NATIONAL Assessment Centr	re Services	(wef Jan'06)		i
Date In: \$ 28 06 2023	Jeb description		Date & Time Completed	Done by
Ref No: NM 1 2300 6545/Ad4	SAS e-filing	140		Samuel Strategic
Yeh No: SLH 7352D	E-mail (within	Shrs, AIC 2hrs)		
D.O.A: 27/6/2023 14:30	i-Motor Clair			
- 1	i-Motor W/O		TP 4hrs)	
OD (TP) Reporting Only	i-Photo Uplo		1 103/	
m	Assessment/Su			<u> </u>
TP Insurer:			o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (·		ax:
	R 5653 J.	INC ()/Non-INC ()	
Owner / Driver: (K 50055.	· INC (Tel:	1
Policy No: () Pe	eriod: ()	Cover Type: (
Confirmed by : (Date:	Time:	
	Note-Est Status (V		0%; P: 21-79%. F: 80-10)
	Warranty: YES ()/NO()	JU70J
Excess: (\$) Loading: \$1,0				
General Remarks:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	()	0.00.000.000.000.000.000	PARTY TO
				1. July 3: 1
() Walk-In Customer: Customer's info	ormation strictly Cor	nfidential & Str	rictly NO refer of repairer.	25
() Total Loss Case : to e-mail Insur	er URGENTLY.	*	A STATE OF THE PARTY OF THE PAR	
Drive-In () / Towed-In (); Invoic	e: YES () / N	(O () : T	owing Co: (,
Remarks: (INC horline: 6788 6616)			Date&Time Completed	Done by
1) Apply for Transport Allowance ()/	Courtesy Car ()		
2) QC Check / Post Repair Inspection	. ()	A		
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()		
Injury:				
			·	
Date/Time Actions				
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NA2301922 NA2301923	, , , , , , , , , , , , , , , , , , ,	Invoice Pre	paration Checklist	Anit (\$)
7.5 887 a W. Commission of the			paration enecoust	88 4 3-38-Z J/N 15
Claimant's Particulars :-		200000000000000000000000000000000000000	Penading (\$30):	(Sec life Bills)
		1) AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$8)	
Oriver/Owner:		1) AR : Accident 2) DA : Damage 3) TF : Towing F	Assessment (\$100); INC (\$80) ce \$40.	0)
,		1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T	Assessment (\$100); INC (\$80) Cee	0)
Contact No:		1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a	Assessment (\$100); INC (\$80) Gee \$400 Irough Survey (Resurvey) Reinst INC Only (wef 10 Jan 2005)	0) /\$45 8120 \$30
,		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 6 6) TR: Re-inspe	Assessment (\$100); INC (\$80) Fee \$400 Irough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction	0) /\$45 5120 \$30
Contact No: Damaged Portion:		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming c 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Addition	Assessment (\$100); INC (\$8) Tee \$40. Irough Survey (Resurvey) geinst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$5	00) (\$45) 5120 \$30 \$75
Contact No:		1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming c 6) TR : Re-inspe 7) N1 : Idac DA 8) NTUC Addition	Assessment (\$100); INC (\$80) Fee \$400 Irough Survey (Resurvey) geinst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$50 conal Services:-	0) √\$45 5120 \$30 575 5160
Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming e 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair O	Assessment (\$100); INC (\$80) Fee \$400 Irough Survey (Resurvey) Reinst INC Only (wef 10 Jon 2005) ction + SMRT Survey \$50 cond Services: Car/Tpt Allowance	00) (\$45) 5120 \$30 \$75
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Contact No: Damaged Portion:		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming e 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Co	Assessment (\$100); INC (\$80) Fee \$400 Inrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey conal Services: Car / Tpt Allowance Co-ordination mir Inspection Heat Excess Coordination	\$30 \$75 \$160 \$310 \$55 \$10 \$25 \$5
Contact No: Damaged Portion: OC Checked by (Engr-In-Charge): Auditors: Comments::- at. 1:		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming e 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Co TP (N11): TP 9) N12: Idac Mo	Assessment (\$100); INC (\$80) Fee \$400 Inrough Survey (Resurvey) Reinst INC Only (wef 10 Jan 2005)	\$30 \$375 \$160 \$310 \$55 \$10 \$25 \$5 \$20
Contact No: Damaged Portion: OC Checked by (Engr-In-Charge): Auditors Comments:		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming e 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Co TP (N11): TF	Assessment (\$100); INC (\$80) Gee \$400 Inrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$ conal Services: Car / Tpt Allowance Go-ordination air Inspection [lect Excess Coordination (Non INC) against INC	\$30 \$30 \$75 \$160 \$5 \$10 \$25 \$5 \$20

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 Actual 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 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 28/06/2023 16:09 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 27/06/2023 14:30 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS TUAS (BEFORE UPPER BUKIT TIMAH ROAD EXIT 26A) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1999

Vehicle Registration Number SLH7352D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **BOON YONG HOR** NRIC No SXXXX841F Email Address yonghorboon@gmail.com Mobile Phone No (Phone) +65-82231368 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model TL TUCSON 2.0 GLS AT 2WD SR (EPB) Variant Exact purpose for which vehicle was being used at time of Private hire

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D23MPC0002735

DRIVER

Name of Driver **BOON YONG HOR** NRIC No SXXXX841F Date Of Birth 07/07/1970



Occupation Outdoor Date Of Driving Pass 13/11/1990 Driving experience 32 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-82231368 Alt. Phone Number Email Address yonghorboon@gmail.com Address APT BLK 945 JURONG WEST STREET 91 Address complement # 08-515 Postcode Is the driver the policyholder? 640945 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 Chain Collision 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 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 GRAB PASSENGER 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 THE ATTACHED STATEMENT 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 SMR5653J Vehicle Manufacturer Vehicle Model

Vehicle Variant	
Vehicle Colour	-
	15
Vehicle Category	Private car
Name of Driver	
Contact Number	-
	-
Address	-
Address complement	-
Postcode	_
Insurance Company Name	920
Nature Of Damage	-
Details of property demonad in academy	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLD7305L
Vehicle Manufacturer	_
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	-
	-
Vehicle Category	Private car
Name of Driver	_
Contact Number	62
Address	V.7
Address complement	-
Postcode	-
	-
Insurance Company Name	-
Nature Of Damage	V2
Details of property damaged in accident	
No. Of Passanger (Including Driver)	-
No. Of Passenger (including Driver)	100

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	CIVICIVOVIA
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	IVA / OTKHOWII
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-
10. Of assenger (including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	BOON YONG HOR Male (Phone) +65-82231368 APT BLK 945 JURONG WEST STREET 91 # 08-515 640945
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	BODYPAIN SLH7352D - No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 Traffic Police Department for investigation.
- 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.
- 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.

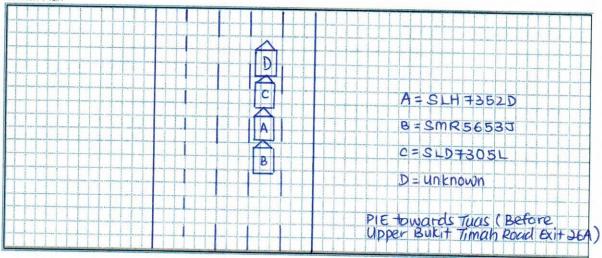
Policyholder's Signature / Date & Time

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

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

mul 28/06/2023

Sketch Plan



escribe Circumstance of the Accident	
	Refer to Attached
	Neter to Attachea
	1
/	

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

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

On 27.06.2023 at about 14:30 hours along PIE towards Tuas (Before Upper Bukit Timah Road Exit 26A), I was travelling straight on lane 2 at the above mentioned location and when the front vehicle (C) slowed down and stopped, hence I also completely stop my vehicle (A).

Suddenly, I heard a loud bang from behind and the great impact forced my vehicle (A) to move forward and hit onto the front vehicle (C). When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A), hence causing damages onto the front and rear portion of my vehicle (A).

I wish to state that 1 have 1 passenger in my vehicle (A). It was a chain collision of total of 4 vehicles involved.

Vehicle (A): SLH 7352D

Vehicle (B): SMR 5653J

Vehicle (C): SLD 7305L

Vehicle (D): Unknown

SINGAPORE ACCIDENT STATEMENT

Accident Date: 27/06/2023 Time: 14:30 (hh:mm) 24 hr format
Location PIE towards Tuas (Before Upper Bukit Timah
Road Exit 26A)
Vehicle Number SLH7352D
Insured Name Boon Yong Hor
NRIC /FIN \$7022841F Contact Number 8223 1368
Make Hyundai Model TI Tucson
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,PIs select: (/) Third Party () Reporting
Insurance Company India International
Type of Policy (/) Comphensive () Third Party Fire & Theft () TP Only
Policy Number D23MPC 0002735
Name of Driver (/)Same as Insured
(*) Sume as insufed
NRIC / FIN Contact Number
Date of Birth 0-+10-+19-70
Driving Pass Date 13/11/1990
Occupation () Indoor (/) Outdoor
Gender (/) Male () Female
Email Address yunghorboon@gmail.com ()NO EMAIL
Address of Driver BLK 945 Jurong West Street al
08-515 S(640945)
Was driver an employee of the Insured's Company? () Yes (/) No
If No, Relationship of the Driver with the Insured
Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes (/) No
If Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle
Weather Conditions (/) Clear () Raining () Others Road Surface (/) Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes () No
Was anybody injured in the accident?
If yes, injured detail BOOD YOUR HOVE BOOKS
was there any video captured by Car Camera? () Yes () No
was the Accident reported to the Police? () Yes () No. If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B CMR5653J
Veh C SLD 7305L
Veh D Unknown
Veh E
Veh F

Passenger: Grab Passenger (F)



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711 Office (65) 63476100 Email insure@iii.com.sg

COVER: COMPREHENSIVE

Website www.iii.com.sg Fax (65) 62244174

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.: D23MPC0002735

1. Index Mark and Registration Number of Vehicle

SLH7352D

KMHJ3813MHU292858

2. Name of Policyholder

BOON YONG HOR

3 Effective date of Insurance

04 Apr 2023

Expiry date of Insurance

: 03 Apr 2024

5. Persons or Classes of Persons entitled to drive*

For private hire: BOON YONG HOR only

For Social, Domestic & Leisure purposes: Any person who is driving on the Policyholder's order or with their permission and who are at least 18 years old and holding a valid driving licence on the relevant class.

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 for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of the policyholder.

The Policy does not cover

a) Use for racing, pace-making, reliability trial, or speed-testing.

b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

c) 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.

Excess for NPHVA member:

Excess Section I & II Separately: SGD1800.00 (Within Singapore)

Excess Section I & II Separately: SGD3600.00 (Outside Singapore)

Excess Section I & II Separately (For Unnamed Driver): SGD2300.00 For Social, Domestic & Leisure Purposes only (Within Singapore)

Excess Section I & II Separately (For Unnamed Driver): SGD4600.00 For Social, Domestic & Leisure Purposes only (Outside Singapore)

Excess for non NPHVA member:

Excess Section I & II Separately: SGD3600.00 (Within Singapore)

Excess Section I & II Separately: SGD7200.00 (Outside Singapore)

Excess Section 1 & II Separately (For Unnamed Driver): SGD4100.00 For Social, Domestic & Leisure Purposes only (Within Singapore) Excess Section I & II Separately (For Unnamed Driver): SGD8200.00 For Social, Domestic & Leisure Purposes only (Outside Singapore)

Windscreen Excess: SGD100.00

Sunroof Excess: S\$200.00

Remarks: If any named drivers, the above excess will be applicable.

PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - WITHIN THE REPUBLIC OF SINGAPORE ONLY FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA

Hire Purchase Company

Kenso Leasing Pte Ltd

For drivers below 22 years or above 75 years of age &/or less than 2 years Singapore Driving Licence, an additional excess on Section 1 & 11 separately of S\$1500/- 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).