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	i-Motor W/O (Within; QD 2hrs, TP 4hrs)	~ · · · ·
OD (P) Reporting Only	i-Photo Uploaded	
	Assessment/Survey Report	
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW; (Tel: Fax	The specimen of the beauty of the same type con-
The second secon	SKAS687A INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Per	iod: () Cover Type: ()
Confirmed by : (Date: Time:)
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: \$0-10)%]
Year of Registration: () W	Varranty: YES () / NO ()	Marin 44 and 50 - 60 - 50 - 50 - 50 - 50 - 50 - 50 -
Excess: (\$) Loading: \$1,00	00 () / \$2,000 ()	
General Remarks:-		A specific time de section has soon took took
() Walk-In Customer: Customer's inform	mation strictly Confidential & Strictly NO rafer of repairer.	
() Total Loss Case : to e-mail Insurer	r URGENTLY.	
Drive-In () / Towed-In (); Invoice:	YES () / NO (); Towing Co. (
Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done b
1) Apply for Transport Allowance ()/ Co		
2) QC Check / Post Repair Inspection		MATERIAL STREET, S. 1
3) Upload Resurvey Photo [Repair Cost > \$30	000]	of a man and an administration of the spine of the spine of
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Date/Time Actions // A2202656 Paimant's Particulars: river/Owner:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/545 4) FT: Follow-Through Survey \$120 5) iFT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)	Ant (3)
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Date/Time Actions // Actions	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) iFT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OD: *N5: Courtesy Car / Tpt Allowance \$3 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$35 *N8: DV / Collect Excess Coordination \$35	Amt.(\$)
Date/Time Actions	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) iFT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- Oh* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$55	Amt.(\$)

SN09229R0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 27/09/2022 12:19 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (27/09/2022 12:19 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 Actual 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 aforesaid.

ACCIL	DENT STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	Both 25/09/2022 13:50 (SGT) Johor Bahru, Johor, Malaysia
DETAILS	S OF OWN VEHICLE
Vehicle Registration Number	SJR6354B
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	R SATHIAMOORTHY SUBRAMANIAM SXXXX261I
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 Transmission CC	Cerato - Private use
Name of Insurance Company Policy Number / Cover Note Number	India International Insurance Pte Ltd D19MPC0003346_03
Name of Driver NRIC No Date Of Birth Occupation	R SATHIAMOORTHY SUBRAMANIAM SXXXX261I 29/11/1959

Outdoor

Date Of Driving Pass	18/07/2007
Driving experience Gender	15 YEARS AND 2 MONTHS
	Male
	(Phone) +65-90064677
Alt. Phone Number Email Address	-
Address	
Address complement	BLK 717 PASIR RIS ST 72
Postcode	
Is the driver the policyholder?	510717
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	
Type of Accident Weather Conditions	Collision - Change/cross lane
Road Surface	Raining
	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	No
was anybody injured in the Accident?	2 No.
was any injured conveyed to hospital by ambulance?	No
was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
rias the driver been approached by unknown person(s)	•
SUICILING/OTTERING accident claims assistance?	No
Translator's name Translator's ID	
	-
Translator's phone number Translator's email	-
Original language used in the statement	•
anguage used in the statement	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	
Was notice of intended Prosecution given?	No No
If yes, against whom?	No -
CIDCUMOTANOSO OS LACISTA	
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Vas there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
ehicle Registration Number	
/ehicle Manufacturer	SKA5687A
ehicle Model	-
enicle Variant	-
enicle Colour	-
enicle Category	- Private and
affie of Driver	Private car
Ontact Number	

Address	
Address complement	-
Postoode	-
Insurance Company Name	-
Nature Of Damage	-
	-
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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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' law yers/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
- (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' law yers/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 pro

(including their law yers/law firms), which may b	e sited outside of Singapor	na/or GIA to their thi e, for one or more o	1	
grine	gnature (If driver is not the	policyholder) / Date	Witnessed by Repo	7 (0 \$ /72
Sketch Plan	JALAN	SULTAN	ISICAND AR	CHECK POU
Uch A: STR 6354B Uch B: SKA 5687A				
UM1 B. SKA 5687A				
		I A LA		
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I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

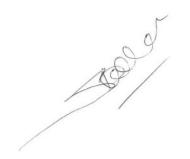
Driver's Signature (If driver is not the policyholder) / Date & Time

Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SJR6354B) WAS TRAVELLING STRAIGHT ON LANE 2 (CAR LANE) OF JALAN SULTAN ISKANDAR CHECKPOINT. DUE TO THE SLOW TRAFFIC ALL THE CARS ARE MOVING VERY SLOWLY, SUDDENLY I FELT AN IMPACT FROM THE REAR RIGHT PORTION OF MY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SKA5687A) CUT INTO MY LANE FROM MY RIGHT (BUS LANE) AND COLLIDED ONTO MY VEHICLE.

VEHICLE A: SJR6354B

VEHICLE B: SKA5687A



SINGAPORE ACCIDENT STATEMENT

Location 324 on Sultan Iskandar Checkpo.nt Vehicle Number STR.(3548 Insured Name R Sath.comocrthy Subcamaniam NRIC /FIN \$13542611 Contact Number 9006 4677 Make Kica Model Cectoto Are you claiming under your own insurance policy for repair to your vehicle? () Yes If No.Pls select: () Third Party () Reporting Insurance Company India Type of Policy () Comphensive () Third Party Fire & Theft () TP Only Policy Number \$19 mpc 0003346 03 Name of Driver () Same as Insured NRIC /FIN — Contact Number — Date of Birth \$1 1 1959 Driving Pass Date 18 1 1000 Occupation () Indoor () Outdoor Gender () Male () Female Email Address of Driver \$24 24 20 400 000 If No. Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children () Sibling If Yes , Vehicle Registration Number of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Nas any foreign vehicle involved in this accident? () Yes () No Was anybody injured in the accident? () Yes () No Was anybody injured in the accident? () Yes () No Was the Accident reported to the Police? () Yes () No Was there any video captured by Car Camera? () Yes () No Was the Accident reported to the Police? () Yes () No Was the Accident reported to the Police? () Yes () No Was the Accident reported to the Police? () Yes () No Was the Accident reported to the Police? () Yes () No Was the Accident reported to the Police? () Yes () No Was the Accident reported to the Police? () Yes () No West the Accident reported to the Police? () Yes () No West the Accident reported to the Police? () Yes () No West the Accident reported to the Police? () Yes () No West the Accident reported to the Police? () Yes () No West the Accident reported to the Police? () Yes () No West the Accident reported to the Police? () Yes () No West the Accident reported to the Police? () Yes () No West the Accident reported to the Police? () Yes () No West the Accident reported to the Police? () Yes () No West the Accident reported to the Poli	Accident Date: 25 9	→ Ti	me:	13'.50		(1.1
Vehicle Number Softworthy Subcamation	Location Jalan Sulta	in iskanda	che	kon at		(nn:mm) 24 hr form
Insured Name R Sath Comporting Subsequentiam NRIC /FIN \$13542(1] Contact Number 9006 4/677 Make Kie Model (e(ato Are you claiming under your own insurance policy for repair to your vehicle? () Yes If No.Pls select: () Third Party () Reporting Insurance Company India Type of Policy () Comphensive () Third Party Fire & Theft () TP Only Policy Number NAME 0003346 03 Name of Driver () Same as Insured NRIC /FIN — Contact Number Date of Birth 29 11 1959 Driving Pass Date (8 1) 1000 Occupation () Indoor () Outdoor Gender () Male () Female Email Address of Driver Rake 11 1959 Was driver an employee of the Insured's Company? () Yes () No If Yoo, Relationship of the Driver with the Insured () Dones the Driver Own Any Other Vehicle? () Yes () No If Yes, Vehicle Registration Number of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Was any foreign vehicle involved in this accident? () Yes () No Was any foreign vehicle involved in this accident? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Was the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Was the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes () No Vas the Accident reported to the Police? () Yes (٠٠٠٠	40001		
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NRIC / FIN S 55 + 2 1	Insured Name R Sort	thicm worthy	Subsc)Aa Ca A	***************************************	
Make Nice Model (eroto Are you claiming under your own insurance policy for repair to your vehicle? () Yes If No,Pls select: () Third Party () Reporting Insurance Company India Type of Policy () Comphensive () Third Party Fire & Theft () TP Only Policy Number	NRIC/FIN S13542	CIE	00.010	***************************************		
Are you claiming under your own insurance policy for repair to your vehicle? () Yes If No,Pls select: () Third Party () Reporting Insurance Company			(0.)	Contact Nu	ımber (9006 4677
Insurance Company 100 () Comphensive () Third Party Fire & Theft () TP Only Policy Number 100 wife cooks + 6 as Insured Name of Driver () Contact Number 1459 () Same as Insured Name of Driver () Same as Insured Name of Driver () Outdoor Gender () Male () Female Email Address Sathica 23 29 () Yaboo () NO EMAIL Address of Driver () Same as Insured () No EMAIL Address of Driver () Same as Insured () No EMAIL Address of Driver () Same as Insured () No EMAIL Address of Driver () Sathica 23 29 () Yaboo () No EMAIL Address of Driver () Spouse () Frend () Relative () Children () Sibling Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle () Children () Sibling Oboses the Driver Own Any Other Vehicle? () Yes () No If Yes () No Was any foreign vehicle involved in this accident? () Yes () No Vess () No Vess () No If Yes attach police report of No If Yes injured detail () Yes () No If Yes attach police report () B SKA 5 (8 + 8) As () Party () No	Are you claiming under you	Ir own incurance	cerato	C		
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Type of Policy () Comphensive () Third Party Fire & Theft () TP Only Policy Number	Insurance Company	Endia			***************************************	
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& Driver only



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 Office (65) 63476100 Email insure@iii.com.sg

(65) 62244174

Website www.iii.com.sg

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.: D19MPC0003346_03

Index Mark and Registration Number of Vehicle

SJR6354B

Chassis No

KNAFH221395085113

2. Name of Policyholder

Effective date of Insurance

R SATHIAMOORTHY SUBRAMANIAM

02 Jul 2022

4. Expiry date of Insurance

01 Jul 2023

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

(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.

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

:SGD1,100.00

Windscreen Excess

:SGD100.00

Hire Purchase Company

N.A

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE,

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

: A000041/P & C INSURANCE AGENCY

Date of Issue : 06/06/2022 16:59:49 M.X. 1 - PRIVATE CAR(INDIVIDUAL) For India International Insurance Pte Ltd

Authorised Signatory

