

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) MHA 119021281

Date In: 15/1/19-14:25	Job description	Date & Time Completed	Done by
Ref No: NA/02/19022859/24	SAS e-filing		
Veh No: 26391916	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/1/19-22:50	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: POL5023P INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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 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 Police for investigation.**
6. This report will be forwarded by the insurers of the GIAs 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 Report	15/02/2019 14:25
Date Of Accident	14/02/2019 22:50
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB9129K
Insured/Policyholder	
Name Of Registered Owner	PANG KIP SIONG
NRIC No	S1628935C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92228166
Alternative Phone No	OFFICE-92228166

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA180 (R18 BI)
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120038881900
Cover Note Number	

Driver

Name of Driver	PATTEN PANG DING KANG
NRIC No	S9225058Z
Date Of Birth	19/07/1992
Occupation	INDOOR
Date Of Driving Pass	14/02/2011
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92228166
Fax Number	
Contact Number	OFFICE-92228166
EEmail Address	NOEMAIL

Address	25A HILLVIEW AVENUE #08-12
Postcode	669617
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	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : LIM LI YUN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - J/20190215/7022.

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	FBL5023P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KHOO YUAN RU, EVON (XU YUAN RU)
NRIC/Passport Number	S8817528Z
Contact Number	96685869

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PATTEN PANG DING KANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGB9129K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIM LI YUN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGB9129K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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 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. 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:

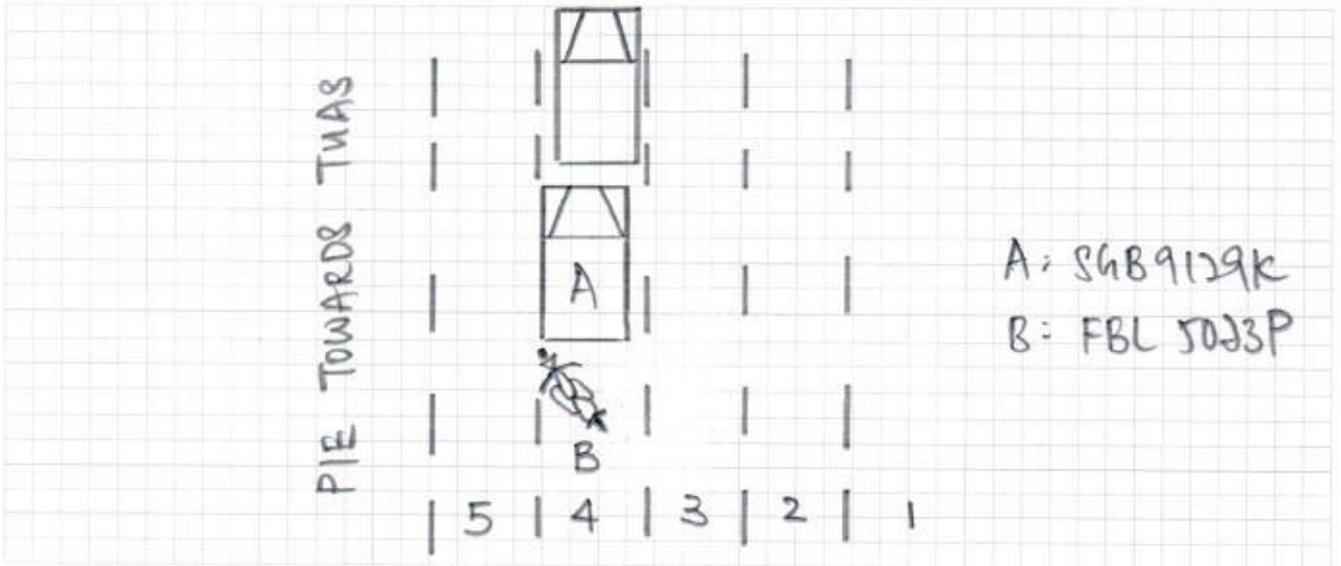


Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/2/2019 1:43pm -



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report J/2019 0215/7000.

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
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

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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 willful 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 Policy 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.

ACCIDENT STATEMENT

Date of Report 15.02.2019
 Date of Accident 14.02.2019
 Exact Location of Accident PIE towards Tuas

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGB9129K

Insured/ Policyholder

Name of Registered Owner Pang Eip Siong
 FIN/ Passport Number S1628935C

Vehicle Particulars

Vehicle Make Mercedes Benz
 Type of Vehicle GLA180 (R18 BI)
 Exact Purpose for which vehicle was being used Private Use
 at the time of accident
 Are you claiming under your own insurance Yes/No third party.
 policy for repair to your vehicle?
 Vehicle Category Private Car

Insurance Company

Name of Insurance Company United Overseas Insurance Limited
 Type of Policy comprehensive
 Fleet Policy No
 Policy Number DHOM120038881900
 Motor CI

Driver

Name of Driver Patten Pang Ding Kang
 FIN/ Passport Number S9225058Z
 Date of Birth 1907.1992
 Occupation manager
 Year of Driving Experience 26.03.2018
 Gender Male/ Female
 Contact Number 9222 8166
 Address 25A Hillview Avenue
 Email Address #08-12 S' 669612
 Was driver an employee of the Insured's Company? Pattenpang@lpw.com.sg
 If no, Relationship of the Driver with the Insured NO
 children.

Pattenpang@lpw.com.sg

Lim Li Yun (Female)

Vehicle Registration Number of Driver's Own Vehicle (If applicable)
Insurance Company of Driver's Own Vehicle (if applicable)

General Information of the Accident

Type of Collision: Head to Rear
Weather Conditions: Clear
Road Surface: Dry

Other Information

Was any body injured in the Accident? Yes/No
Was any other material or property damage? Yes/No

Details of Injured Persons

Name: Patten Tang Ding kang
Address:
Approximate Age:
Injuries Sustained:
If vehicle Occupants, state in which vehicle?
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No

Details of Police Action

Was the Accident reported to the Police? Yes
If yes, please state which Police Station: Jurong Division HQ
Was notice of intended Prosecution given? No.
If yes, against whom?

Circumstance of Accident

Refer to Sketch Plan

DETAILS OF OTHER VEHICLE(S)/ PROPERTIES

Vehicle Registration Number: FBL 5623P
Details of Properties:
Vehicle Make/ Model/ Colour:
Name of Driver: Khoo Yuan Ru, Euan (Xu Yuan Ru)
NRIC/ Passport Number: 888 17528Z
Contact Number: 9668 5869
Email Address:
Address:
Insurance Company Name:
Nature of Damage:

Details of Witness

Name:
Phone Number:
Email Address:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190215/7022

herself. Afterwhich, with the help of another bypassing motocyclist, we brought Evon to the road shoulder and soon after the EMAS and Cisco Officer took over the whole situation.

Subjects Involved			
Victim			
Person Name	PATTEN PANG DING KANG		
ID Type	NRIC NO	ID No	S9225058Z
Gender	Male	Age	26
Race	Chinese	Language	English
Occupation	Managing director/Chief executive officer	Address Type	
Address	25A HILLVIEW AVENUE #08-12 SINGAPORE 669617	Mobile No	92228166
Is Informant A Victim?	Yes		
Person Name	PATTEN PANG DING KANG (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
15/02/2019 12:26

Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE DRIVING LICENCE

IC Number: S9225058Z

PATTEN PANG DING KANG

Birth Date: 19 Jul 1992

Issue Date: 14 Feb 2011

001937293




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9225058Z



Name
PATTEN PANG DING KANG

彭定康

Race
CHINESE

Date of birth

Sex

19-07-1992

M

S9225058Z

Country of birth

SINGAPORE

HP: 92228166

Email: Pattenpang@lpw.com.sg

Occupation: Manager

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	EFFECTIVE DATE
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	14 Feb 2011
Class 4	Heavy motor cars and motor tractors > 2500 kg	26 May 2013

S9225058Z

S7 No. 9000281028

Licence No. S9225058Z

NP 428A



4094867



NRIC No. S9225058Z



Date of issue
04-09-2007

Address
25A HILLVIEW AVENUE
#08-12
SINGAPORE 659617



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road
#28-01 Springleaf Tower
Singapore 079909
Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197100152R

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. DHOM120038881900 Excess: \$750/-NAMED DRIVERS - OPTION 2
Type of Cover COMPREHENSIVE \$1500/-OTHERS
Vehicle Number SGB9129K \$3000/-APPL TO <25 YRS & OR <3YRS EXP
Name of Insured PANG KIP SIONG \$100/-WINDSCREEN DAMAGE CLAIM
Restricted Driver(s) NOT APPLICABLE

Period of Insurance 14 January 2019 to 13 January 2020
Hire Purchase

Engine# 27091030652588
Chassis# WDC1569422J124945

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

[Handwritten signature]

For the Company

FCABM Date : 14/01/2019