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TP Insurer:			0	
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TP Particulars: Veh No		DIC/		ax:
Owner / Driver: (201 204N;	. INC(.)/Non-INC().	
Policy No: () Period: (Cover Type: (
Confirmed by : (Dates .	Timar	1
Insured/Driver Liability: (%) [Note-Est. Status (%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Warranty: YES ()/NO()	
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1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection	A CONTRACTOR OF THE CONTRACTOR)		
3) Upload Resurvey Photo [Repair Co	ost> \$3000] () : :		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

	ACCIDENT STATEMENT
Date Of Report	16/10/2019 10:47
Date Of Accident	16/10/2019 08:00
Exact Location Of Accident	ALONG FARRER FLYOVER TOWARDS FARRER ROAD
Country/State of Loss	SINGAPORE
AS WILL TO BE WINDOWS D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGH2206K
Insured/Policyholder	
Name Of Registered Owner	NG LYE SENG
NRIC No	S2612895A
Email Address	LYESENG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81023626
Alternative Phone No	OTHERS-81023626
Vehicle Particulars	
Manufacturer	NISSAN
Model	SUNNY
Exact Purpose for which vehicle was being used at time of accident	GO HOME AFTER SENT SON TO SCHOOL
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	D19MPC0002527
Cover Note Number	
Driver	
Name of Driver	NG LYE SENG
NRIC No	S2612895A
Date Of Birth	14/07/1965
Occupation	INDOOR
Date Of Driving Pass	13/03/1992
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81023626
Fax Number	
Contact Number	OTHERS-81023626

LYESENG@YAHOO.COM

Address BLK 30A TELOK BLANGAH STREET 31

#21-105

Postcode 101080

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 Registration Number of Drivers Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR

Road Surface DRY
Other Information

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

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

2

NO

NO

NO

NO

1

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJP2042M

Vehicle Make/Model/Colour

HYUNDAI AVANTE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SEAK YONG HWEE (XUE YONGHUI)

NRIC/Passport Number

S8335023G

Contact Number

90017767

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:
 - 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/EIN No

SKETCH PLAN	FAREHR	FLYOURR	OF	TOURROR	FARLAR	ROAD
A) SGH	2206K 2005M			*	(B)/	
B) SJP	20fsm	1/	1	1	7/	
DESCRIBE CIRCUI	MSTANCES OF TH	E ACCIDENT		/		
	6/10/25/9	AT ABOU	17 1	e on Hac 7	ung A7	CAODER
FLYOVAR BEND BRAICH PLAR C	THE CHOR BUT MO	Joydaros Safroy 1 gay Tin	in a	HAR ROAD J JAM BROKA Y CAR SQI ALL		1 16K
DECLARATION I/We declare the for	egoing particulars an	re true in every respo	ect.		ar Ileliel	W B
PolicyNorder's Signatu Date & Hme:		Driver's Signature (If driver is not the po Date & Time:	licyholder)	Reporting Name: NRIC/FIN	Centre Personnel's Sign	nature MOSTS

ACCIDENT STATEMENT

ACC	CIDENT DATE: 16 . 10 . 19 100/MM/1977), TIME:(8. 00)(HH:MM)
	CATION: PAR Plyover towar	
	1. DETAILS OF VEHICLE	
	DINSURANCE COMPANY: INTE INTE	enational insurance PIL
	OPOLICY NUMBER: DI9M CP000 3537	THE PICTURE INSTITUTE PIC
20	d) POLICY TYPE: (COMPREHENSIVE / THIRD PAR	TY / THIRD PARTY FIRE &THEFT
G	OMAKE & MODEL! NISSAN SUNN	7
107	TYPE: (SALOON / COUPE / MPV /VAN / LORRY	//MOTORCYCLE/OTHERS)
0	SIVEHICLE CATEGORY: (PRIVATE ACOMMERC)	AL / MOTORCYCLE)
	1) PURPOSE OF USING AT ACCIDENT TIME: 90	NOTE MANUALLY SCHOOL
	IF NO. PLEASE STATE (THIRD PARTY CLAIM / RE	PORTING ONLY
2	INSURED / POLICY HOLDER	
	DINRIC/FIN/PASSFORT: 526/2895A	MALE / FEMALE
	DINRIC/FIN/PASSFORT: 526/28954 CIADDRESS: BLL80A #31-106 +2/0	CONTACT: 81023676
20	\$ (10/080)	ok blongab street 32
Jan II	* CONTINUE TO 3 d IF DRIVER ALSO POLICY HO	LDER
Ho of passenger	, DRIVER	aritan.
Conducting driver	DINAME: NO LYP SONS	(MALE / FEMALE)
CTO	C)ADDRESS: BLE 80 A 1 #31-115 FC	UK Blanger 57.31
- 65	5(10/080)	VI Blady of 3/
	"d) DATE OF BIRTH: (_14/ 02/ 1965) (DD/A	· (YYYY)
	B) OCCUPATION: [INDOOR / OUTDOOR)	
d	NOTE OF DRIVING PASS 64/4	7003
7.5	WAS DRIVER AN EMPLOYEE OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH	D'S COMPANY? (YES) NO)
5.	G) WEATHER CONDITION: (CLEAR / RAINING / C	TINSURED:
	b) ROAD SURFACE: (DRY / WET / OTHERS	1 1
6.	WAS ANYBODY INJURED (YES / NO)	
· ·	o) REPORTED TO POUCE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATIONS.	Ti
8,	THIRD PARTY VEHICLE	HYUNDAI
the of passenger	a) VEHICLE NUMBER: SJP2042M	MODEL: AVANTE
(, hodurating driver)	b) DRIVER'S NAME: Seak Young Hwee	(xue yongnui)
(<u>.L</u>)	C) NRIC/EN/RASSPORT: 583350286 THIRD PARTY VEHICLE	_CONTACT: 900/7767
Steen II was		MODEL:
s his of passanger	AL DOMEDIO VISUA	
(Including deliver) f) NRIC/FIN/PASSPORT:	CONTACT
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		•a as 18

email = Lyesey a yahoo com



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078006-X 64 | Cecil Street | #04 | #05 | #06-02 | IOH Building | Singapore 0497 | 1

Office (65) 63476100 Fax. (65) 62244174

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

COVER: Third Party Only

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) BULES, 1960 ROAD TRANSPORT ACT, 1981 (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.: D19MPC0002527

1. Index Mark and Registration Number of Vehicle

SGH2206K

Chassis No

JN1CFAN16Z0101879

2. Name of Policyholder

NG LYE SENG

Effective date of Insurance

01 Jun 2019

4. Expiry date of Insurance

31 May 2020

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

c) Use for hire or revised.

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.

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II 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).

Date of Issue

: A000050/Sunmex Enterprise

: 14/05/2019 22:03:36 MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory

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