NATIONAL Assessment Centre	Services p	ef i Jan'05)	MMA 1181				
Date In: 11/08/18 15:48	Job description		Date & Tim	e Completed		Done	pi
Res No: WALLPC 18014573/44	SAS e-filing						
Veh No: 537 39237	E-mail (within Stir	s, AIC 2hrs)					- 4
D.O.A : 918/18 20:45	i-Motor Claim	Form	4				
OD P Reporting Only	i-Motor W/O (v	Vithin: OD 2h	rs, TP 4hrs)	-8			
	i-Photo Upload	ed					
	Assessment/Surv	ey Report		THE CONTRACTOR			
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:		
TP Particulars: Veh No: 5	KL 3656 U.	INC ()/Non-N	NC()	01		
Owner / Driver: (30340		Tel:)	
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Confirmed by : (Date:		me:		<u> </u>	
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() Total Loss Case : to e-mail Insurer	URGENTLY.	1			-		
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25tte in ()/ /ottern (), invoice.	125 () / 110	(),	ownig co. (/
Remarks:- (INC hotline: 6788 6616)			Date&Time	Completed		Done	by
1) Apply for Transport Allowance () / Co	urtesy Car ()			1576 STORESTON 1 738 V			
2) QC Check / Post Repair Inspection	()						No.
3) Upload Resurvey Photo [Repair Cost > \$30	001 ()		1				
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river/Owner:	The second secon	TF : Towing			40/\$45		
			Through Survey		\$120		
ntact No:	(5)	5) PT : Follow-Through Survey (Resurvey) \$30 For claiming against JNC Only (wef 10 Jan 2005)					
maged Portion:	6)	TR: Re-inspe			\$75		
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uditors! Comments :-		NTUC Addit OD* *N5: Courtes *N6: Repair 0 *N7: Fost Re *N8: DV / Co	onal Services. y Car / Tpt Allowe Co-ordination pair Inspection illect Excess Coor P (Non INC) again	dination	\$5 510 \$25		
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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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

or cany.				
	ACCIDENT STATEMENT			
Date Of Report	11/08/2018 15:48			
Date Of Accident	09/08/2018 20:45			
Exact Location Of Accident	MILLENIA WALK CARPARK			
Country/State of Loss	SINGAPORE			
D	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJT3923T			
Insured/Policyholder				
Name Of Registered Owner	ONG SWEE KAR			
NRIC No	S2022503C			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-96980456			
Alternative Phone No	OFFICE-96980456			
Vehicle Particulars				
Manufacturer	HONDA			
Model	STREAM			
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?	NO			
If No, Please state action to be taken	THIRD PARTY			
Vehicle Category	PRIVATE CAR			
Insurance Company				
Name of Insurance Company	LONPAC INSURANCE BHD			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	Z17VP05015528			
Cover Note Number				
Driver				
Name of Driver	TOH WEI JIE			
NRIC No	S8417779B			
Date Of Birth	03/06/1984			
Occupation	OUTDOOR			
Date Of Driving Pass	14/03/2003			
Driving Experience	15 YEARS AND 4 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-97952338			
Fax Number				
Contact Number				
EMail Address	NOEMAIL			

370 ALEXANDRA RD #02-16 Address

159953 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 5

Passenger 1 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

> GENDER: : FEMALE

Passenger 3 NAME: : UNKNOWN

> GENDER: : FEMALE

Passenger 4 NAME: : UNKNOWN

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKL3656U

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

CLARENCE YIAW JIN LIANG Name of Driver

NRIC/Passport Number Contact Number \$9050494J 91294253

Address

Postcode

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.
- 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
- 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 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)

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)
 - (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.
- 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: 11. 08 - 18

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

I was exiting the gantry, mine vecholo was stationery suddenly rechicle (B) came out from the left side parking lot and hit anto my left side portion

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: 11-08-18

11.00 am

fred

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMO Sketchiskini Biologyki

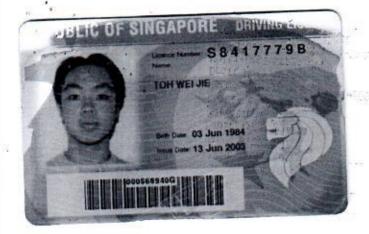
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ACCIDENT STATEMENT

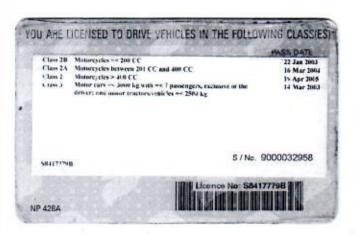
ACCIDEN	AMOUNT COS II TOO	OIS)(DD/MM/YYYY		<u>></u>)(HH:MM)
LOCATION	N: MILLIEHIA	WALK CA	RPARC	
1. DE	ETAILS OF VEHICLE		T.	
a)	VEHICLE NUMBER:	531 3923		
b)	INSURANCE COMPANY	LONGPAC		
c)	POLICY NUMBER: Z 1	TUPOSOI	5528	
d)	POLICY TYPE: (COMPRE	HENSIVE / THIRD PAR	TY / THIRD PARTY	FIRE &THEFT)
	MAKE & MODEL:		REIAM	70
f)T	YPE:(SALOON / COUPE	MPV /VAN / LORRY	// MOTORCYCLE	/ OTHERS)
g)	VEHICLE CATEGORY: (PF	RIVATE / COMMERCIA	AL / MOTORCYCL	E)
h)I	PURPOSE OF USING AT	ACCIDENT TIME:	Private use	- 100 - 100
i) A	RE YOU CLAIMING UND	ER YOUR OWN INSUE	RANCE (YES/NO)	
IF	NO, PLEASE STATE THIS	D PARTY CLAIM / RE	PORTING ONLY	- 1
2. IN:	SURED / POLICY HOLDER	NA 12 12 12 12 12 12 12 12 12 12 12 12 12	(7).	1
A)1	NAME: DNG O	NG SWEE !	CAR_(MALE/	FEMALE)
b)1	NRIC/FIN/PASSPORT:	52022503	CONTACT: 96	98 0456
c)/	ADDRESS: BIK 62	9 Senja R	load #11-1	97
2 2 2		629	4 74	11
	CONTINUE TO 3.d IF DRIV	ER ALSO POLICY HO	LDER	
The of passenges DR	IVER		0	
LINCIDIANA ALLANDE		WEI JIE	THE RESERVE OF THE PARTY OF THE	FEMALE)
(K)	VRIC/FIN/PASSPORT:	The second secon	3_CONTACT: 9	795 233
(2) c)A	ADDRESS: 370 F	ALEXA H DRA	KOAD	#02-16_
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	DATE OF BIRTH: (_63/_		AM/YYYY)	620
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	VEATHER CONDITION: (
	OAD SURFACE: (DRY)			
	S ANYBODY INJURED (Y			
	EPORTED TO POLICE (YE			
	YES, PLEASE STATE WHICH		17	
8. THIR	D PARTY VEHICLE			
# No of passenger a)	VEHICLE NUMBER:	SKL 3656U	MODEL: VO	LVO
(Including driver) b)				LIANG
	NRIC/FIN/PASSPORT:_	590504945	CONTACT: 9/3	29 4252
	D P'ARTY VEHICLE			
		=	MODEL:	1507
a No of passanger	DRIVER'S NAME:			J. 1.
I lad a land a land a land	NRIC/FIN/PASSPORT:		_CONTACT:	
()				
	8 B			1

email = William Icb @ gmail. Com fax =

VIDEO -











Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555 Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpec.com.sg

GST Reg No.: F0-0005635-C

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z17VP05015528

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HONDA STREAM 1.8

SJT3923T

2. Name of Policy Holder

ONG SWEE KAR

3. Effective Date of the Commencement of Insurance for the purpose of the Act

06/10/2017

4. Date of Expiry of the Insurance

05/10/2018

5. Persons or Classes of Persons entitled to drive (A) THE POLICYHOLDER (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 USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Excess

: \$\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS

S\$ 1,000.00 (SECTION 1) UNNAMED DRIVERS

\$\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: OVERSEA-CHINESE BANKING CORPORATION LIMITED

CHIEF EXECUTIVE (Singapore Branch)

User ID: FA2130 Date Issued: 05/10/2017