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	Assessment/Surve			-	
TP Insurer:	Ass't Report by F		Owner/Wksp	-	
Professor Wkep / INC Assign Wkep / QW: (THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	COMPTON CONTRACTOR	Yol:	Fax:	
P Particulars: Veh Nor	JY 7X96	. INC()/Non-INC().		
Owner/Driver: (347000		Tel:)	
Policy No: ()	Period: () (Cover Type: (1.	
Confirmed by : (Dates,	Tlmer)	
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%	; P: 21-79%. P: 80	0-100%]	
Year of Registration: ()	Warranty: YES ()/NO()			
Pagess: (S) Loading: \$	1,000 ()/52,000 ()			intern acio
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) Upload Resurvey Photo [Repair Cost>	- \$3000] ()				
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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.
- 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

	ACCIDENT STATEMENT
Date Of Report	28/08/2019 17:06
Date Of Accident	27/08/2019 14:30
Exact Location Of Accident	ALONG MANDAI ESTATE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLJ1027Y
nsured/Policyholder	
Name Of Registered Owner	LIM ENG KWEE
NRIC No	S1653420Z
Email Address	LIMBEN64@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94783199
Alternative Phone No	OTHERS-94783199
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used a time of accident	t 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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05024363
Cover Note Number	
Driver	
Name of Driver	LIM ENG KWEE
NRIC No	S1653420Z
Date Of Birth	14/04/1964
Occupation	INDOOR
Date Of Driving Pass	30/06/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94783199
Fax Number	
Contact Number	OTHERS-94783199
EMail Address	LIMBEN64@GMAIL.COM

Address BLK 202 BUKIT BATOK STREET 21

#01-94

Postcode 650202

Was driver an employee of the Insured's Company NO

Tras diver an employee of the modern a dempary the

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

erlicie

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

CLEAR

Road Surface

DRY

SIDE SWIPE

Other Information

Weather Conditions

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

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE TOO LARGE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJX7889L

Vehicle Make/Model/Colour

PROTON

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 faise 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 daims 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.

Policyliplder's Signature

Data Barime:

Driver's Signature

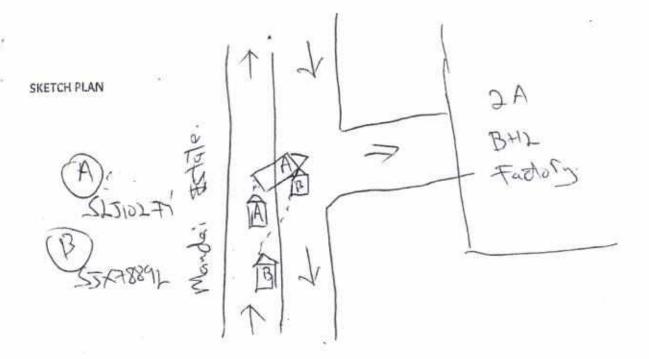
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	I was driving along Mande: Fotale turning
	2A BHIL Factory. I Clow down and
When	traffic Das clear, I proceed to turn
right	into 2 A BAIL Fastoy. While turning
velve	he B andded overtalce against the
44	the and collied into my cd, Rt1
SV	de portion.

DECLARATION

I/We declare the foregoing particulars are tyde in every respect.

Policyholder's Signature Date & Time:

. Drivey's Signature (if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Date of Accident	: 27/8/19 Accident Time: 230p (24-HR-FORMAT)
Accident Place	: Mandali Estate.
Vehicle Reg. No (Car plate No.)	YF101612 :
Vehicle Make/Model	: KIA Forte K3 1.6.
Insurance Company	: Longal hora Policy No. 2194705024363
Owner or Company Names /IC NO	1. Lim Fy KNee S1652420/2.
Owner or Company Contact No.	: 947 83 9 Owner's HPCompany Tel
DRIVER'S Name & IC no.	: L'in En LDR S165420 2
DRIVER'S Date of Birth	: 14/64/64 DRIVER'S License Pass Date
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	·
DRIVER'S Contact No./ Alt No.	: 1)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: Limber 64 agreal com.
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Ins
Number of Passengers (including Di	
Was there any video Captured by ca Exact purpose for which vehicle was be	ing used at the time of accident: Private use \ Work purpose
	Party Driver's Particulars (if any)
Vehicle Reg No: $S5 \times 7889$ L	Vehicle Reg No:
Vehicle Make Model: Proton W	
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC NO. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:



EDI LIKK/NAC USE ON

LIM ENG KWEE

26-07-2013

APT BLK 202 BUKIT BATOK STREET 2:7 #01-94 SINGAPORE 650202

14-04-1964 CountyPluce of bith SING APORE

CHINESE Cotest bette

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YOU ARE LICENSED TO DRIVE VEHICLES IN THEFOLOW!

Class 3 Motor Cars=< 2000 kg with <<7 passenges; at clasive 30 Jun 2000 of the driver; and other motor vehicles < 2000 kg







Singapure Office: 308, Beach Rours 617-04/07. The Concesses dingepore 199555. Tel: (65) 6250 7366. Part: (65) 6295-3757. Website: (1999) Jampat com. kg GST Reg No.: F0-0005635-C

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). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).
THE MOTOR VEHICLES (THIRD PARTYRISKS) RULES, 1959 (MALAYSIA).

Certificate No.: 219VP05024363

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

KIA FORTEKS 1.6 - SLJ1027Y

2. Name of Policy Holder

LIM ENGKWEE

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

17/08/2019

4. Date of Expiry of the Insurance

16/08/2020

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 HISHER 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 MOTOR TRADE.

Excess

: S\$ 1,000,00 (SECTION 1) INSURED / NAMED DRIVERS

S\$ 2,000.00 (SECTION 1) UNIVAMED 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

S\$ 0.00 AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER

ONLY).

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.

IWE 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.

HP. Owner: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

CHEF EXECUTIVE (Singapore Branch)

User ID: ROYCHIA Date Issued: 16/08/2019