

**OWN DAMAGE (OD) CLAIM
SATISFACTION & DISCHARGE VOUCHER**

| | | | |
|--------------------------------------|------------------------------------|--------------|--------------|
| Policy No. | : D19MPC0006136-01 | Claim No. | : |
| Vehicle No. | : SKW8648C | Date of Loss | : 05/11/2021 |
| Insured | : CHNG 500 500 AMY | | |
| Repairers | : HUA MENG SPRAY PAINTING WORKSHOP | | |
| Gross cost of repairs | : S\$ 4,700.00 | | |
| Policy excess | : S\$ 600.00 | | |
| Cost of repairs net of policy excess | : S\$ 4,100.00 | | |
| GST, if applicable | : S\$ - | | |
| Total amount payable | : S\$ 4,100.00 | | |

I/We hereby declare and confirm that I/we have received from the aforesaid Repairers my/our aforesaid vehicle which is repaired to my/our entire satisfaction and is now in good running order and in consideration of **INDIA INTERNATIONAL INSURANCE PTE LTD** (hereinafter referred to as Insurers) settling the repair costs stated above with the said Repairers, I/we hereby release and discharge the Insurers from all further obligations in respect of damage to my/our aforesaid motor vehicle on the abovementioned date. Insurers will continue to be liable in respect of the third party injury and property damage claims, if any.

I/We confirm that there is no other insurance covering this loss or damage and no other person has any interest in the subject matter of this claim. In consideration of the above payment, I/we have no further claims whatsoever on the Insurers and I/we hereby undertake to indemnify and hold harmless the Insurers against any claim which may be made against them in respect of damage to my/our aforesaid motor vehicle on the abovementioned date.

I/We hereby agree that by virtue of the aforesaid payment the Insurers are subrogated to all my/our rights and remedies in accordance with the laws governing the contract of insurance. I/We hereby authorize the Insurers to use my/our name to the extent necessary to exercise all or any of such rights and remedies. I/We further agree to co-operate with and render all assistance to the Insurers which they may reasonably require when exercising such rights and remedies.

I/We agree that if at any time subsequent to the settlement of the claim, the Insurers become aware of any material fact which if known earlier would have prejudiced my / our claim wholly or in part, I/we will refund the entire claim amount incurred by the Insurers within 7 (seven) days from the date on which Insurers make a demand in writing for such a refund.

Date:

| | | | |
|----------------------|---|----------------------|--|
| Signature of Insured | :  X | Signature of Witness | :  |
| Name | : CHNG 500 500 AMY | Name | : 華明噴漆廠 |
| NRIC | : S7147254 Z | NRIC | : HUA MENG SPRAY PAINTING WORKSHOP |
| Address | : BLK 223 ANG MO KIO AVE 1 # 04-511 S(560.223) | Address | : AUTOBAY@KAKI BUKIT 1 KAKI BUKIT AVE 6 #01-34 SINGAPORE 417883 TEL: 6747 8064, 6746 5519 FAX: 6743 4896 |
| Nationality | : _____ | Nationality | : _____ |
| Occupation | : _____ | Occupation | : _____ |

Designation & Company Stamp: _____



華 明 噴 漆 廠
HUA MENG SPRAY PAINTING WORKSHOP

AUTOBAY@KAKIBUKIT

1, Kaki Bukit Avenue 6 Blk C #01-34/#01-61, Singapore 417883
Tel: 6747 8064, 6746 5519 Fax: 6743 4896 H/P: 9666 9680

Email: huameng@live.com.sg

Reg. No.: 254678/00M



Your Ref :

Our Ref :

Date:..... 1/3/2022

VEHICLE NO :SKW 8648 C
 MAKE / MODEL :MAZDA 3
 NAME :CHNG SOO SOO AMY
 ADDRESS :BLK 223 ANG MO KIO AVE 1
 #04-511
 S 560223

FINAL REPAIR BILL FOR VEHICLE NO:SKW 8648 C

| | |
|---|--------------------|
| TO SUPPLY AND REPLACE PARTS, LABOUR CHARGES FOR REPAIRING, KNOCKING, WELDING AND TO RESPRAY PAINTING (LUMPSUM REPAIR) | \$ 4,700.00 |
| LESS EXCESS | \$ (600.00) |
| | \$ 4,100.00 |

SINGAPORE DOLLARS:FOUR THOUSAND ONE HUNDRED ONLY

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 withholding 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 aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------|------------------------------------|
| Date of Submission | 06/11/2021 13:42 (SGT) |
| Date of Accident | 05/11/2021 20:20 (SGT) |
| Exact Location of Accident | Ang Mo Kio, Singapore |
| Additional Location Information | JUNCTION OF STREEET 23 & STREET 22 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKW8648C |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | CHNG SOO SOO AMY |
| NRIC No | S7147254Z |
| Email Address | amychnngss@gmail.com |
| Mobile Phone No | (Phone) +65-98288168 |
| Alternative Phone No | +65-98288168 |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Mazda |
| Model | 3 |
| Variant | - |
| 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? | Yes |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1496 |

INSURANCE COMPANY

| | |
|---------------------------|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | D19MPC0006136_01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|------------------|
| Name of Driver | CHNG SOO SOO AMY |
| NRIC No | S7147254Z |

| | |
|--|----------------------------------|
| Date Of Birth | 31/12/1971 |
| Occupation | Indoor |
| Date Of Driving Pass | 25/04/2006 |
| Driving experience | 15 YEARS AND 7 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-98288168 |
| Alt. Phone Number | +65-98288168 |
| Email Address | amychnngss@gmail.com |
| Address | BLK 223 ANG MO KIO AVE 1 #04-511 |
| Address complement | - |
| Postcode | 560223 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|----------------------------|
| Type of Accident | Collision - Major/Minor Rd |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG JUNCTION OF ANG MO KIO ST 23 & ST 22 ON 05/11/2021 AT 2020HRS. I ACCIDENTALLY COLLIDED ONTO RIGHT PORTION OF VEHICLE B WHEN I TURNING TO ANG MO KIO ST 22

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 | EZ1100S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | NEO LEAN TEK |
| NRIC No | S0997317F |
| Contact Number | (Phone) +65-98502138 |

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) -

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.
3. 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.
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 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 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 making 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

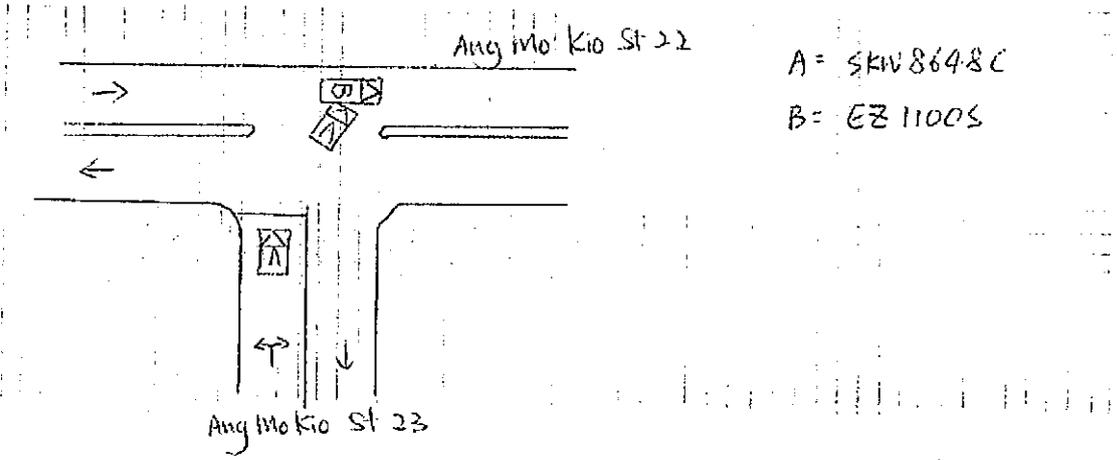
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")

(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.

| | | |
|---|---|---|
|  |  | |
| Policyholder's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |

Sketch Plan



A = SKW 8648C
 B = EZ 1100S

Handwritten signature

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7147254Z



Name

CHNG SOO SOO AMY
(ZHUANG SUSU AMY)

莊素素

Race

CHINESE

Date of Birth Sex

31-12-1971 F

Country of Birth

SINGAPORE



NRIC No S7147254Z



Blood Group Date of issue

O+ 09-06-1994

APT BLK 223 ANG MO KIO AVENUE 1 #04-511
SINGAPORE 560223

NRIC No: S7147254Z

Date: 07/08/2016

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7147254Z

Name:

CHNG SOO SOO AMY
(ZHUANG SUSU AMY)

Birth Date: 31 Dec 1971

Issue Date: 25 Apr 2006



001414519B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

PASS DATE

25 Apr 2006

NP 428A



Licence No: S7147254Z



INDIA INTERNATIONAL INSURANCE PTE LTD
 TAN BROTHERS INSURANCE AGENCIES PTE LTD
 10 ANSON ROAD, #11-16 64 Cecil Street | #04 | #05 | #06-02 | TOB Building | Singapore 049711
 INTERNATIONAL PLAZA SINGAPORE 079903
 TEL: (65) 6220 1822 FAX: (65) 6220 1174 Email insure@iii.com.sg
 Website www.iii.com.sg
 E-MAIL: tan.brothers@tpsgroup.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, 1959 (MALAYSIA)

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

CERTIFICATE NO.: D19MPC0006136_01 **COVER: COMPREHENSIVE**

| | |
|---|--|
| 1. Index Mark and Registration Number of Vehicle | : SKW8648C |
| Chassis No | : JM6BM42A8G0324331 |
| 2. Name of Policyholder | : CHNG SOO SOO AMY |
| 3. Effective date of Insurance | : 18 Nov 2020 |
| 4. Expiry date of Insurance | : 17 Nov 2021 |
| 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 Driver Excess Sect I : SGD600.00
 Unnamed Driver Excess Sect I : SGD1100.00
 Windscreen Excess : SGD100.00
 Hire Purchase Company : United Overseas Bank Limited
 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 : A000052/TAN BROTHERS INSURANCE AGENCIES PTE LTD
 Date of Issue : 30/10/2020 15:37:42
 MX1-Private Car (Insured Driving)
 For India International Insurance Pte Ltd

 Authorised Signatory