NATIONAL Assessment Centre S	ervices per lades	MM4(10625	20	
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DOA 76/00/2019 20/00	i-Motor Claim Form			
THE REAL PROPERTY.	I-Motor W/O (Within: OD 2h	rs. TP 4hrs)	*******	
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (Tel: F.	n×:	
TP Particulars: Veh No: SA	SHUZ INC)/Non-INC ()	4	
Owner / Driver: (Tel:)	
Policy No: () Period)	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note	E-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	00%]	
Year of Registration: () Warr	ranty, YES ()/NO ()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()			
General Remarks:-	到的場合語句語是	TO WELL TO		
() Walk-In Customer's Informa	tion strictly Confidential & S	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer U	RGENTLY.			
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	JUNEAU CONTRACTOR CONT	MANAGEMENT AND THE	The Bendun	
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done by	
	tesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000	0] ()			
Injury:				
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Date/Time Actions		EV STATE SELECTION	English to	
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Driver/Owner:		v-Through Survey p-Through Survey (Resurvey)	\$120	
Contact No:	Ear claimin	is negital INC Only (well 10 Jan 200		
Damäged Portion:		6) TR: Re-inspection 375 7) N1: Idea DA + SMRT Survey \$160		
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C Checked by (Engr-In-Charge):	OIII	lesy Cor / Tpi Allawance		
	*N6, Repn	ir Co-tridination	\$10	
Auditors' Comments :-	*N7: F6st	Repair Inspection Callett Excess Coordination	\$25	
at. 1:		TP (N in INC) against INC	250	
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Int. 2/3.	Invoice dates		N. AND PARTY OF THE PARTY OF TH	

SINGAPORE ACCIDENT STATEMENT

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 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 an

 by the longement of this report to the insurers, you aforesaid. 	u nereby consent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	14/05/2019 09:25	
Date Of Accident	26/04/2019 20:00	
Exact Location Of Accident	QUEENSTOWN STADIUM CARPARK (OPP QUEENSTOWN STADIUM	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKS4493D	
Insured/Policyholder		
Name Of Registered Owner	WONG TUCK LOONG	
NRIC No	S1693752E	
Email Address	CHRISWONG.TUCKLOONG@YAHOO.COM.SG	
Mobile Phone No	(LOCAL) +65-96585815	
Alternative Phone No	OTHERS-96585815	

Vehicle Particulars

Manufacturer MITSUBISHI Model LANCER

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?

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 COMPREHENSIVE

Fleet Policy NO

Policy Number DHOM110149491603

Cover Note Number

Driver

Name of Driver WONG TUCK LOONG

NRIC No S1693752E Date Of Birth 21/06/1965 Occupation INDOOR Date Of Driving Pass 06/07/1994

24 YEARS AND 9 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-96585815

Fax Number

Contact Number OTHERS-96585815

EMail Address CHRISWONG.TUCKLOONG@YAHOO.COM.SG

16 STIRLING ROAD Address

#02-16 148957

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

OWNER

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

NO

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

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: SON

GENDER:

: MALE

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

ON 26TH APRIL 2019 AT AROUND 20:00HRS I WAS DRIVING OUT OF THE CAR PARK (OPPOSITE QUEENSTOWN STADIUM). THE BARRIER DID NOT OPEN (LIFT UP), I PRESS THE INTERCOM, THE WOMAN AT THE INTERCOM ASKED ME TO REVERSE MY CAR AND TRY AGAIN BY MOVING FORWARD. THE NIGHT WAS DARK AND THE LIGHTING WAS NOT LIGHT UP. I REVERSE TOO MUCH BUT MY BACK CAR SENSOR DID NOT GIVE UP SOUND TO ALERT ME AT THE VEHICLE PARKED BEHIND THE CAR PARK LOT. I HIT THE VEHICLE FRONT CAR BUMPER, MY REAR LEFT BUMPER WAS MISALIGNED BUT REAR RIGHT BUMPER WAS OK.I CAME OUT AND CHECKED THE OTHER CAR'S FRONT BUMPER BUT ONLY SAW SMALL SCRATCHES, THE OTHER CAR BUMPER WAS INTACT. ON 29 APRIL 2019 I WENT TO CHEONG AUTO PTE LTD (INVIOCE #:6529) TO HAVE MY BUMPER RE-ALIGNED. IT WAS A MINOR JOB AND COST \$85.60 TO HAVE THE REAR LEFT DISLODGE BUMPER RE-ALIGNED.

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

SLK5584Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 2. This Form must be completed by the Policyholder and/or the Authorised 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>.
- 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.
- 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.
- 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:
 - 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:
 - 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: 14 05 201

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Queen bon Stadium	
Bornier Barrery A Car Pork My Car Other Car B B B	B) SLK-5584Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 76th April 2019 of ground 8pm I was driving out of the
car park (Opp Queenstown Stadium). The barrier did not open
(liftyp), I press the intercom. The women at the intercom
asked the to reverse my our and try again by moving
forward.
night
The Light was dark and the lightning was not light up.
The light was dark and the lighting was not light up.
give up sound to alert me of the vehicle parted behind
the car port lot.
I hat the while front bupper, my rear left damper was
misaligned but my rear vight bumper was of. I cone ent
and checked the other car's trent bumper but only to
say small scratches, the other car's humper was intact.
On 29/04/2019, I went to Cheng Auto Pte 2td [Invoice#: 6529)
to have my bumper re-aligned. It was a miner job and
cost only \$85.60 to have the rear left dislodge bumper
realigned.
ix in the second

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:

GUAMC StatchPlanForm_K1

CHEONG AUTO PTE LTD

262 Queensway (Esso Station)

Singapore 149061

GST Registration No.: M200500539

Company Registration No. 198200024N



Tax Invoice

INVOICE TO

Chris Wong 96585815

SKS4493D Mit Lancer

INVOICE NO. 6529 DATE 29/04/2019

ODOMETER

28454

MECHANIC

keong

ATTENDED BY

Vincent

ACTIVITY

Exterior car bodyworks repair (exclude painting)
Repair rear left dislodge bumper and align proper

AMOUNT

80.00

SUBTOTAL

GST TOTAL

TOTAL

BALANCE DUE

80.00

5.60

85.60

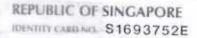
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ACCIDENT STATEMENT

ACCIDENT DATE: (26) 04 2019 (DD/MM/YYYY), TIME: (8	3.00)(HH:MM) PM.
LOCATION: Queentown Stadium Car Park	(Opp Queostan Stadius)
a) VEHICLE NUMBER: SKS 4493D b) INSURANCE COMPANY: United Overed FASTER ACCEPTOLICY NUMBER: DHOM 110149491603	e Limited
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY	YOLE / OTHERS)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE FO IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ON	
2. INSURED / POLICY HOLDER A) NAME: Weilg Tuck Loong b) NRIC/FIN/PASSPORT: 51693457E CONTACT C) ADDRESS: BIKIG #F02-16 Stirling Roe	
804	5(148957)
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) DRIVER DINAME: DINAME: DINRIC/FIN/PASSPORT: CONTACT CJADDRESS:	ALE / FEMALE)
e)OCCUPATION (INDOOR) OUTDOOR) 1) DATE OF DRIVING PASC JUL 1994	
 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPA IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a)WEATHER CONDITION; (CLEAR) RAINING / OTHERS	
6. WAS ANYBODY INJURED (YES (NO) 7. G)REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION:	
8. THIRD PARTY VEHICLE THE of passinger a) VEHICLE NUMBER: SLK55842 MODEL:	
() C) NRIC/FIN/PASSPORT:CONTACT	9.55
of Passanger e) DRIVER'S NAME:	
(

email = chriswong. tuck loonge yahoo. com ug







WONG TUCK LOONG

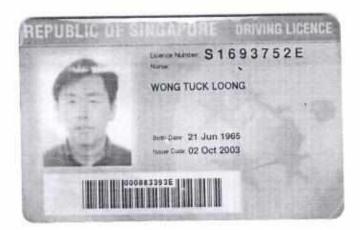
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CHINESE

21-06-1965

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SINGAPORE





Class 3 More Cars and Motor Tracture for weight of 96 Jul 1934 which untaden does not exceed 2500 kilograms



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 ubi 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.

DH0M110149491603

Excess:

\$800/-NAMED DRIVERS

\$1500/-OTHERS

Type of Cover

COMPREHENSIVE

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

\$100/-WINDSCREEN DAMAGE CLAIM

Vehicle Number

SKS4493D

Name of Insured

WONG TUCK LOONG CHRIS

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 16 April 2019 to 15 April 2020

Engine#

4A92BT5546

Chassis#

JMYSRCY1AFU004029

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

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

Mane

For the Company

ECTTS

Date: 25/03/2019