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TP Insurer:			Owner/Wksn	Park and the second		
Professed Wksp / INC Assign Wksp / QW: (Yel:	Fax)
TP Particulars: Veh No: SA	1545R	, INC(.)/Non-INC()	2	
Owner / Driver: (Tel:	100)	
Policy No: () Perio	d: ()	Cover Type: (1.	
Confirmed by ; (Dater,	Tliner	-		
	te-Est Status (%; P: 21-79%.	P: 80-100	%]	
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Drive-In ()/ Towed-In (); Invoice: \		10();To	owing Co: ((*))
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 wiful 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.

- 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.

Date Of Accident 07/07/2018 17:00 Exact Location Of Accident BASEMENT CARPARK @ 75 JURONG EAST STREET 13 Exact Location Of Accident BASEMENT CARPARK @ 75 JURONG EAST STREET 13 EVAILS OF OWN VEHICLE Vehicle Registration Number SLZ4613B Vehicle Registration Number SLZ4613B Vehicle Registration Number ONG BOON ENG SI1415770J Email Address BOONENG.ONG@HOTMAIL.COM Vehicle Particulars Vehicle Category Vehicl	THE WILLIAM STREET, ST	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE	Date Of Report	28/08/2019 20:34
Details of Loss DETAILS OF OWN VEHICLE SLZ4613B Insured/Policyholder Name Of Registered Owner Mobile Phone No Alternative Phone No OTHERS-91193341 Vehicle Particulars Manufacturer Mexic Purpose for which vehicle was being used at lime of accident Ime of accident Are you claiming under your own insurance policy or repair to your vehicle? Alternative Company No Prolicy Aumen of Insurance Company LONPAC INSURANCE BHD Cover Note Number Driver Name of Driver	Date Of Accident	07/07/2018 17:00
/ehicle Registration Number SLZ4613B nsured/Policyholder Name Of Registered Owner ONG BOON ENG S1415770J Small Address BOONENG,ONG@HOTMAIL,COM (LOCAL) +65-91193341 Alternative Phone No (LOCAL) +65-91193341 Vehicle Particulars Manufacturer MerceDes-BENZ Model B180 Exact Purpose for which vehicle was being used at ime of accident accident your evehicle? If No, Please state action to be taken REPORTING ONLY Policy Category PRIVATE CAR Insurance Company Vame of Insurance Company LONPAC INSURANCE BHD COVEY POLICY NUMBER COVEY NO ENDERS COVEY NOTE NUMBER ONO ONG BOON ENG NO ONG BOON ENG NO Date Of Birth 11/09/1980 Docupation Diving Experience AMALE MALE MALE	Exact Location Of Accident	BASEMENT CARPARK @ 75 JURONG EAST STREET 13
Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Name No N	Country/State of Loss	SINGAPORE
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or repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company LONPAC INSURANCE BHD Type Of Coverage COMPREHENSIVE Pleet Policy NO Policy Number Z19VP05023575 Cover Note Number Driver Name of Driver Name of Driver Name of Driver NAME OF Birth Driver Date Of Birth Docupation Driving Experience 34 YEARS AND 8 MONTHS Gender MALE	Exact Purpose for which vehicle was being used at time of accident	REVERSE PARKING
Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy Policy Number Z19VP05023575 Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience 34 YEARS AND 8 MONTHS Gender MALE	Are you claiming under your own insurance policy for repair to your vehicle?	NO
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Occupation INDOOR Date Of Driving Pass 13/10/1983 Driving Experience 34 YEARS AND 8 MONTHS Gender MALE	NRIC No	S1415770J
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Driving Experience 34 YEARS AND 8 MONTHS Gender MALE	Occupation	INDOOR
Gender MALE	Date Of Driving Pass	13/10/1983
	Driving Experience	34 YEARS AND 8 MONTHS
Mobile Number (LOCAL) +65-91193341	Gender	MALE
	Mobile Number	(LOCAL) +65-91193341

OTHERS-91193341

BOONENG.ONG@HOTMAIL.COM

Address

75 JURONG EAST STREET 13

#08-01

Postcode

609652

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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) 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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM545R

Vehicle Make/Model/Colour

BMW 318

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

EDDIE LAI

NRIC/Passport Number

Contact Number

96341029

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 <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 Pers

ame:

NRIC/FIN No

and the state of t

BOSTEMAN CORPORE @ 15 JUDIG EAST ST 13. SKETCH PLAN reverse 4613 B Sim 545 K DESCRIBE CIRCUMSTANCES OF THE ACCIDENT reversies navicing I mu LAY Lome Move morksho MUV LOST 0 forum Insurance as two high. Montou now DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personne (If driver is not the policyholder) Date & Time: NRIC/FIN No .: 14:35 pam

ACCIDENT STATEMENT est.

ACCID	ENT DATE: (07 187 2018 (DD/MM/YYY), TIME: (17:00)(HH:MM)
	1 0 1 1 1 B 2+ June Fort St 12 (1609652
LOCAT	ON: Comp Basement Carparle @ 75 Jurung East St 13. 5 1609652
17.	DETAILS OF VEHICLE
1.55	GIVEHICLE NUMBER: > LE 4013 B
	BINSURANCE COMPANY: Tonpac Insurance Berhall
	CIPOLICY NUMBER: Z19VP0'5023575
12	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	OMAKE & MODEL: Merudes Benz B180
	()TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
27	-WELLIOLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE)
•	HIPURPOSE OF USING AT ACCIDENT TIME: PARE YEVESE MARKING
	ILARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YESTMO)
5.5	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.,	ANAME MALE FEMALE
	111111111111111111111111111111111111111
	CIADDRESS: 13 Juring East St 18 708-01
	+ CONTINUE TO 3.4 IF DRIVER ALSO POUCY HOLDER
161 1 10 2 1 2	DRIVER -
And of bussands	
(Including driver)	b)NRIC/FIN/PASSPORT: 11 CONTACT: 11
(the	c)ADDRESS:
	11 60 1965 112-1111 00000
	-d)DATE OF BIRTH: (1 / 09/1960)(DD/MM/YYYY)
	ejoccupation: (INDOOR/OUTDOOR) attred
and the same	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) N.A
4.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: N-A
5.	G) WEATHER CONDITION: (CLEAR / RAWING / OTHERS
.40	b)ROAD SURFACE: (DRY / WET / OTHERS
6.	WAS ANYBODY INJURED (YES / NO)
7,	a) REPORTED TO POUCE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
4 He of passinger	THIRD PARTY VEHICLE SEN 545 R MODEL BMW 318
	b) DRIVER'S NAME: Eddie Lai
(Including driver)	c) NRIC/FIN/PASSPORT:CONTACT: 16341029
(000) 9.	THIRD PARTY VEHICLE
de la colonia	d) VEHICLE NUMBER: AS ALOUVE MODEL: AS ALOUVE
the of passenger	e) DRIVER'S NAME: AS About
(Including driver)) I) NRIC/PIN/PASSPORT:CONTACT:
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	make an appointme /09/2019	/eservices.ica ent	21/06/		
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Automatical care	For LK	(K/NAC Use (Only		
Land			Date:	211	1019







Singapore Office: 300, Seach Road \$17-04/07, The Cohcourse: Singapore 199555 Tat: 851-8250 7388 Fax: 851-8295 3767 Website: www.jonpac.com.sg 357 Reg No.: F0-0805635-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).

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z19VP05023575

Type of Cover: COMPREHENSIVE

Index Mark and Vehicle Registration Number

MERCEDES-BENZ B180 1.7

- SLZ4613B

2. Name of Policy Holder

ONG BOON ENG

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

17/06/2019

4. Date of Expiry of the Insurance

16/06/2020

- 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.
- 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\$ 500.00 (SECTION 1) INSURED / NAMED DRIVERS
- S\$ 1,500.00 (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.

Onele.

CHIEF EXECUTIVE (Singapore Branch)

User ID: CINDYWONG Date Issued: 24/05/2019