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Preferred Wasp / INC Assign Wasp / Awit  TP Particulars:  Veh No:  Policy No: ( ) Period: ( ) Cover Type: ( )  Confirmed by: ( ) Period: ( ) Cover Type: ( )  Confirmed by: ( ) Period: ( ) Cover Type: ( )  Insured/Driver Liability: ( ) (Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)  Year of Registration: ( ) Warranty: YBS ( ) /NO ( )  Excess: (S ) Loading: \$1,000 ( ) /\$2,000 ( )  Genefit Reminicis:  ( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO  ( ) Yould-In ( ) / Towel-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )  Prive-In ( ) / Towel-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )  Remarker:  ( ) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( ) )  3) Upload Resurvey Photo (Repair Cost > \$3000) ( )  Injury:  Date Transport Allowance ( ) / Courtesy Car ( )  ( ) Assign Search ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	TP Insurer: Ass't Report by	Fax / Hand to Owner	Wksp	
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Policy No: ( ) Period: ( ) Cover Type: ( )		. INC( , )/No	n-INC( )	
Policy No: ( ) Period: ( ) Cover Type: ( )  Confirmed by: ( ) Date: Timo: )    Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%, P: 80-100%]  Year of Registration: ( ) Warranty: YES ( )/NO ( )    Excess: (S ) Loading: \$1,000 ( ) / \$2,000 ( )    Denefal Registration: Customer's Information strictly Confidential & Strictly NO (effer of repolier.  ( ) Walk-In Custom: r: Customer's Information strictly Confidential & Strictly NO (effer of repolier.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )    Remarks: (ISC log flick-off 88 6610)  Remarks: (ISC log flick-off 88 6610)  ( ) Apply for Transport Allowance ( ) / Courtesy Cas ( )    2) QC Check / Post Repair Inspection ( )    3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date fline: (AStion)  ( ) Fit Policy-Through Survey (Resurvey)    ( ) Fit Policy-Through Survey (Resurvey)    ( ) Fit Reliability Ratios (Repair Cost   Site of the Confidential	Owner / Driver: (	Tel:		<u>)</u>
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Driver/Owner:  4) FT: Follow-Through Survey \$120  4) FT: Follow-Through Survey (Resurvey) \$300  Contact No:  5) FT: Follow-Through Survey (Resurvey) \$300  For claiming sgainst INC Only (wef 10 Jen 2005)  6) TR: Re-inspection \$575  6) TR: Re-inspection \$160  7) N1: Idao DA + SMRT Survey \$160  OD!  OD!  N5: Courtesy Car / Tp Allowanus \$35  *N5: Courtesy Car / Tp Allowanus \$35  *N6: Repair Co-ordination \$300  *N7: Post Repair Inspection \$350  *N7: Post Repair Inspection \$350  *N7: Post Repair Inspection \$350  *N8: DV / Collect Excess Coordination \$350  TP (N11): TP (Nan INC) against INC \$320  TP (N11): TP (Nan INC) against INC \$320  9) N12: Idao Mobile \$300  Invoice dated Fee Charged	Claumant's Particulars	2) DA : Damage Assessn	nept (5100); INC (\$30)	
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OC Checked by (Engr-In-Charge):  *N5: Courtesy Car / Tp Allowance \$5  *N6: Repair Co-ordination \$10  *N7: Post Repair Inspection \$25  *N8: DV / Collect Exocss Coordination \$5  *TP (N11): TP (Non INC) against INC \$20  *Proceedated Fee Charged	Damäged Portion:	7) N1 : Idao DA + SMR	1 Saitel	
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N7; Post Repair Inspection   S5	QC Checked by (Engr-In-Charge):	*N6: Repair Co-ordin	nation \$10	
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9) N12: Idao Mobile  Involce date1  Fee Charged	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TP (N11): TP (Non.	INC) against INC 520	
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	2at. 2/3:	Access of the Control	Fue Charged	H100

#### 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 STATEMENT
Date Of Report	09/11/2020 18:01
Date Of Accident	08/11/2020 21:20
Exact Location Of Accident	SIMEI ST 1 ENTRANCE TO CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SML8286Y
Insured/Policyholder	
Name Of Registered Owner	UN WAI LIN(HAN WEILIAN)
NRIC No	SXXXX717C
Email Address	UNWAI@YAHOO.COM
Mobile Phone No	(LOCAL) +65-82928686
Alternative Phone No	OTHERS-82827136
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS
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	DHOM110169031901
Cover Note Number	
Driver	
Name of Driver	TENG SENG LAI
NRIC No	SXXXX061B
Date Of Birth	04/12/1971
Occupation	INDOOR
Date Of Driving Pass	01/01/2010
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82827136
Fax Number	
Contact Number	
EMail Address	UNWAI@YAHOO.COM

BLK 124 SIMEI ST 1 Address

#03-352

520124 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

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

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) 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

MY VEH HIT ONTO THE REAR PORTION OF VEH B AT SIMEI ST 1 WHILE WAITING TO ENTER THE CARPARK GANTRY.NO SIGHT OF DENT FROM MY CAR.

#### 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

SJR6142X

Vehicle Make/Model/Colour

HONDA

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

ONG SOON TECK

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.
- 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:

9/11/2020

Driver's Signature

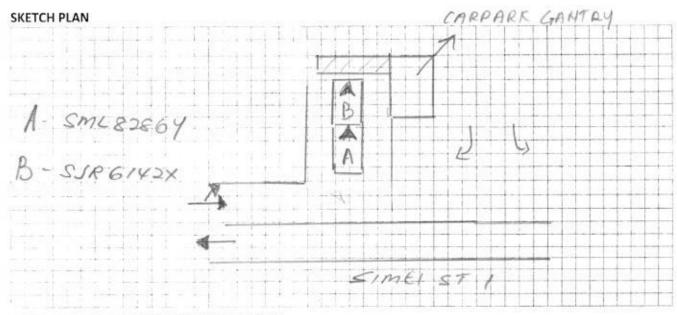
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

HIT	the re	car bz	outh of	SJR	6142X	while	waiting
10	entry	the	car D	art a	antry.		0
					7		
No	o sign	t of C	unt tro	you my	car.		
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	mer.		MH.S				
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		23000					1100

DECLARATION

I/We declare the foregoing particulars are true in every respect,

Policyholder's Signature

Date & Time: 9111/2080

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

09/11/20

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ĄCC	CIDENT DATE: (8 / 11 / 2020) (DD/MM/YYYY), TIME: (9:20) (HH:MM) PT	м.
LOCA	CATION: Sime st. 1, entrance to carpark	
1	1. DETAILS OF VEHICLE  GIVENICLE NUMBER: STREETH SML 8286Y	39
	direction to thombers.	10.
25	SINGORANCE COMI ANT.	69031901
	N. W. N. N. A.	9 9 9 1 1
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	e)MAKE & MODEL: Toyota Prius Plus	353
	f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME: LESS COMMERCIAL / MOTORCYCLE)	
	1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2.	2. INSURED / POLICY HOLDER	9/2
	A) NAME: Un Way HID (MALE / FEMALE)	- 0x-06
	b) NRIC/FIN/PASSPORT: STITTITC CONTACT:	20000.
	CIADDRESS: BIK 124 SIMCI St. 1	
	#03-354 \$(540)24)	- 1
Λ	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
And of passanger	DRIVER TONG SONG LOW (MALE FEMALE)	
(Including driver)	b) NAME: (MALE / FEMALE) 8282	17136
CIŽ	c) ADDRESS: Same as insured	
	C/ADDKL33.	0 10
	*d)DATE OF BIRTH: (4/12/1971)(DD/MM/YYYY)	
33 3 <del>3</del>	e)OCCUPATION; (INDOOR / OUTDOOR)	
	f) YEARS OF DRIVING EXPRERIENCE: MOTE TO AN 10	***
4.	. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	
020	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse	
5.	. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)	
	b)ROAD SURFACE: (DRY / WET / OTHERS CYY	*
	. WAS ANYBODY INJURED (YES / NO) . a)REPORTED TO POLICE (YES / NO)	
/.	IF YES, PLEASE STATE WHICH POLICE STATION:	
8.	THIRD PARTY VEHICLE	
4 He of passanger	a) VEHICLE NUMBER: SJR 6142 X MODEL: Handa	
(Including driver)	b) DRIVER'S NAME: Ong Soon Teda	•
10)	c) NRIC/FIN/PASSPORT:CONTACT:	
S-30000 6.50	THIRD PARTY VEHICLE	R#R
* No of passenger	d) VEHICLE NUMBER: MODEL: "	25
(Induding driver)	e) DRIVER'S NAME:	
( )	f) f) NRIC/FIN/PASSPORT:CONTACT:	
()		0.50%
	• •	

email = unwai@ yahoo com fax = VIDEO =

RSPUELKKAUTO.Com



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 uol.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.

DH0M110169031901

Excess:

\$100/-WINDSCREEN DAMAGE CLAIM

Type of Cover

COMPREHENSIVE

Vehicle Number

SML8286Y

Name of Insured

UN WAI LIN (HAN WEILIAN)

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 24 June 2020 to 23 June 2021

Engine# 2ZR0D10829

Hire Purchase

DBS BANK LTD

Chassis#

JTDZS3EU30J038492

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
- 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

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

For the Company

FCTTS

Date: 27/05/2020