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TP Particulars: Veh No: SLS	671S.	. INC()/Non-INC	().	71 Ye	
Owner / Driver: (-	2		Tcl:)	
Policy No: () Period:	()	Cover Type: ()	
Confirmed by : (Date:	Time	-)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- 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.

aforesaid.	
and the last limited becomes the second	ACCIDENT STATEMENT
Date Of Report	08/11/2018 12:45
Date Of Accident	08/11/2018 09:30
Exact Location Of Accident	LORNIE ROAD BEFORE ADAM RD TOWARDS FARRER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH8412G
Insured/Policyholder	
Name Of Registered Owner	HENG KIA HWEE, FLORENCE (WANG JIAHUI, FLORENCE)
NRIC No	S8223526J
Email Address	HENG_FLORENCE@HOTMAIL,COM
Mobile Phone No	(LOCAL) +65-87152294
Alternative Phone No	OTHERS-87152294
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS-1.5 E (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO.
Policy Number	DHOM110154461601
Cover Note Number	
Driver	
Name of Driver	HENG KIA HWEE, FLORENCE (WANG JIAHUI, FLORENCE)
NRIC No	S8223528J
Date Of Birth	23/07/1982
Occupation	INDOOR
Date Of Driving Pass	08/01/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87152294
Fax Number	

OTHERS-87152294

HENG_FLORENCE@HOTMAIL.COM

Address BLK 749 WOODLANDS CIRCLE

#02-598

Postcode 730749

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident Was any body injured in the Accident? 2 NO

Was any injured conveyed to hospital by

..........

ambulance?

NO.

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

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

WAS DRIVING TOWARDS ADAM ROAD, TOWARDS FARRER ROAD IT WAS SMOOTH TRAFFIC. I HAD KEPT MORE THAN 2 CAR DISTANCE FROM THE CAR INFRONT BUT SUDDENLY HE JAMMED BRAKE. TALSO STEP ONTO THE BRAKE PEDAL HOWEVER THE ROAD IS A DOWN SLOPE THE CAR CANNOT STOPPED IN FRONT. AFTER THE CAR STOP I ENQUIRE ON THE REASON FOR JAMMED BRAKE AND HE CLAIM THE CAR IN FRONT DID THAT. HE LEFT THE SCENE AS HIS CAR ONLY HAS IMPACT ON HIS BOOTH. HIS CAR IS IN GOOD CONDITION THAT CAN BE DROVE OFF.

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

SLS2677S

Vehicle Make/Model/Colour

KIA CERATO FORTE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

YEO KEOW WAN

NRIC/Passport Number

S7119084F 98591599

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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) 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.
- (d) 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: FIG 5/11/8

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature, Name:
NRIC/FIN No.: KALL WE TOWN

ETCH PLAN	LORNIA KOAD	BIF 1	Apom	Ko	lou	VAROS FARRIR RO
						1 SUS 2677S
	Dengi	/				~SJH8412G
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distance from the car in front but souldenly Frant. After the cov break and he claim the condition that can be drove off

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:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCI	DENT DATE: (E / ILL) 3018 (DD/MM/YY	YY), TIME: (
	TION: Buffere Adam Rd going toward Fan	
114		
Ъ	DETAILS OF VEHICLE	1 v
	a) VEHICLE NUMBER! 51H BAILG .	
	b)INSURANCE COMPANY: UOI	
€	CIPOLICY NUMBER: DHOM HOL54461601	L
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD P	
	OMAKE & MODEL! Touch / VIOS 1. SEA	
	1) TYPE: (SALOON / COUPE / MPV /VAN / LOP	
	9) VEHICLE CATEGORY: (PRIVATE) COMMER	CIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME:_	
	1) ARE YOU CLAIMING UNDER YOUR OWN IN:	SURANCE (YESYNO)
*	IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REPORTING ONLY)
2.,	INSURED / POLICY HOLDER	
	Alhame: Florence Heng Kin Hure	(MALE REMALE)
W.	DINRIC/FIN/PASSPORTI 583235283	CONTACT: 87152294
	CLADDRESS: 749, woodlond's Circle +	02-578
	* CONTINUE TO 3,d IF DRIVER ALSO POLICY I	HOLOGO
the of passonnet		HOLDER
200 (0.01)	THE PERSON NAMED IN THE PE	MALE / FEMALE)
(Including driver)	b) NRIC/FIN/P ASSPORT!	
()	c)ADDRESS:	CONTACT:
SCHIM (I)	C/NOCKEON.	
1.19	'd) DATE OF BIRTH: (23/ 67/ 1983)(0	D/MM/YYYY)
	e OCCUPATION (THOOOR / OUTDOOR)	#II 1325
	IDATE OF DRIVING PASS	
.4.	WAS DRIVER AN EMPLOYEE OF THE INSL	
-	IF NO, RELATIONSHIP OF THE DRIVER W	
5,	O WEATHER CONDITION: (CLEAR) RAINING	The state of the s
	DIROAD SURFACE: (DRY /WELL OTHERS	
	WAS ANYBODY INJURED (YES MO)	=
\$7 AFS	IF YES, PLEASE STATE WHICH POLICE STATIC	N: '
8,	THIRD PARTY VEHICLE	STATE OF THE PARTY
140 of passenger	O VEHICLE NUMBER: SLS 36775	MODEL: Kia
Industine delicar	b) DRIVER'S NAME Yes Keen wan	
	O HRIC/FIN/PASSPORTI ST 19084F	CONTACT: 98591599
(<u>0</u>) 9.	THIRD PARTY VEHICLE	
& to al page	d) VEHICLE NUMBER:	MODEL:
& No of pessinger	O) DRIVER'S NAMEL	22.78.22
(Induding delver)) 1) MRIC/FIN/PASSPORTI	CONTACT:
()	58	
		(i) (ii) (iv)

email = heng-florence@hotmail.com
fax = 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8223528J



4913666

HENG KIA HWEE, FLORENCE (WANG JIAHUI, FLORENCE)

王佳惠

Race CHINESE 23-07-1982 Country of birth

SINGAPORE







- S8223528J

14-12-2012

APT BLK 749 WOODLANDS CIRCLE #02-598 SINGAPORE 730749

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3 Motor Cars=< 9:00kg with <<7 passengers, exclusive: 06 Jan 2009 of the driver; and other motor vehicles =< 2500kg

NP.428A



United Overseas Insurance Limited

1 Amoun Road #28-015pringleaf Tower **Зтероге 079909**

Tel | 651 6222 7755 Fax (65) 6327 3869 - 6327 3870 Email ConsectUniquescoming unicom sg

Co Reg No 197/501528

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)

ORIGINAL

CERTIFICATE NO.

DHOM110154461601

Excess:

\$3000/-APPL TO <25 YRS & OR <3YRS EXP

Type of Cover

THIRD PARTY, FIRE & THEFT

Vehicle Number

SJH8412G

Name of Insured

FLORENCE HENG KIA HWEE

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 25 January 2018 to 24 January 2019

Engine#

1NZX333271

Chassis#

MR053HY4204156071

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1] AUTHORISED DRIVER

(1) The Insured

(2) Any other person who is driving on the Insured's order or with his permission

(3) In the event of the death of the Insured
(a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and

(b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

Provided that the person 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.

*Limitation 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.

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).

UNITED OVERSEAS INSURANCE LTD

For the Company

Date: 09/11/2018 **FCTTS**