND 6 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-91824283	
Fax Number	W %	
	10.0 M 14.0 M 17.0 M 18.0 M	

OFFICE-91824283

NOEMAIL

Address 16 HILLCREST RD

Postcode 288901

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

Vehicle

7

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?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

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.

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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLH2707Y

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)

SKETCH PLAN

VEHICLE NO .:	
INSURER :	
DATE & TIME:	

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the daims 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 withholding of material facts may allow insurance companies to repudlate 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 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 aforesald.
- 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.
- (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 palicyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Wound fil	easand Animal 1	hospital aspath	Compound.
			vehicle & SLF1757
DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT		
On the state	ied derk & time.	I, vehicle is	was penting stationery
as the statul ve	my lebell b' to	un into compan	who had a tol u
my vehicle Llin	po-tion draw do	nt to the rec	IV .
	our insurer may have 14day		o submit an Own Damage Claim
CLARATION	ticulars are true in every respect		LA
JAN	24		Lard

Date of Accident	22/07/2019 Accident Time: 1730 (24-HR-FORMAT)
Accident Place	: 232 Whitley Road Open Space Carpark
Vehicle Reg. No (Car plate No.)	SLS 7675 P Vehicle Make/Model: Mazda 3
Insurance Company	: India International Inguarenticy No. D18MPC0U02026
Name of Registered Owner	: Company / Individual KEE WERN TJIN JEFFREY
ID of Registered Owner	: Co Reg No: Owner's NRIC No: S91322(8)
	: Co Contact No: Owner's Contact No: 7182 428
DRIVER'S Name	KEE WERN TOTH JEFFREY DRIVER'S NRIC No: S9132208J
DRIVER'S Date of Birth	07/09/1991 DRIVER'S License Pass Date 18/01/2010
Relationship bet, Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Orners: Dww
DRIVER'S Address	: 16 HILLCREST ROAD S(288901)
DRIVER'S Contact No./ Alt No.	:1) 9182 4283 2)
DRIVER'S Occupation	INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	·
Weather & Road Surface	CLEAR & DRY RAINING & WET VAFTER RAIN & WET
Reporting Type	Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (including Dr Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle was	ice? YES INO
	Party Driver's Particulars (if any)
Vehicle Reg No: SLH 2707 Y	Vehicle Reg No:
/ehicle Make:Model:	
Name DRIVER:	
C No. DRIVER:	IC No. DRIVER:
DRIVER'S Centact & add:	





Class 3 Molor Cars < 3000kg with <7 passengers, exclusive 18 Jan 2010 of the driver; and other motor vehicles < 2500kg

Licence No: Se132208.

NP 428A



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 108 Building | Singapore 049711

COVER: COMPREHENSIVE

Office (65) 63476100 Email insure@sir.com.sg Fax (65) 62244174 Website www.iir.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1940 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1994 (MALAYSIA)

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

SLS7675P

: 04 Oct 2018

: 03 Oct 2019

JM6BN24A8J0182646

KEE WERN TJIN JEFFREY

CERTIFICATE NO.: D18MPC0002026

1. Index Mark and Registration Number of Vehicle

Chassis No

2. Name of Policyholder

3 Effective date of Insurance

4. Expiry date of Insurance

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

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.

c) 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 & Named Drivers Excess Sect 1: SGD 600.00

Unnamed Drivers Excess Sect 1 SGD 1,100.00

Windscreen Excess : SGD 100.00

Hire Purchase Company

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).

: A000021/Tan Shi Jack

25/09/2018 17:11:14 Date of Issue

MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

R. Ravindra Kumar MD & CEO