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TP Particularsi Veh Not XD 8924	B . INC(,)/Non-INC()/.	
Owner / Driver: (Tel:	
Policy No: () Period: (CoverType:(311 Processor America
· Confirmed by ('(Date: Time:	
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SN0923210006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 01/02/2023 16:36 (SGT)
SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (01/02/2023 16:36 (SGT))



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 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.
- 4. The issue and acceptance of this Form by illistratice companies is not an admission of policy liability of 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 federment of this report to the insurance was broken as a copies of the report being made available aforesaid.
- 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

01/02/2023 16:36 (SGT) Both Policyholder and Actual Driver 31/01/2023 17:36 (SGT) Portsdown Ave, Singapore SLIP ROAD TOWARDS AYE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLD8394Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address

Mobile Phone No Alternative Phone No

SEAH HAK YANG SXXXX497D hyseah55@gmail.com (Phone) +65-96678720

VEHICLE PARTICULARS

Manufacturer Model Variant

Honda Vezel

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

Private use

No - Claiming third party Private car

Auto 1496

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

India International Insurance Pte Ltd D19MPC0003156_03

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SEAH HAK YANG SXXXX497D 12/04/1955 Indoor

Date Of Driving Pass 30/06/1979 Driving experience 43 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-96678720 Alt. Phone Number **Email Address** hyseah55@gmail.com Address BLK 109 BUKIT PURMEI ROAD #08-149 Address complement Postcode 090109 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name WIFF Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number XD8924B Vehicle Manufacturer Volvo Vehicle Model

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	IBRAHIM BINJINTAN
NRIC No	SXXXX018F
Contact Number	(Phone) +65-87265131
Address	_
Address complement	20
Postcode	
Insurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	≟ n
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 Actual 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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 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.

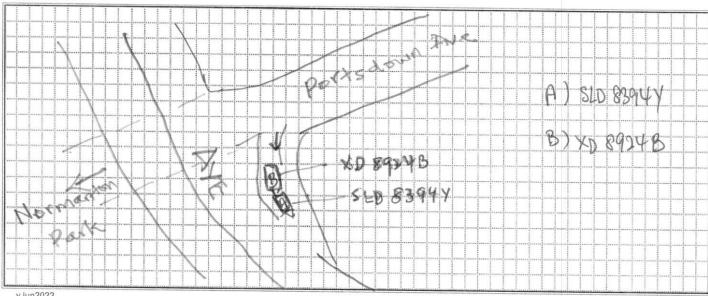
1/2/23 4.26pm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance	
Describe Circumstance of the Accident	
On 31 Jan 23 (Tue) at about 1736 hrs, I was driv	
the strip and (Amer Parkers A is to all) (1)	nd wito
We with the proposed the was the offe wa	is heavy then.
While there's merging lane (2 in 1), my car was infrom	t of the big
Truck (Nathe different track have Southerne) late	1- 1-1
Another to see in order to move. The next thing was, to suddenly hit/kins my cas from behind hitting the reas or my car was stationary behind a stopped car, Either the not notice my car had stopped or it was trying to sque small space bride my car had stopped or it was trying to sque	he truck
suddenly hit/kiss my cas from behind hitting the reas r	ight corner
My car was stationery schind a stopped rate Fire the	back di
not notice my car had stepped or it was trying to some	178 into
Small save build was fit to see the	a direct
Small space beside my car & consequently scraped my c	,

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

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

(Name as in NRIC/ID card)

ACCIDENT'STATEMENT

ACCIDENT DATE: (31 , 01 , 2523) (DD/MM/YYYY), TIME; (17. 136) (HH:MM)
LOCATION: Ship road from Portsdown Are to "AXE
1. DETAILS OF VEHICLE
alvehicle NUMBERI SLD 8394 Y
BINSURANCE COMPANY: India International Insurance
CIPOLICY NUMBER: DITMPREHENSIVEY THIRD PARTY / THIRD PARTY FIRE &THEFT)
SIMAKE S. MODEL! HONDY VEZE!
ENVIRONMENTAL COURSE (MRV /VAN / LORRY / MOTOROYOLE, / OTHERS)
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IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)
THE TRANSPORT OF THE PROPERTY
MINIATE I SOULA POR YORK
DINRIC/FIN/PASSPORT:
CIADDRESS: SIR 101
5/20/2
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WHO of parsonger DRIVER AS ABOVE . (MALE / FEMALE)
ANNAMICE TO STATE OF
· DINKIC/TIN/T ASSI SITI
0/00/100/
d) DATE OF BIRTH: (12 /04/ 1955 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
OF DESTINATION INDOOR OUT OUT OF THE SOME ANY (YES YNO)
4. WAS DRIVER AN EMPLOYEE OF THE INSURED! Owner T
1) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES YNO) 1F NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
E CLUBATHER CONDITION! (CLEAK) KAIRING / CHIAIR
HIROAD SURFACE! [DRY / WEI / OTTON
6. WAS ANYBODY INJURED (YES / NO)
7. DIREPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: NA
8. THIRD PARTY VEHICLE XD 8924 8 MODELL VOIVO
Who of passinger of Vehicle NUMBER: XD 8924 8 MODELL VOIVO
Who of passenger of VEHICLE NUMBER: 16 Takin Bin Justan (Including driver) b) DRIVER'S NAME: 16 Takin Bin Justan Chiduding driver)
C INCLUDING CONTROL OF MRIC/FIN/PASSPORTS
1 2) O TIJIP O PARIT VENIGE
WEHICLE NUMBER
My No of passanger of DRIVER'S NAME: CONTACTION CONTACTION
(Induding, driver) [] NRIC/FIN/PASSPORT!CONTACT
1 EG Bamail, Gom
email = hyseah 55@gmail.com



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 Fax (65) 62244174

Email insure@iii.com.sg 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) 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.: D19MPC0003156_03

SLD8394Y

Index Mark and Registration Number of Vehicle

Chassis No

RU11116322

2. Name of Policyholder

SEAH HAK YANG

Effective to of Insurance

29 Jun 2022

4. Expiry date of Insurance

28 Jun 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 Jisqualified 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 my 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

: SGD100.00

Hire Purchase Company

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 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).

: A000050/Sunmex Enterprise

Date of Issue

: 20/06/2022 17:23:25 M.X. 1 - PRIVATE CAR(INDIVIDUAL) For India International Insurance Pte Ltd

Authorised Signatory

SUNMEX ENTERPRISE 8 ENGGOR STREET #24-02

SINGAPORE 079718

TEL: 6220 5977 FAX: 6220 1698