Dute In: 2011	The state of the s	Date & Time Completed	Done b	1
Date In: 27/11/2- 09:53	Jeb description	Date & Time Completed	Done	·
Res No: MAJAR BODIOYZY	SAS e-filing		<u> </u>	
Veh No. SCGGGGYR	E-mail (within Shrs, AIC	2hrs)	 	
D.O.A: 26/11/20-15:53	i-Motor Claim Forn	1		
CONTRACTOR OF THE PROPERTY OF	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)		
OD (TP)' Reporting Only	i-Photo Uploaded	ALL SHOWS THE STATE OF THE STAT		
	Assessment/Survey Re	port		
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SV	PU896D	INC()/Non-INC()	Y	
Owner / Driver: (Tel:)	
	Period: () Cover Type: ()	
Confirmed by : (Date	The second secon)	
Insured/Driver Liability: (%)	[Note-Est Status (WO):	N: 0-20%; P: 21-79%. P: 80	0-100%]	
Year of Registration: ()	Warranty: YES ()/N	0()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()			
General Remarks			Street Street	
() Walk-In Customer: Customer's in	formation strictly Confidenti	al & Strictly NO refer of repaire	er.	
() Total Loss Case : to e-mail Insu		, , , , ,		
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO (); Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completon	Done Done	by -
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	520007 ()			
	330001			
	\$3000] ()			
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Injury: Date/Time / Actions	Inve	: Accident Reporting (530);	fitBill	The state of the s
Injury : Actions Laimant's Particulars :-	1 Invo	: Accident Reporting (530); : Damage Assessment (5100); IN: Towing Fee	Tst Bill C (\$80) \$40/\$45	The state of the s
Injury :	1 Invo 1) AR 2) DA 3) TF 4) FT	: Accident Reporting (530); : Damege Assessment (5100); INC Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey)	C (\$80) \$40/\$45 \$120 \$30	100
Injury: Date/Time Actions Inimant's Particulars:- Driver/Owner:	1) AR 2) DA 3) TF 4) FT 5) FT For	: Accident Reporting (\$30); : Darnege Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan	C (\$80) \$40/\$45 \$120 \$30 2005)	The state of the s
Injury: Date/Time Actions Enimant's Particulars:- Priver/Owner:	1 Invo 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR	: Accident Reporting (\$30); : Darmage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan : Re-inspection	C (\$80) \$40/\$45 \$120 \$30	The state of the state of
Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No:	Invo 1) AR 2) DA 3) TF: 4) FT: 5) FT For. 6) TR 7) N1	: Accident Reporting (\$30); : Darmage Assessment (\$100); IN: Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan : Re-inspection : Idao DA + SMRT Survey UC Additional Services:-	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75	The state of the state of
Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	1 Invo 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 3 8) NT	: Accident Reporting (\$30); : Darmege Assessment (\$100); IN- Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan : Re-inspection : Idae DA + SMRT Survey UC Additional Services:-	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75	100
Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	Invo 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 3	: Accident Reporting (\$30); : Darmege Assessment (\$100); IN: Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan.: Re-inspection : Idao DA + SMRT Survey UC Additional Services:- : Courtesy Cer / Tpt Allowance i: Repair Co-ordination	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	The state of the state of
Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 5	: Accident Reporting (\$30); : Darnege Assessment (\$100); IN: Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan.: Re-inspection : Idao DA + SMRT Survey UC Additional Services:- : Courtesy Cer / Tpt Allowance :: Repair Co-ordination 7: Fost Repair Inspection :: DV / Collect Excess Coordination	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$10 \$25 \$5	Amt (\$)
Injury: Date/Time Actions Claimant's Particulars':- Driver/Owner: Contact No: Damaged Portion:	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) NI 5) NT 0D 1 NO	: Accident Reporting (\$30); : Darmege Assessment (\$100); IN- Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan. : Re-inspection : Idao DA + SMRT Survey UC Additional Services:- : Courtesy Cer / Tpt Allowance :: Repair Co-ordination 7: Fost Repair Inspection	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	The state of the s

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.	to the architely of the report at the confidence and to copies of the report song mass of another
	ACCIDENT STATEMENT
Date Of Report	27/11/2020 09:53
Date Of Accident	26/11/2020 15:50
Exact Location Of Accident	PIE TWDS TUAS AFTER ENG NEO FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG6254R
Insured/Policyholder	
Name Of Registered Owner	ZHANG YONG
NRIC No	SXXXX154E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98359635
Alternative Phone No	OFFICE-98359635
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY 2.5 AUTO
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z20VP05027545
Cover Note Number	
Driver	
Name of Driver	ZHANG YONG
NRIC No	SXXXX154E
Date Of Birth	18/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1997
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98359635
Fax Number	

OFFICE-98359635

NOEMAIL

Address BLK 386 TAMPINES STREET 32

#06-97

Postcode 520386

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 Registration Number of Driver's Own

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

ambulance?

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? YES

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

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

REFER TO STATEMENT.

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 SLP4896D

Vehicle Make/Model/Colour

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)

DETAILS OF INJURED PERSON 1

Name ZHANG YONG

Page 2 of 16

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SLG6254R

YES

NO

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.
- 3. 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation:
- 6. 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.
- 7. 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:

- 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)
 - (I) 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, involces, 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
- 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.
- my Personal Information will also be collected and used to compile dalms 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:
 - (i) 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.

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne s Signature

Name:

NRIC/FIN No.:

DESCRIBE CREUMSTANCES OF THE ACCIDENT I WAS TEWERIBLE ON PLE TOWARDS TURS AFTEK EVIL NEO FLYWER ON JIHL SERVICE LAND MENTE WAS TONA WORKS CHOOM, ON the first land Mente Wehicles Were fitte m. indo my land there fore I stopped and staved down to are way. Sudding I fett a max impart on the record my vehicle.		LANES LANEL LAKE I
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I was travelleng on PIE TOWARDS TURS AFTEK EVIN NEO FLYWER ON JHLE SECOND land. There was road works Dryonin on the first land hence vehicles were filtering into my land therefore I stopped and stowed down to give way. Sudday I feet a hage impart on the rear it my whele. CLARATION e declare the foregoing particulars are true in every respect. The toward down to give way to the rear it my whele.		
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Flywer on the second land there was road works angong on the first land hence whiches were fitten into my land therefore I stopped and street down to give way. Sudday I fett a hage impart on the rear it my whale. HARATION e declare the foregoing particulars are true in every respect. The fitten is the second land. There was road which is the second in the second land. There was road which is the second land. There was road which is the second land. There was road and there was road	And the second s	
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Substitutional Statements

CINICA	DODE	ACCIDENT	STATEMENT
SINGA	PURE	ACCIDENT	STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 26	11/2020	(DD/M	M/YY) Time: 1550	(HH:MM)
Exact location of accident				AFTER GNUNEO	

Details of vehicle

Vehicle registration number	SLY (254 R	
Vehicle make and model	TOYOTA (AMRY	
Type of vehicle	Saloon MPV CRV Van Others:	
Vehicle category	Private Commercial D Motorcycle D	
Purpose of using at said time	HEADING HOME	
Are you claiming under your own insurance company?	Yes \(\text{No} \(\text{In No} \) if no, please select: Third part claim \(\text{Reporting only} \(\text{D} \)	

Insurance information

Insurance company	LONPAL		
Policy number	Z20VP050	27545	
Type of policy	Comprehensive of	Third party fire & theft	TP only

Insured / Policy holder

Name	ZHANG YONG	Male @	Female 🗆
NRIC / Fin / Passport number	526571546		
Contact	98359635		
Address	BLK 386 TAMPTHES STREET 32	#06-47	5526386

Same as insured above (skip to D.O.B) Driver

Name			Male o	Female D
NRIC / Fin / Passport number				
Contact				
Address				
Email address		_		
Date of birth	18/03/1963		- 11-1-2 - 1107	
Occupation	Indoor D Outdoor D			3
Driving date pass	62/12/1997			

General information of the accident

Was driver an employee of	Yes D No D
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	
Weather condition	Clear Raining Others:
Road surface	Dry 🗹 Wet 🗆
No of passenger	(Inclusive of driver)
Passenger 1	
Name	ZHANG YENG
Gender	Male of Female o
Passenger 2	
Name	
Gender	Male D Female D
Passenger 3	
Name	
Gender	Male Female
Passenger 4	
Name	
Gender	Male
Passenger 5	
Name	
Gender	Male : Female :
Passenger 6	
Name	
Gender	Male D Fegrale D
Other information	
Was anybody injured?	Yes, No a
	Yes o No 🗆
Details of police action	
Reported to police?	Yes O No If yes, please state which police station.
Police station name	150, product state Willest police station.

Third party vehicle 1

CL D S.M. O
SLP 4896D

Witness 1	
Name	
Witness 2	
Name	
Injured person 1	
Name	ZHIAM YOUG
Injuries sustained	NECK & RIACIL
Which vehicle person in?	prevek
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was Injured conveyed to	Yes D No D
hospital by ambulance?	

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).

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

Certificate No.: Z20VP05027545

GST Reg No.: F0-0005635-C

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA CAMRY 2.5 - SLG6254R

2. Name of Policy Holder

ZHANG YONG

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

07/10/2020

4. Date of Expiry of the Insurance

06/10/2021

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 MOTOR TRADE.

Excess

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

S\$ 2,000.00(SECTION 1) UNNAMED DRIVERS

S\$ 3,000.00(SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00WINDSCREEN EXCESS

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.

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

0.00

CHIEF EXECUTIVE (Singapore Branch)

User ID: GRANDIOSE2 Date Issued: 08/09/2020