NATIONAL Assessment Centre		N.IIUB YI IVVIV	14
Date In: 27/05/2005 16:18	Jeb description	Date &Time Completed	Done by
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OD TP Reporting Only	I-Photo Uploaded	1	
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Proformed Wksp / INC Assign Wksp / QW: (NAME OF THE PERSON NAMED O	Yol: Fa	xI
TP Particulars: Veh No: SC	D7976C. INC(,)/Non-INC().	£
Owner# Driver: (Tel:)
Policy No: () Perio	od: ()	Cover Type: ().
Confirmed by : (· Dater,	Tima)
	te-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	0%] .
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Excess: (\$) Londing: \$1,000	()/\$2,000()		CHARLES TO
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() Total Loss Case : to e-mall Insurer		· ·- · .;	
·Drive-In ()/ Towed-In (.); Invoice:	VES()/NO();T	owing Co: (
commission of the commission o	Valletini Qalveriya (1881)	3月2月6日日本	a company
1) Apply for Transport Allowance ()/Cou	irtesy Car ()		47 ACC 2000 CO. 1
2) QC Check / Post Repair Inspection	(·)))
3) Upload Resurvey Photo [Repair Cost > \$300			-
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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 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 STATEM	EN	Г
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Date Of Report 27/05/2019 16:18
Date Of Accident 24/05/2019 13:30

Exact Location Of Accident MACKENZIE ROAD HEAVY VEHICLE OPEN CARPARK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA1889K

Insured/Policyholder

Name Of Registered Owner LOH HOON SUN

Co Reg No S1849108D

Email Address LOHHOONSUN@PHILLIP.COM.SG

 Mobile Phone No
 (LOCAL) +65-96700326

 Alternative Phone No
 OFFICE-94887896

Vehicle Particulars

Manufacturer JAGUAR

Model XF 2.0 I4P TSS

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 COMPREHENSIVE

Fleet Policy NO

Policy Number DHOM110153861602

Cover Note Number

Driver

Name of Driver CHEW SAN CHING

 NRIC No
 S1349390A

 Date Of Birth
 06/06/1959

 Occupation
 OUTDOOR

 Date Of Driving Pass
 14/04/1978

Driving Experience 41 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96700326

Fax Number

Contact Number OTHERS-94887896

EMail Address LOHHOONSUN@PHILLIP.COM.SG

Address

BLK 110 RIVERVALE WALK

#14-08

Postcode

540110

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

Walter Street Street Street Street

NO

Was any body injured in the Accident?

7000

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

/EC

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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 25-05-2019 AT ABOUT 13:30HRS I WAS AT MACKENZIE ROAD AND WANTED TO ENTER THE HEAVY VEHICLE CARPARK AND THE GANTRY THE BARRIER DID NOT LIFT UP , SO I REVERSE AND I DID NOT NOTICE THAT THERE IS A CAR SLD7975C BEHIND MY CAR SKA1889K THAT ALL.

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

SLD7975C

Vehicle Make/Model/Colour

NISSAN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN XIN CHANG GARY

NRIC/Passport Number

Contact Number

90586335

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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No. LOPZ/

MACK	BUZIE POAD	HAAUY 1	letick Che	park
A) SKA 1889K ~>	B CHE MOVE IN		////	/ / >
B)SLD797KCZ	- F - V ((S		4	1
DESCRIBE CIRCUMSTANCES OF THE ACC	CIDENT			
MOT OPEN 80 I DA	2 SW 7975C	ARPARK THE	1 FF17 A	DIND
ECLARATION We declare the foregoing particulars are true in	27/5/2019	Asi	22/20/20	19

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

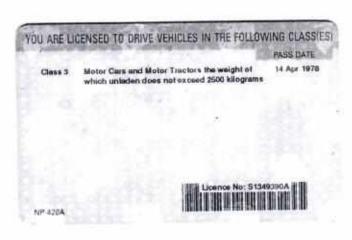
ACCIDENT STATEMENT

email = Lottfoone Sun Q PHILLIP com SG.











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 upi.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.

DHOM110153861602

Excess:

\$5000/-ALL DRIVERS

Type of Cover

COMPREHENSIVE

Vehicle Number

SKA1889K

Name of Insured

LOH HOON SUN

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 1 November 2018 to 31 October 2019

Engine#

016014011048204PT

Chassis# SAJBB4AG6HCY28751

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

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business

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

he 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

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

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of

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 ly of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

FCTTS Date : 03/09/2018