Date In: Willians	cb description	Date & Time Completed	Done by
The state of the s	SAS e-filing		
	E-mail (within 8hrs, AIC 2hrs)		
	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2	Dirs, TP 4brs)	
OD : TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Han		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F:	ax:
TP Particulars: Veh No: 50 700	/l4 INC	()/Non-INC()	
Owner / Driver: (1	Tel:)
Policy No: () Period:	(Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note	-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-1	00%]
Year of Registration: () Warr	anty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 (
General Remarks:-			Can Silver
() Walk-In Customer: Customer's informati	ion strictly Confidential &	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer Ul			
Drive-In () / Towed-In (); Invoice: YE		Towing Co: (- 7
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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

	ACCIDENT STATEMENT
Date Of Report	24/12/2019 13:07
Date Of Accident	23/12/2019 16:55
Exact Location Of Accident	TANJONG KATONG RD
Country/State of Loss	SINGAPORE
=441	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC2104A
Insured/Policyholder	
Name Of Registered Owner	DE SAGON H CHRISTOPHER
NRIC No	SXXXX638A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86066887
Alternative Phone No	OFFICE-86066887
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623Q5
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	D19MPC0000446
Cover Note Number	

Driver

 Name of Driver
 NG KIM POH

 NRIC No
 SXXXX445Z

 Date Of Birth
 15/03/1959

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/11/1980

 Delving Exercises
 30 XEARS AN

Driving Experience 39 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-86165529

Fax Number

Contact Number OFFICE-86165529

EMail Address NOEMAIL

BLK 526 BEDOK NORTH STREET 3 Address

#02-468

Postcode 460526

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME:

: LOW HAI YUNG

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?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS7202H

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)

DETAILS OF INJURED PERSON 1

Name NG KIM POH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKC2104A

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LOW HAI YUNG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKC2104A

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 '
 - (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:
 - 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

NRIC/FIN No.:

ALONG	TANJONES KATONES RD
VEH.8-SKCZ104A VEH.8-SKS 720214	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ESCRIBE CIRCONIS	TARCES OF THE ACCIDENT
ON .	THE STATED DATE AND TIME-I,
VEH.	A WAS STATIONARY AT THE STATED
	2
VENUE	E. SUDDENLY, VEH. B BANG ONTO
my 1	YEHICLE REAR PORTION.

DECLARATION

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

Pollowholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	:23/12/2019 Accident Time: 1655 (24-HR-Format)
Accident Place	ALONG TANTONG KATONG ROAD
Vehicle, No. (Car Plate No.)	: SKC2104A Make Model: VOLKWAGEN JETTA
Insurace Company	: /NOIA Policy No D19 mpc 0000446
Owner or Company Name /IC No.	: DE SHEGON H CHINSTOPHER ST912638A
Owner or Company Contact No.	: 86066887 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: NG KIM POH S1398445Z
DRIVER'S Date Of Birth	: 15/03/1959 DRIVER'S License Pass Date 21/04/2004
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others FUEND
DRIVER'S Address	: BLK 526 BEDOK MORTH ST J # 02-468
DRIVER'S Contact No./ Alt No.	:1) 86165529 2) 5460526
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including I	Priver): 02
Was there any video Captured by contract purpose for which vehicle was Any Injury (If YES, Pls state):	s being used at the time of accident: Private use Work purpose
Other 1	Party Driver's Particular (if any)
Vehicle. No: 5K5 7202	H Vehicle. No:
Vehicle Make\Model:	Vehicle Make Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

MALE - LOW HAI YUNG



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, 1989 (MALAYSIA)

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

CERTIFICATE NO.: D19MPC0000446

SKC2104A

1. Index Mark and Registration Number of Vehicle
Chassis No.

: WVWZZZ16ZBM107090

2. Name of Policyholder

DE SAGON H CHRISTOPHER

3 Effective date of Insurance

: 28 Jan 2019

4. Expiry date of Insurance

: 27 Jan 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 letters.

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

venicie

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.
- 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 and Named Drivers Excess Sect I: SGD600,00

Unnamed Drivers Excess Sect I:

SGD1,100.00

Windscreen Excess:

Date of Issue

SGD100.00

Hire Purchase Company

Kenso Leasing 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 : B000060/PHIL

MX1-Private Car (Insured Driving)

: B000060/PHILLIP SECURITIES PTE LTD : 08/01/2019 11:46:43

TE LTD

For India International Insurance Pte Ltd

Authorised Signatory