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TP Particulius: Vein No: SJC S202S. 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; 80-100%] Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () Excess: (\$) Loading: \$1,000 () / \$2,000 () Excess: (\$) Total Loss Case : to e-mail Insurer URGENTLY, Drive-In () / Towed-In (); Invoice: YES () / NO () ; Towing Co: () () Apply for Transfort Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () Injury: () Injury:
Owner/Driver: (Tel:) Policy No: () Périod: () Cover Type: () Confirmed by: (Date: Time:) Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%, P: 8d-100%] Year of Registration: () Warranty: YES ()/NO () Excess: (\$) Loading: \$1,000 ()/\$2,000 () South Meliable Continued: Constoner's Information strictly Confidential & Strictly No refer of repolier. () Walk-In Curromer: Customer's Information strictly Confidential & Strictly No refer of repolier. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES ()/NO (); Towing Co: () () Apply for Transfort Allowance ()/Courtesy Car () 2) QC Check/Post Reprir Inspection () Injury:
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SN0921280004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 08/02/2021 11:50 (SGT) SUBMITTED BY: Chew Hsiao Tong

VERSION: 1 (08/02/2021 11:50 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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

- Information provided must be as truthful and accurate as possible. Any willul misrepresentation of writing 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 Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	08/02/2021 11:50 (SGT) 05/02/2021 18:29 (SGT) ECP, Singapore - Singapore	
DETAILS OF	OWN VEHICLE	
Vehicle Registration Number	SJH5183L	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No TAN CHIEN HUEI JASPER SXXXX967F JSPRTAN@YAHOO.COM.AU (Phone) +65-81020895 +65-81020895	
VEHICLE PARTICULARS		
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category	Honda Hr-v - Private use No - Claiming third party Private car	
INSURANCE COMPANY		
Name of Insurance Company Type of Coverage Fleet Policy	India International Comprehensive No	

D20MPC0004696 Cover Note Number

DRIVER

TAN CHIEN HUEI JASPER Name of Driver SXXXX967F NRIC No 25/11/1978 Date Of Birth Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	17/11/2001 19 YEARS AND 3 MONTHS Male (Phone) +65-81020895 +65-81020895 JSPRTAN@YAHOO.COM.AU 6 ALEXANDRA VIEW #16-02 - 158746 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 3 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	No No -
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address	SJC5202S Private car
Address complement Postcode	•
Insurance Company Name	

Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ9683A
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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)

Lunderstand, 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:
 - (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 policyholder)

Date & Time:

pro

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

The twee colors are VS

Venicle A: SJH 5183L VINICLE B: SJC52025 vehicle C: ska9683A.

ECPLCIFY) after BEDON

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the	stated	date 1	(time,	1,	vehick	Ά',
	L, was t				- control - cont	
	FWM1 VM					
and	1 Timmed	iately	apply	ΜŊ	brakes	as well
	3 Se con					
on M	y vernue s	YEAY	portion.	1 1	nen v	easised
was	involved	in a	chain	(DIJISIO	n d	3 vehicle

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 .:



Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singap Email Insure@ili.com.sg Office (65) 63476100 Fax (65) 62244174 Website www.ill.com.sg

COVER: COMPREHENS

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.: D20MPC0004696

: SJH5183L

1. Index Mark and Registration Number of Vehicle

JHMRU1830GX204234

Name of Policyholder

Chassis No

TAN CHIEN HUEI JASPER

Effective date of Insurance

16 Aug 2020

Expiry date of Insurance

15 Aug 2021

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 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

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.
- 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.
- 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 R Fransport Act, 1987 (Malaysia), are not to be included under these headings.

nsured & Name Drivers Excess Section I 600.00 SGD Innamed drivers Excess Section I SGD 1,100.00 SGD 100.00 Vindscreen Excess **OCBC** Bank Limited lire Purchase Company

OR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE & OR LESS THAN 2 YEARS SINGAPORE DRIVING LICEN DDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Policy Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Policy Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Policy Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Policy Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Policy Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Policy Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Policy Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Policy Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Policy Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Policy Certificate relates the Certificate re isks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

: A000038/M Plus Consultancy

ate of Issue

: 04/08/2020 17:00:01 IX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory

SINGAPORE ACCIDENT STATEMENT

Accident Details			
Date of Accident:	05	02 2021	
Time of Accident:		18:29	(AM / PM)
Location of Accident:	t	cop(city) after B	sedor exit
Country/State of Loss:			
Type of Accident: Head to Rear			
Weather Condition:	Clear / Raining / Not	t in List	
If Not in List, please spe	ecify		
Road Surface:	Dry / Wet / Not in Li	ist	e de la compa
If Not in List, please spe	ecify		
Are you claiming under policy for repair to you		Yes / No .	
If No, please state action	on to be taken	Third Rarty / R	eporting Only
Was any foreign vehicle	e involved in accident?	Yes / No)	
If yes, please state Veh	icle No:	<u> </u>	
Type of Vehicle:			
No. of vehicles Involved	d in the accident (inclu	de own vehicle)	03 ·
Has the driver been ap		person(s) soliciting/ Yes / No	offering
Was the accident repo	rted to the police?	Yes / No	
If yes, police station na	me:		
Was notice of Prosecut	tion given?	Yes / No	
If yes, against whom?	*		

Details of Own Vehicle			
Vehicle Registration No:		27H 2183 F	
Vehicle Category:		Private	
Vehicle Manufacturer:	Honda	_Vehicle Model:	Bis act.
Transmission:	Manual / Auto	Cc:	
No. of passengers (include	ding driver)	01	
Passenger Name:		220	CONTRACT.
Gender:	Male / Female		
Passenger Name:			
Gender:	Male / Female		
Passenger Name:	1,761,766,55	us aver (de	<u> </u>
Gender:	Male / Female		
	A EV SON	stringi nwo tucy spieliku?	
Own Vehicle Policy			
Handling Insurer:		india	
Coverage Type: ACT	/ Comprehensive	/ Third Party / Third Party	, Fire & Theft
Fleet Policy:	Yes / Ng	EM STORY	
Registered Owner Nam	10.	an chien their Jaspe	
ID Type:	UEN / NRIG / F	assport or FIN / Work Per	mit
Registered Owner ID:	The second OWG	37835967F	
Email:	V (
Mobile No:			
Alt. No Type:	Home /	Office / Not in List	
If Not in List, please sp	pecify	<u> </u>	
Owner Alt Phone No:			

Passenger Name:			785 4 600-20
Gender:	Male / Female		
Passenger Name	1/2/12 24		
Gender:	Male / Female		
Passenger Name	<u> </u>		
Gender:	Male / Female		
Injured Person's I	Details		
Was anyone injure	ed in the accident?	Yes / 160	
Any injured conve	eyed to hospital by Ambulance?	Yes / 10	
If yes, please prov	ride:		
(i) Name:			
(ii) Gender:	Male / Female Person in which Vehicle?		
(iii) Injured F (iv) Full Add			
		The state of the s	
	(A) 1 age		
Witness Details	w.		
Was there any wit	tnesses?	Yes / No	
If yes, please prov	ride:		
Witness Name:			
Witness Contact:			
Files			
	os available for attachment?	Yes / No	
Was there any vid		Yes / No	
Was there any au		Yes / No	
vvas tilele ally au	are captarea.	,	

Driver's Information	
Is the driver the policy holder?	Yes / No
Name of Driver:	as above
Gender:	Mele / Female
ID Type:	NRIC/ Passport or FIN / Work Permit
Driver's ID:	S7835967f
Date of Birth:	25/11/1978.
Driving Pass Date:	17/11/2001
Mobile No:	81030895
Email:	JSprtan @ YAHOD.con. AU
Address 1:	
Address 2:	
Postal Code:	
Occupation:	Indoor/Outdoor
Driver Owner Relationship	owner
Does Driver own other vehicle	s? Yes / N/g
If yes, please provide Vehicle F	Registration No:
Handling Insurer:	
TP Vehicle or Property	
Was there any other vehicle o	r property damaged? Yes/No
If yes, please provide:	(§)
(i) Vehicle Registration(ii) Vehicle Category:(iii) No. of passengers (ir	No: SJC 52025 -> 01 female