

## 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 ability.
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	14/02/2018 12:36
Date Of Accident	12/02/2018 15:10
Exact Location Of Accident	ALONG LORNIE RD SLIP RD TOWARDS PIE/TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5423U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHNG ANNE
NRIC No	S1572139A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90231919
Alternative Phone No	OFFICE-90231919

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.3 AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120022961600
Cover Note Number	

### Driver

Name of Driver	DANNY NG ZHONG KAE
NRIC No	S9239321F
Date Of Birth	16/10/1992
Occupation	INDOOR
Date Of Driving Pass	15/08/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90231919
Fax Number	
Contact Number	
EEmail Address	DAVID.NGSIEWCHEONG@GMAIL.COM

Address	APT BLK 542 SERANGOON NORTH AVENUE 4 #06-17 SINGAPORE 550542
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### 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

I was travelling from LORNIE RD entering into slip rd towards PIE/Tuas, vehicle in front slow down & came to a stopped. I managed to stopped but when suddenly I felt an impact onto rear of my car SJH5423U. A taxi SHA3625C had collided onto my car first. After a second car SLB1278G hit onto rear of the taxi. No injuries involved.

#### 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	SHA3625C
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7 CRDI F/L AT ABS AIRBAG 4DR/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH CHENG YAM
NRIC/Passport Number	S0411744A
Contact Number	90598418
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB1278G
Vehicle Make/Model/Colour	HONDA/VEZEL 1.5X HYBRID A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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.
- (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.

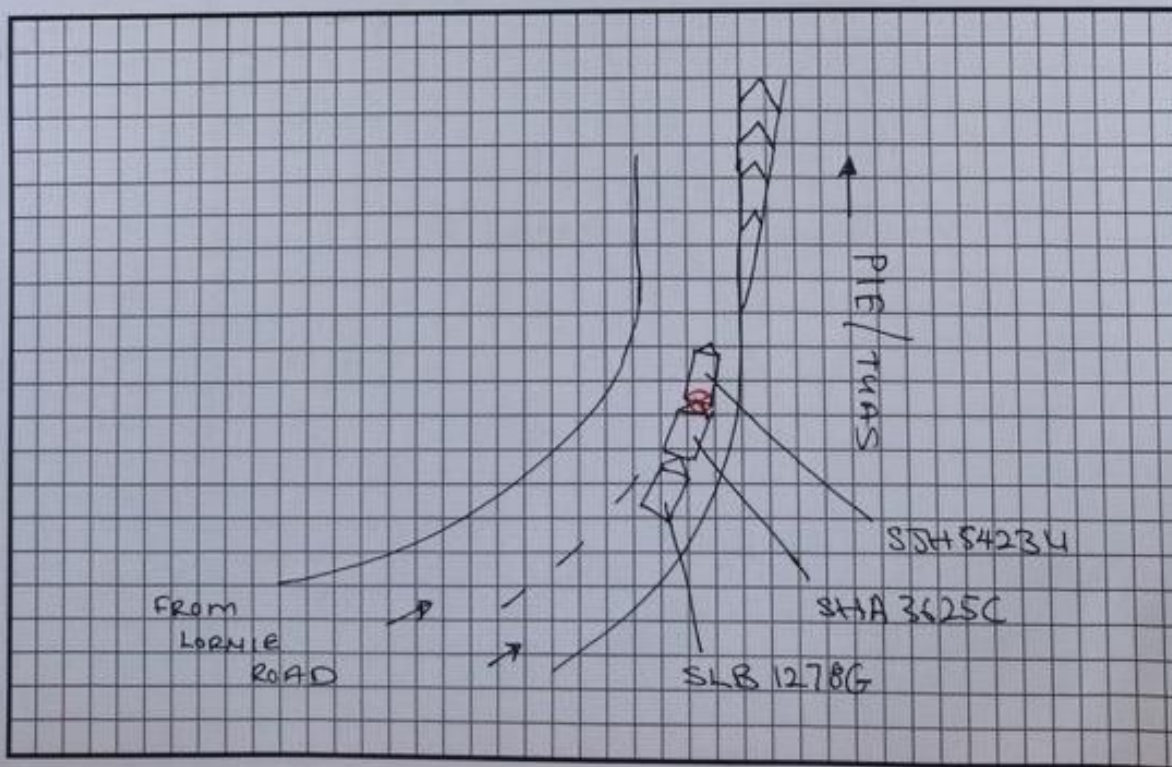
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHD FADZLY BIN ISMAIL

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

I was travelling from LORNIE RD entering into slip rd towards PIE/Tuas, vehicle in front slow down & came to a stopped. I managed to stopped but when suddenly I felt an impact onto rear of my car SJH5423U. A taxi SHA3625C had collided onto my car first. After a second car SLB1278G hit onto rear of the taxi. No injuries involved.

Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHD FADZLY BIN ISMAIL

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

14 February 2018 10:40 am

Date/Time:

14 February 2018 10:40 am

# Certificate of insurance



3 Anson Road  
#28-01 Springleaf Tower  
Singapore 079909  
Tel (65) 6222 7733  
Fax (65) 6327 3889 / 6327 3870  
Email: ContactUs@uoi.com.sg  
uoi.com.sg  
Co. Reg. No. 197100152R

**ORIGINAL**

## UNIDRIVE RENEWAL CERTIFICATE

Agency	A000401	Class of Policy	MOTOR UNIDRIVE	Policy Number	..... DHOM120022961601
Account	A000401	Issued on	..... 27/07/2017 in UOI	Replacing Policy no.	DHOM120022961600
Client	0328779	Acceptance Date	25/07/2017	Replacing Cover Note	13731

Period of Insurance from 13/08/2017 to 12/08/2018 , both dates inclusive

Insured's Name....	MDM CHNG ANNE
Mailing Address....	542 SERANGOON NORTH AVENUE 4 #06-17 SINGAPORE 550542

Business/Occupn... INDOOR  
Financial interest UNITED OVERSEAS BANK LIMITED

Premium .....	ANNUAL PREMIUM	SGD706.41	Premium Due	SGD706.41
	Total Annual Premium .....	SGD706.41	Premium GST	SGD49.45
			Total Due	SGD755.86

EXCESS FOR NAMED DRIVER  
REFER TO DRIVER AGE MUST BE ABOVE 25 YEAR AND OR DRIVING EXPERIENCE MORE THAN  
THREE (3) YEARS

Risk No. 001	UNIDRIVE		
1. Registration	SJH5423U	Make/Model ..	SUZUKI SWIFT 1.3 AT
Type of Cover	COMPREHENSIVE	No. of seats	4
Engine No. ..	M13A2068938	Capacity cc's	1328
Chassis No. .	JSAEZC11S00407092	Body Type .....	SALOON
		Yr of Manuf/Regn	2008/2008
		NCB%.....	30.00
		Certificate Ref.	PVI
INDEMNITY FOR TOTAL LOSS.....		MARKET VALUE	
OTHERS		SGD1,500.00	
APPL TO <25 YRS & OR <3YRS EXP		SGD3,000.00	
WINDSCREEN DAMAGE CLAIM		SGD100.00	
NAMED DRIVERS		SGD500.00	
Named Drivers CHNG ANNE		NG SIEW CHEONG	

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY  
 2 - EXCESS - DAMAGE CLAIMS  
 AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM  
 15 - HIRE PURCHASE  
 TERRORISM EXCLUSION ENDORSEMENT  
 CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001  
 25 - STRIKE RIOT AND CIVIL COMOTION  
 SECTION III - MEDICAL EXPENSES  
 SECTION IV - PERSONAL ACCIDENT BENEFITS  
 2 E - YOUNG AND INEXPERIENCED DRIVERS  
 2 F - (A) THE INSURED  
 30 - REPLACEMENT PARTS



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo




Accident Photo



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9239321F



Name

DANNY NG ZHONG KAE

吳 忠 其

Race

CHINESE

Date of birth




16-10-1992

Sex

M

Country of birth

SINGAPORE





Identification Card

4118402



NRIC No. S9239321F



Date of issue  
20-10-2007



Address  
APT BLK 542 SERANGOON NORTH AVENUE 4  
#06-17  
SINGAPORE 550542


**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S 9 2 3 9 3 2 1 F**

Name: **DANNY NG ZHONG KAE**

Birth Date: **16 Oct 1992**

Issue Date: **15 Aug 2011**



 001990905K

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 15 Aug 2011

NP 428A

