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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.
- Information provided must be as <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	04/06/2018 13:03
Date Of Accident	01/06/2018 18:20
Exact Location Of Accident	EXIT OF JALAN EUNOS SLIP ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM9607P
Insured/Policyholder	
Name Of Registered Owner	HO ROCK KEE
NRIC No	S1727550Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96226923
Alternative Phone No	OTHERS-96226923
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY 2.4 AUTO ABS AIRBAG
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DHOM110068850611

Driver

Cover Note Number

 Name of Driver
 SEE LAY LENG

 NRIC No
 \$1712928G

 Date Of Birth
 05/10/1965

 Occupation
 INDOOR

 Date Of Driving Pass
 25/11/1985

Driving Experience 32 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96226923

Fax Number

Contact Number OTHERS-96226923

EMail Address NOEMAIL

Address 145 ELIAS TERRACE

Postcode 519845

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of E Vehicle .

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

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

conveyed to nospital by

Was any other material or property damaged?

YES

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

ambulance?

NAME:

: NIL

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name GEYLANG N.P.C

Police Station Address ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON THE 01/06/2018 AT ABOUT 6:20 PM, I WAS DRIVING MY VEHICLE TOGETHER WITH MY PASSENGER IN A WHITE COLOR TOYOTA CAMRY BEARING LICENSE NO: SGM9607P ALONG PIE AND HAD JUST EXITED ONTO THE SLIP ROAD THAT WAS HEADING TOWARDS JALAN EUNOS. I SUBSEQUENTLY MANAGED TO MERGE ONTO THE MAIN ROAD WHICH WAS HEAVILY CONGESTED ALONG JALAN EUNOS. I THEN CAME TO A COMPLETE STOP WHEN I SAW THE VEHICLE INFRONT OF ME STOPPING BUT SHORTLY AFTER, I FELT AN IMPACT FROM THE BACK OF MY VEHICLE AND PROCEEDED TO MAKE A CHECK. I THEN REALIZED A BLACK COLOR SUZUKI SWIFT BEARING LICENSE NO: SJM6549H DID NOT MANAGED TO STOP IN TIME AND AS SUCH COLLIDED INTO THE REAR OF MY CAR BUMPER. DAMAGES TO MY VEHICLE WAS ONLY DENTS AND SCRATCHES TO THE LEFT SIDE OF MY REAR BUMPER. WE THEN EXCHANGED PARTICULARS AND PROCEEDED OFF LATER. HOWEVER, MY PASSENGER WHICH IS MY MOTHER SUBSEQUENTLY COMPLAINED OF DISCOMFORT AND PROCEEDED TO MAKE SEE A DOCTOR AND SHE WAS AWARDED A THREE DAYS MEDICAL CERTIFICATE. THE PURPOSE OF ME MAKING THIS REPORT IS FOR INSURANCE CLAIMS PURPOSES.

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

SJM6549H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MUHAMMAD YAZID BIN JUMAHAT

NRIC/Passport Number

Contact Number 81834448

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG AH YIAN

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SGM9607P
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance? Address

Postcode

DETAILS OF INJURED PERSON 2

Name SEE LAY LENG

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SGM9607P
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

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.
- 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 insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:

- (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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims 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:
 - 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.

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

THURST	Exit of Jalan Euros -
	A - SGM9607P B - SJM6549H
CRIBE CIRCUMSTANCES OF THE ACCIDENT	
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	1304
/ X/vo	1 N
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/	
ARATION declare the foregoing particulars are true in every respect.	\
billy .	\ = 4/6/2018
holder's Signature Driver's Signature	Reporting Centre Personnel's Signature

Po Date & Time:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No .:





1 of 4

Report No. T/20180604/2043

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

REPORT	OF A	TRAFFIC	ACCIDEN'	1
KEFUKI	ULA	IIIAIIIO	ACCIDEN	٠

Date/Time 04/06/201	e Report M 18 11:48	fade:	Vide Report No.:	Station Diary No. 38	
informan	t's Particu	ulars			
Name of Informant: SEE LAY LENG			Address: 145 ELIAS TERRACE SINGAPORE 519845		
ID Type / ID No.: NRIC NO / S1712928G		Contact No.: Home/Office: Mobile: 96226923			
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:		
Sex: Female	Age: 52	Date of Birth: 05/10/1965	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation: ADMIN CLERK			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2018 18:	Type of Location Highway Exit
Location: Along Road 1 JALAN EUNC Exit of Jalan I				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Traffi		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis Between Mov	ion: ving Vehicles - Head	To Rear		Anyone conveyed by ambulance:

Details of Vo	Technology of the last of the					
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SGM9607P	Car	TOYOTA	CAMRY 2.4 AUTO ABS AIRBAG	White		1
SJM6549H	Car	SUZUKI	SWIFT 1.3 M	Black		0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGM9607P	UNITED OVERSEAS INSURANCE LIMITED	DHOM1100688506	01/11/2017	31/10/2018



T/20180604/2043

2 of 4

Report No. T/20180604/2043

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999 CONTINUATION OF REPORT

Details of Perso	n involved				
Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL	Use of F	Pedestriar	Cross	sing: NA
Passenger					
Name	ONG AH YIAN	mana o mangal hastan (action).	ID No		S0323014G
Related Vehicle	SGM9607P (Car)		Conta	ct No.	63448524
Hospital/Clinic	KIRIN CLINIC & SURGERY	Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	02/06/2018	Date Di	scharge	02/06	6/2018
No. of Days gran	ted Medical Leave 03		of Injury	The second second second second	
Driver				3	
Name	SEE LAY LENG		ID No		S1712928G
Related Vehicle	SGM9607P (Car)	Conta	ct No.	96226923	
Hospital/Clinic	Geylang NPC 132 Paya Lebar Road Kivi Singapore 409014 Sw Fill: 1800-8486999	Class Driving Licent Expiry	g ce &	Class: 3 Geylang NPC Date of Expiry? New Lebar Singapore 40901 Tel: 1300-848699	
Date Treatment	-NTL 02/06/2018	Date Di	scharge		02/06/2018
No. of Days gran	ted Medical Leave XIL 0>		of Injury		slight
Name	Muhammad Yazid Bin Jumahat		ID No.		S9411831A
Related Vehicle	SJM6549H (Car)	Conta	ct No.	81834448	
Hospital/Clinic	NIL	Class Driving Licence Expiry	g e &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Dis	Company of the Company	NIL	
AND DESCRIPTION OF THE PARTY OF	ted Medical Leave NIL	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	of Injury	NIL	

Brief Details.

On the 01/06/2018 at about 6:20pm, I was driving my vehicle together with my passenger in a white color Toyota Camry bearing license no: SGM9607P along PIE and had just exited onto the slip road that was heading towards Jalan Eunos. I subsequently managed to merge onto the main road which was heavily congested along Jalan Eunos. I then came to a complete stop when I saw the vehicle infront of me stopping but shortly after, I felt an impact from the back of my vehicle and proceeded to make a check. I then realized a black color Suzuki swift bearing license no: SJM6549H did not managed to stop in time and as such collided into the rear of my car bumper. Damages to my vehicle was only dents and scratches to the left side of my rear bumper. We then exchanged particulars and proceeded off later.





3 of 4

Report No. T/20180604/2043

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

However, my passenger which is my mother subsequently complained of discomfort and proceeded to make see a doctor and she was awarded a three days medical certificate. The purpose of me making this report is for insurance claims purposes.



T/20180604/2043

4 of 4

Report No. T/20180604/2043

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

el No: 1800-8486999 CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer R G / Sgt 2 TOO YONG FO	ecording The Report:	Signature Of Informant:	
Signature Of Interpret Not applicable	er:	Date/Time: 04/06/2018 11:48	
Officer In Charge Of C	Case:	Classification Of Case:	
Contact No.:	STANGAPPHE POLICE FORCE		
Authentication Stamp NP168	N N		



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 uoi.com.sg

Co. Reg. No. 197100152R

ORIGINAL

RENEWAL CERTIFICATE

Policy Number DHOM110068850611 Class of Policy MOTOR A000041 Agency Replacing Policy no. DHOM110068850610 Issued on 31/10/2006 in UOI A000041 Account Replacing Cover Note 729 Acceptance Date 29/09/2017 0000848 Client

Period of Insurance from 01/11/2017 to 31/10/2018, both dates inclusive

Insured's Name.... Mailing Address... MR HO ROCK KEE

S1757550Z

513 TAMPINES CENTRAL

#01-154

SINGAPORE 520513

Business/Occupn... DIRECTOR

SGD1,606.17 Premium BASIC ANNUAL PREMIUM

SGD80.31-5% INCENTIVE DISCOUNT

SGD762.93-NO CLAIM BONUS Premium Due SGD762.93

SGD762.93 Total Annual Premium SGD53.41 Premium GST SGD816.34 Total Due

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

PRIVATE

1. Registration SGM9607P Type of Cover THIRD PARTY

Engine No. .. 2AZE014014

Chassis No. . MR053BK4007003801

TOYOTA CAMRY 2.4 Make/Model ...

No. of seats 4 2362 Capacity cc's

Body Type SALOON Yr of Manuf/Regn 2006/2006

NCB%..... 50.00 Certificate Ref. PVI

Colour WHITE THIRD PARTY ONLY

APPL TO <25 YRS & OR <3YRS EXP Named Drivers (A) THE INSURED

SGD0.00 SGD2,000.00 (B) SEE LAY LENG

2 E - YOUNG AND INEXPERIENCED DRIVERS

3(P) - THIRD PARTY ONLY

72(B] - LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE

POLICY OWNERS' PROTECTION SCHEME

THIS POLICY IS PROTECTED UNDER THE POLICY OWNERS' PROTECTION SCHEME WHICH IS ADMINISTERED BY THE SINGAPORE DEPOSIT INSURANCE CORPORATION (SDIC). COVERAGE FOR YOUR POLICY IS AUTOMATIC AND NO FURTHER ACTION IS REQUIRED FROM YOU. FOR MORE INFORMATION ON THE TYPES OF BENEFITS THAT ARE COVERED UNDER THE SCHEME AS WELL AS THE LIMITS OF COVERAGE. WHERE APPLICABLE, PLEASE CONTACT YOUR INSURER OR VISIT THE GIA / LIA OR SDIC WEBSITES (www.gia.org.sg OR www.lia.org.sg OR www.sdic.org.sg).

PDPA CLAUSE (INDIVIDUAL)

IN ACCORDANCE TO THE PROVISIONS OF THE PERSONAL DATA PROTECTION ACT 2012 ("PDPA"), THE UOI'S PRIVACY NOTICE SHALL FORM PART OF THE TERMS AND CONDITIONS REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1712928G





SEE LAY LENG

施丽玲

CHINESE

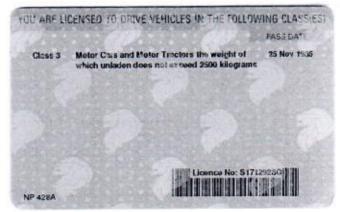
05-10-1965 F

SINGAPORE

S1712926G









51727550Z

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 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.

DH0M110068850611

Excess:

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

Type of Cover

THIRD PARTY

Vehicle Number

SGM9607P

Name of Insured

HO ROCK KEE

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 1 November 2017 to 31 October 2018

Engine#

2AZE014014

Chassis#

MR053BK4007003801

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

FCTTS

Date: 28/09/2017

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

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