NATIONAL Assessment Centre Service:	S feet t is one			
Date In: 03/06/19 Jeb descrip		Date &Time Completed	Do	ne by
Ref No NA/1/2/19009787/13 SAS e-fil	ling	-		10 07
Val. Via C. F. C.	within 8hrs, AIC 2hrs)			
DO 1 22 / /	Claim Form			
		<u> </u>		
	W/O (Within: OD 2hrs	s. TP 4hrs)		
	nt/Survey Report	1		
1100 200 400 400	ort by Fax / Hand to	o Owner/When		
Preferred Wksp / INC Assign Wksp / QW: (	THAT TIME	0.000		
TP Particulars: Veh No: 595708	YO INC(		Fax:	
Owner / Driver: (	, inc(	)/Non-INC()	-	
Policy No: ( ) Period: (		Tel:		
Confirmed by : (	Date:	Cover Type: (	)	
I was the transfer of the tran		Time: 9%; P: 21-79%. F: 80-	)	
Year of Registration: ( ) Warranty: YES	1/ 1/110/		100%]	
Excess: (\$ ) Loading: \$1,000 ( )/\$2,		)		
General Remarks:-				
( ) Walk-In Customer: Customer's information strictly	Mary two of Special and	959 P. F. Barrille & C. J., 181	3.07	
( ) Total Lass Case at the a mail Language		city NO raier of repairer.		
( ) Total Loss Case : to e-mail Insurer URGENTL	Y.			
Drive-In ( ) / Towed-In ( ); Invoice: YES ( )	/ NO( ); To	owing Co. (	-	)
Remarks:- (INC horline: 6788 6616)		Б. 48.77. 6 1 1 1		
Apply for Transport Allowance ( )/ Courtesy Car (	)	Date&Time Completed	Don	by
2) QC Check / Post Repair Inspection (				
3) Upload Resurvey Photo [Repair Cost > \$3000] (	)			
Injury:	le se			
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Date/Time Actions			777	
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			na and in the contract	
eX	120000000000000000000000000000000000000	and the Ministry	- Amt (S)	Amt (\$)
	Inverce Prepa	aration Checklist	1st Bill	Add Bill
laimant's Particulars :-	1) AR : Accident R 2) DA : Damage As	The same of the sa		
river/Owner:	3) TF : Towing Fee		(S45)	
ontact No:	4) FT : Follow-Thro		120	
	For claiming agai	ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005)	\$30	
amaged Portion:	6) TR : Re-inspection	on	\$75	
	7) N1 : Idac DA + S 8) NTUC Additions		160	
C Checked by (Engr-In-Charge):	OD+	175149		
	*N6: Repair Co-o	ar / Tpt Allowance ordination	\$5 \$10	
uditors' Comments :-	*N7: Fost Repair		\$25	
L. I:	TINE DV / Collec	A state of the control of the contro		
	The state of the s		\$5	
2/3:	The state of the s	on INC) against INC	\$5 \$20 30	

## 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.

providence.	TO THE TOTAL PROPERTY OF THE P
STEEL SECTION OF SECTION OF SEC	ACCIDENT STATEMENT
Date Of Report	03/06/2019 17:31
Date Of Accident	03/06/2019 10:00
Exact Location Of Accident	EUNOS LINK TWDS HOUGANG
Country/State of Loss	SINGAPORE
THE PROPERTY OF THE PARTY OF TH	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC3583T
Insured/Policyholder	
Name Of Registered Owner	ONG GEOK ENG
NRIC No	\$1570050E
Email Address	VINCENTPSLOW@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98891683
Alternative Phone No	OTHERS-98891683
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	145
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05022177
Cover Note Number	
Driver	
Name of Driver	KEE KIAN SENG
NRIC No	S0784359C
Date Of Birth	03/09/1953
Occupation	INDOOR
Date Of Driving Pass	23/02/1978
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90215767
Fax Number	
Contact Number	
EMail Address	NOEMAIL

38 IPOH LANE Address

#08-08

Postcode 438646

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - COLLEAGUE

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance,

NO 1

NO

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?

If Yes, against whom?

#### Circumstances of Accident

I WAS TRAVELLING FROM EUNOS LINK TWDS HOUGANG ON THE 3RD LANE OF A6-LANES RD.INFRT OF MY VEH STOP DUE TO THE RED TRAFFIC LIGHT AND I FOLLOWED SUIT BUT MY VEH DIDN 'T STOP COMPLETELY AND TOUCH THE REAR PORTION OF VEH B.

## Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGS7084D

Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

## SKETCH PLAN

## **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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.
- 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

ym 03/06/19

Name:

NRIC/FIN No.:

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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.:











# 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.: Z19VP05022177

Type of Cover : COMPREHENSIVE

Index Mark and Vehicle Registration Number

HYUNDAI 145 2.0

2. Name of Policy Holder

ONG GEOK ENG

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

17/02/2019

- SKC3583T

4. Date of Expiry of the Insurance

16/02/2020

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

Excess

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

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

S\$ 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: UNITED OVERSEAS BANK LIMITED

CHIEF EXECUTIVE (Singapore Branch)

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User ID: MRMLP0014 Date Issued: 07/02/2019