

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 28/6/2021 14:16 | Job description | Date & Time Completed | Done by |
| Ref No: NA/00121007202/M | SAS e-filing | | |
| Veh No: YN 8721E | E-mail (within 2hrs. MO 2hrs) | | |
| D.O.A: 24/6/2021 11:30 | i-Motor Claim Form | | |
| OD : TP : Reporting Only | i-Motor W/O (Within: OD 2hrs. TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: CCTV | INC () / Non-INC () |
| Owner / Driver: (| Tel: | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: (| Date: | Time: () |
| Insured/Driver Liability: () % | [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%] | |
| Year of Registration: () | Warranty: YES () / NO () | |
| Excess: (\$) | Loading: \$1,000 () / \$2,000 () | |

| |
|--|
| General Remarks:- |
| () Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer. |
| () Total Loss Case : to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. () |

| | | |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury : _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA 2103227 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF : Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT : Follow-Through Survey \$120 | | |
| | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR : Re-inspection \$75 | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON* | | |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| Auditors' Comments :- | *N8: DV / Collect Excess Coordination \$5 | | |
| Cat. 1: | TP (N11) : TP (Non INC) against INC \$20 | | |
| Cat. 2 / 3: | 9) N12: Idac Mobile 30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |



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 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.
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 Submission | 28/06/2021 14:16 (SGT) |
| Date of Accident | 24/06/2021 11:30 (SGT) |
| Exact Location of Accident | Bukit Batok Street 31, Singapore |
| Additional Location Information | REN XI HOSPITAL |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | YN8721E |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | SEOW KHIM POLYTHELENE CO PTE LTD |
| Company Reg No | - |
| Email Address | ALICE@SKP.COM.SG |
| Mobile Phone No | (Phone) +65-96317355 |
| Alternative Phone No | +65-96317355 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Mitsubishi |
| Model | - |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 2998 |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------------|
| Name of Insurance Company | United Overseas Insurance Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DHOM110152441604 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | LIM CHENG HOE |
| NRIC No | SXXXX266I |



| | |
|--|----------------------------------|
| Date Of Birth | 13/03/1968 |
| Occupation | Outdoor |
| Date Of Driving Pass | 22/01/1996 |
| Driving experience | 25 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96317355 |
| Alt. Phone Number | - |
| Email Address | ALICE@SKP.COM.SG |
| Address | BLK 123C RIVERVALE DRIVE #10-153 |
| Address complement | - |
| Postcode | 543123 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| Does Driver Own Other Vehicles? | No |
| 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 | Collided into Property |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 1 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| 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 | CCTV |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | NA / Unknown |

Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -



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 companies.
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 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)**

I understand, acknowledge, agree and consent that :

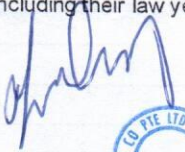

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 :

- (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 packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

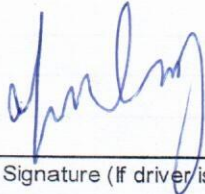
(collectively the "Purposes")

(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.

Policyholder's Signature / Date & Time

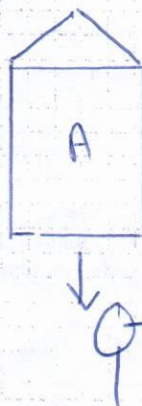


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



DOA: 24/6/21

A: 4N 8721 E

While reversing hit onto the CCTV, nobody was injured. That's all.

We declare the foregoing particulars are true in every respect.



within the stipulated

from the day of occurrence

4



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

3 Anson Road
#23-01 Springleaf Tower
Singapore 079909

Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.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. | DHOM110152441604 | Excess: | \$500/- SECTION 1 \$2000/-APPL TO <25 YRS & OR <3YRS EXP |
| Type of Cover | COMPREHENSIVE | | |
| Vehicle Number | YN8721E | | |
| Name of Insured | SEOW KHIM POLYTHELENE CO PTE LTD | | |
| Restricted Driver(s) | NOT APPLICABLE | | |

Period of Insurance 21 August 2020 to 20 August 2021

Engine# 4P10B70936
Chassis# FEB21EA10225

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

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

| | | | |
|---|---|-------------------------------|---------------|
| Date of Accident : 24/6/21 | | Time of Accident : 11.30 am | |
| Exact Location of Accident : Bt Batok St 31 (Ren xi hospital) | | | |
| Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY | | | |
| Weather Condition : Clear / Raining | | Wet / Dry | |
| Private Use / Work | | | |
| Owner's Name : SEOW Khim Aiythelene G P | | NRIC : | HP : |
| Driver's Name : Lim Cheng Hoe | | NRIC : SC8102667 | HP : 96317355 |
| DOB : 13/3/1968 | Driving Licence Passing Date : 22/1/1998 | Occupation : Indoor / Outdoor | |
| Address : 123C Rivervale Drive #10-153 (S43123) | | | |
| Relationship Of Driver with Insured : Employee | | Email : alic@skp.com.sg | |
| Vehicle Number : YN 8721 E | | Make & Model : Mit | |
| Insurance Company : UOI | | Policy Num : | Coverage : |
| Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax | | | |
| A : 1 + 1 | B : | C : | D : |
| Vehicle A Passenger Name : Man | | | |
| Anyone Injured : | | | |
| <input checked="" type="radio"/> NO | <input type="radio"/> YES Name / NRIC / Which Vehicle : | | |
| Was The Accident Reported To The Police ? | | | |
| <input checked="" type="radio"/> NO | <input type="radio"/> YES Which Police Station : | | |
| Does The Driver Own Any Other Vehicle ? | | | |
| <input checked="" type="radio"/> NO | <input type="radio"/> YES Vehicle Number : | | Insurer : |
| Was Any Foreign Vehicle Involved ? | | | |
| <input checked="" type="radio"/> NO | <input type="radio"/> YES Vehicle Number & Category : | | |
| Was There Any Video Captured By Car Camera ? <input type="radio"/> NO <input type="radio"/> YES | | | |

Third Party's Particular

| | | | |
|-----------------------|--|----------------|------|
| Vehicle B 's Number : | | Make & Model : | |
| Driver's Name : | | NRIC : | HP : |
| Vehicle C 's Number : | | Make & Model : | |
| Driver's Name : | | NRIC : | HP : |

Witness 's Particular

| | | |
|--------|--------|------|
| Name : | NRIC : | HP : |
|--------|--------|------|