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Veh No: Shp 38837	i-Motor Claim					
D.O.A: 2714121 17:48	i-Motor W/O ((P 4hrs)			
OD : (TP) ! Reporting Only	i-Photo Upload		1		5211.025.00	
TP Insurer:	Assessment/Surv		Owner/Wksp			
	Ass't Report by	Pax / Hand to	Tel:	Fax:)
Preferred Wksp / INC Assign Wksp / QW: (nic ()		
TP Particulars: Veh No: SLE	29794 .	, INC(Tel:	<i>J</i>)	
Owner / Driver: (Cover Type: ()	
Policy No: (Per	iod: (Time:)	
Confirmed by : (Date:		80-100%]		
			%; P: 21-79%. P	. 30-130701		
Year of Registration: ()	Warranty: YES ()			
Excess: (\$) Loading: \$1,0	00 ()/\$2,000 ()		ses massi		7
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

 Please report correctly 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 witholding of material facts may allow insurance companies to repudiate policy liability.

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

28/04/2021 15:32 (SGT) Date of Submission 27/04/2021 17:45 (SGT) Date of Accident Exact Location of Accident Jln Pergam, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SKP3883J Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No Email Address Mobile Phone No

Alternative Phone No

No

LIM KEE SENG SXXXX056C

jmartauto@gmail.com (Phone) +65-83430083

+65-83430083

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Subaru

Wrx

Private use

No - Claiming third party

Private car Auto

2000

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

United Overseas Insurance Ltd

Comprehensive

DHOM110164481802

DRIVER

Name of Driver NRIC No

LIM WEI JUN MALCOM

SXXXX643H



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number

Alt. Phone Number Email Address Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

ATTACHMENT(S)

Name of Driver

NRIC No Contact Number Address

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

Was there any audio recorded?

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

SLE2979U

Private car SHO YEE HENG SXXXX009B

Accident report SN09214S0008

27/03/1992 Indoor 07/01/2011

10 YEARS AND 3 MONTHS

(Phone) +65-83430083

jmartauto@gmail.com 22 JLN SEGAM

488265

No Child No

Collision - Major/Minor Rd

Clear Dry

No 2 No

Yes

No

No

No

Yes

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident 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 Formmust 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 companies.
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (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, 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
- (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' law yers/law firms, may/are permitted to collect. use, disclose and/or process my Personal Information for one or more of the above Purposes; and

A.	垒		N	
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Policyholder's Signature / Date & Time Sketch Plan	Driver's Signature (If drive & Time	er is not the policyholder) / Date	Witnessed by Reporting Centre Personnel	
			DO9:274	
A. Shp38833				
A: Shp38833 B: SLE 2979	14	A TBI	Pelato K	
		2rgam		

Personal Particulars	
Date of Accident: 27 4 21 Time of Accident: 5 - 45 pm	
Exact Location of Accident: Jla Rergam	
Owner's Name: Lim Kee Seng NRIC No: 5123 7056 C HP No:	
Driver's Name: Um Wi Jon Molom NRIC No: 5921 06434 HP No: 83430083	
Date of Birth: 27 3 1997 Driv ng Licence Passing Date: 7 201 Occupation: Indoor / Outdoor	
Address: 22 Jln Segam (488265)	
Relationship of Driver with Insured: A Sun Email Address:	
Vehicle No: SKP 3883 J Make & Model: Submy	
Insurance Co: UUJ Coverage: Compreh insurance Policy No:	
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only	
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work	
*Weather Condition ? Clear / Raining / Others: Wet / Ory / Others:	
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:	
A: 1+0 B· 1+0 C: D:	
*Was Anybody Injured ? (Yes / No) If yes,	
Name / NRIC / In Vehicle:	
*Was The Accident Reported To The Police ?	
O No O Yes, Which Police Station?	
*Does the Driver Own Any Other Vehicle?	
Company	
Ø No O Yes, Vehicle Registration No:Insurer:	
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:	
*Was there any video captured by Car Camera? ((es/No)	
Third Party Driver's Particulars	
Vehicle B No: SLE 2979U Make & Model:	
Driver's Name: Sho Yell Hang NRIC No: 96 9 25009 BHP No:	
Vehicle C No: Iviake & Model:	
Driver's Name: NRIC No: HP No:	
Witness Particulars	
Name: NRIC No:HP No:	



United Overseas Insurance Limited

#23H01 Springleaf Tower Fax (65) 6327 3869 / 6327 3870 Email: ContactUs@uoi.com.sg unicom se 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.

DH0M110164481802

Excess:

\$500/-NAMED DRIVERS

Type of Cover

COMPREHENSIVE

\$1000/-0THERS \$2000/-APPL TO <25 YRS & OR <3YRS EXP

Vehicle Number

SKP3883J

Name of Insured

LIM KEE SENG

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 30 October 2020 to 29 October 2021

Engine#

FA20CB32463

Hire Purchase

MAYBANK SINGAPORE LIMITED

Chassis#

JF1VAGK85JG020255

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 Motor Trade

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.

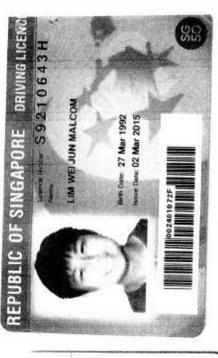
*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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

FSCPP Date: 13/10/2020









NP 428A