Date In: 16/10/20-18: D	Jeb description		Date & Time Compl	cted	Done	py.
Ref No: 40/22223/1674/24	SAS e-filing					
Veh No: 1347614K	E-mail (within Sh	rs, AIC 2hrs)				
D.O.A: 24/12/2018:15	i-Motor Claim	Form	L			
	i-Motor W/O	Within: OD 2hrs	TP 4brs)			
OD TP! Reporting Only	i-Photo Upload					
TP Insurer:	Assessment/Surv	ey Report				
This is a second of the second	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh Nous	174766 .	. INC ()/Non-INC().	¥	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)) [Note-Est. Status (WC): N: 0-20	%; P: 21-79%. F:	80-100%	6]	
Year of Registration: ()	Warranty: YES ()/NO()			-
Excess: (\$) Loading: \$	1,000()/\$2,000()	·			
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) Walk-In Customer : Customer's in		dential & Stri	ctly NO refer of repa	oirer.		
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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 Indoement of this report to the insu

 By the lodgement of this report to the insurers, you hereby con- aforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/10/2020 18:53
Date Of Accident	24/10/2020 18:15
Exact Location Of Accident	BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG2614K
Insured/Policyholder	
Name Of Registered Owner	TAN SWEE MENG VINCENT
NRIC No	SXXXX358Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91528468
Alternative Phone No	OFFICE-91528468
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE 1.5 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	THIRD PARTY

PRIVATE CAR

Insurance Company

Vehicle Category

Name of Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

D18MPC0003093 01

Cover Note Number

Driver

Name of Driver TAN SWEE MENG VINCENT

NRIC No SXXXX358Z Date Of Birth 22/01/1970 Occupation INDOOR Date Of Driving Pass 23/07/1991

Driving Experience 29 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91528468

Fax Number

Contact Number OFFICE-91528468

EMail Address NOEMAIL

BLK 980A BUANGKOK CRESCENT Address

#14-95

Postcode 531980

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 CHAIN COLLISION

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 2

NO

Number of Passengers (Including Driver)

Passenger 1

NAME: .

GENDER: : FEMALE

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

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 SKS2426L

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLL3831T

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLG6466X

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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

FBJ669U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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>.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time: SKETCH PLAN A SJG 2614K B. SLL 3831T Redok North C. SKS 2426L D. SLG 6466 X F87 669U SOD B A C

DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT
I was travelling S	traight along Bedok North Avenue 1, suddonly I felt a collision
	my vehicle and cause me to to trust forward and collided on to
the front vehicle.	
When I went down	to check on the other parties, I realized it was a four
Cor Chain Accident.	While four of us was exchanging particular, Veh E suddenly
collide on to Veh 1	0.
We then exchanged 1	particular and agreed to file Insurance report.

DECLARATION

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder)

Date & time:

NRIC/FIN No.:

reporting centre personnel's Signature

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS				
Date of accident	24-10-2020	(DD/MM/YY)		
Time of accident	1615 HIZS	(HH:MM)		
Exact location of accident	Bedok North Avenue 1	, and a second		

	DE	TAILS OF	VEHICLE	
Vehicle registration number	SJG 2614 K			
Vehicle make and model	Honda Airw	Honda Airwave		
Type of vehicle	Saloon Lorry	MPV 🗆	CRV U Van U Others:	
Vehicle category	Private 🔽	Comm	ercial Motorcycle	
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes □ Third part cla	No 🗆	if no, please select: Reporting only □	

	INSURANCE IN	FORMATION	All the second second
Insurance company	India Insurance		
Policy number	D18MPC0003093	201	
Type of policy	Comprehensive of	Third party fire & theft	TP only

INSURED / POLICY HOLDER		
Tan Swee Mene Vincent	Male 🗆	Female 🗆
570023587		
9152 8468		
BIK 980A Bunghok Crescent #14-95 (5)	531980	
	Tan Swee Mens Vincent 570023582 91528468	Tun Swee Meng Vincent Male = 570023587 91528468

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	VHSm SS & Singnet . com . sq
Date of birth	22-01-1970
Occupation	Indoor D Outdoor
Driving date pass	13-07-1941

MOSCO MISC MALL COMM	GENERAL I	NFORMATION O	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No 🗆		
the insured's company?	If no, rela	tionship of the o	driver and insured: _	Owner
Accident captured by camera?	Yes 🗆	Now		
Weather condition	Clear	Raining	Others:	
Road surface	Dry or	Wet □		
No of passenger	02			(Inclusive of driver)
Mark Control of the C	CA LINE DO	PASSENGER	120 200 000	
Name	1/2	_		
Gender	Male 🗆	Female a		
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Name			And in case of the latest Assess	THE COURT OF THE PARTY OF THE PARTY.
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Name				
Gender	Male □	Female 🗆		
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Name	F 4 - 24	- 1		4
Gender	Male 🗆	Female		
	- Salatan			
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Name				
Gender	Male 🗆	Female		
	and the same		- description between	with a real or the second second distance
美国的企业企业的企业企业		OTHER INFORMA	ATION	Was Care of the Care of
Was anybody injured?	Yes 🗆	No		
Was other vehicle damaged?	Yes	No 🗆		
A STATE OF THE PARTY OF THE PAR		and the second second second		Annual Control of the
A Mary Condition on the second of the		OF POLICE STA		transfer of marking chile
Reported to police?	Yes 🗆	No If yes	, please state which	police station.
Police station name		1860		
4000	was the state of		of any distance and	
		WITNESS 1		
Name				
AS ASTROPOS				
	NIKOTA III	WITNESS 2		
Name		WITINESS 2		

	THIRD BARTY VITHICLE 1
Valida sasiatustias suustas	THIRD PARTY VEHICLE 1
Vehicle registration number Vehicle make model	510 29362
Name	
The Property Control of the Pr	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	SLL 3831T
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A PROPERTY OF MARKET DESIGNATION	THIRD PARTY VEHICLE 3
Vehicle registration number	SLG 6466X
Vehicle make model	27.0 100%
Name	*
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	F&J 669V
Vehicle make model	105 0010
Name	
1.000.00	
NRIC / Fin / Passport number	
Contact	And the state of t
	manufactural de la compacta del la compacta de la compacta del la compacta de la
美国的	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Market Bally and the second	THIRD PARTY VEHICLE 7
Vehicle registration number	The state of the s
Vehicle make model	
Name	

NRIC / Fin / Passport number

Contact

A SERVICE STATE OF SERVICE	DO NOT BELL	INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
MANAGEMENT OF THE PARTY OF THE		INILIPED DEDCOM 2
Name		INJURED PERSON 2
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	162 [NO L
nospital by ambulance:		
	Carl May	INITIATED DEDCOM 2
Name	Mary Asset S	INJURED PERSON 3
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?		Naca
	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	Distance Company	
建筑的设施大台域的 对成本是	to which the	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
Male says and a second	CHATE DA	INJURED PERSON 5
Vame		HIJORED I ERIJON J
njuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
nospital by ambulance?		
THE RESERVE AND A PARTY OF THE		INJURED PERSON 6
lame		INJUNED PERSON 0
njuries sustained		
Which vehicle person in?	V	No.
Vere seat belts worn?	Yes 🗆	No 🗆
Vas injured conveyed to ospital by ambulance?	Yes 🗆	No 🗆



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k : GST Reg. No. M2-0078804 X 04 | Cool Street | 804 | 805 | 806-02 | 106 Rollding | Singapore 049.7 Office (65) 62476100 Empil Insurastilicomise Fix (65) 62244174 Website provide comes

COVER: COMPREHENSIVE

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.: D18MPC0003093 01

SJG2614K

1. Index Mark and Registration Number of Vehicle

Chassis No

GJ11126984

Name of Policyholder

TAN SWEE MENG VINCENT

3 Effective date of Insurance

25 Dec 2019

4. Expiry date of Insurance

: 24 Dec 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

- 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 I :SGD600.00 UNNAMED DRIVERS EXCESS SECT I :SGD1100.00

WINDSCREEN EXCESS :SGD100.00 ONE CLAIM ONLY

Hire Purchase Company

: POWER FINANCE PTE LTD

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$3100/- ON SECTION I WILL BE APPLICABLE UNDER ENDT M22B..

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 Date of Issue

: A000053/U. I Enterprise : 04/12/2019 11:05:01

MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory