NATIONAL Assessment Contre	Services	(mail 1 dan 200)			1	
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D.O.A: 06/02/2022 02:00	i-Motor Clai	m Form	i	1		
	i-Motor W/C	(Within: OD 2hr	s, TP 4hrs)			
OD & TP (Reporting Only)	i-Photo Uplo	aded	!		********	0.50
The Land	Assessment/St	rvey Report	i			
TP Insurer.	Ass't Report I	y Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: SNI	> 7138D	, INC ()/Non-INC (j		
Owner / Driver: (Tel:	-11.1157.11523761)	
Policy No: () Peri	od: ()	Cover Type: ()	
Confirmed by : (30128 - NET/SEBS(7001)	Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. F:	80-100%	6]	
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	0 () / \$2,000	()				
General Remarks:-	Tes es estadad		A BANGARA SA	14	9	
() Walk-In Customer: Customer's inform	nation strictly Co	nfidential & St	rictly NO refer of repa	irer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.					
Drive-In () / Towed-In (); Invoice:	YES()/N	(); T	owing Co. (1000 - 100 1 000)
Remarks;- (INC horline: 6788 6616)			Date&Time Complet	ad	Done	by
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3) Upload Resurvey Photo [Repair Cost > \$30	00] ()				
Injury:						
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NA 2200316		S2 (100 SEC 1997)	paration Checklist	88.500	1st Bill	Add Bill
laimant's Particulars :-		1) AR : Accident 2) DA : Damage		(C (\$30)		
river/Owner:	_ skallcaultan W. P. S. S.	3) TF: Towing F 4) FT: Follow-Ti	ce	\$40/\$45		
		5) FT : Follow-Tl	hrough Survey (Resurvey)	\$30		
ontact No:		For claiming as 6) TR : Re-inspec	gainst INC Only (wef 10 Jan tion	1 2005) \$75		
amaged Portion:		7) N1 : Idne DA	SMRT Survey	\$160		
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A 1994 OF TABLE BUSINESS OF THE RESIDENCE OF THE PROPERTY OF T	Spile 15 With Ballon Carl	*N6: Repair C *N7: Fost Rep	nir Inspection	\$25		
Auditors' Comments :-		*N8: DV / Col	lect Excess Coordination	\$5 \$20		
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AV 40000 TV		Invoice dated	Fee Che	rged	COMPANIES.	X80-



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
- 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.
- 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 Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

07/02/2022 16:42 (SGT) 06/02/2022 02:00 (SGT)

Singapore

GEYLANS WING FONG COURT CARPARK BASEMENT 2 (S)

398922

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBJ5692T

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

HENG KEONG ELECTRICAL SERVICE

4XXXX700E

hengkeong1234@gmail.com

(Phone) +65-97531618

+65-97531618

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Toyota Dyna

Private use

No - Reporting only

Commercial vehicle

Manual

2982

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number United Overseas Insurance Ltd

Comprehensive

DHOM110173872001

DRIVER

Name of Driver

JONG FU XIANG



Page 1 of 8

NRIC No SXXXX093H Date Of Birth 19/05/1963 Occupation Outdoor

Date Of Driving Pass 09/07/1983 Driving experience

38 YEARS AND 7 MONTHS Gender Mobile Number

(Phone) +65-97531618 Alt. Phone Number Email Address

hengkeong1234@gmail.com Address BLK 126A EDGEDALE PLAINS Address complement #04-332

Postcode 821126 Is the driver the policyholder? No

If No, Relationship of the Driver with the Insured SELF-EMPLOYED

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 Collided into Parked Vehicle Weather Conditions

Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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) 1

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

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

I ACCIDENTALLY KNOCK ONTO VEHICLE B RIGHT SIDE FRONT PORTION WHICH IS STATIONARY INSIDE OF THE CARPARK WHILE REVERSING.

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 SND7138D Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category Private car Name of Driver CALVIN YANG JIAWEI

NRIC No SXXXX106J

Contact Number	(Phone) +65-87583618
Address	
Address complement	20200
Postcode	
Insurance Company Name	-
Nature Of Damage	- 17
Details of property damaged in accident	- 4654
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 Formmust 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 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)

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 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' 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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

THE STATE OF THE S

Policyholder's Signature / Date &

Jum. 07/02/2022

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

Witnessed by Reporting Centre

Sketch Plan

A= GBJ 5692T

B = SND 7/38 D

Geylans Wing Fong Court Carpork Basement 2. roverse

Describe Circumstances of the Accident right side fant polition I accidentally knock and vehicle Bywhich is stationary inside of the compart a reversing.	
Rursing .	Shile

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

	ACCIDENT	DAIL	2020	L)(DD/MM/YY	YY TIME-1 0	2 . 00 .	IDDAMA
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	. 0/0	NSURANCE CO	DMPANY:	UOI			
	c)P	OUCY NUMBE	R: DHon	1110173872	001		
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	g)Vi	EHICLE CATEG	ORY PRIVA	PV/VAN/LOR	BP/ MOTOR	CYCLE./O	THERS)
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Cinail = hergkeorg 12342 gmail.com

Pax =

VIDEO = NO.



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

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.

DHOM110173872001

Excess:

\$500/-SECTION 1

\$3000/-APPL TO <25 YRS & OR <3YRS EXP

Type of Cover

COMPREHENSIVE

\$100/-WINDSCREEN DAMAGE CLAIM

Vehicle Number

GBJ5692T

Name of Insured

HENG KEONG ELECTRICAL SERVICES

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 1 June 2021 to 31 May 2022

Engine#

1KD2857705

Hire Purchase

UNITED OVERSEAS BANK LIMITED

Chassis#

JTFAT35Y90K213374

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

Muc

For the Company

vmldl

Date: 27/05/2021