Date In: 25 /10/18 /1:49.	Job description	Date &Time Completed	Done by
Ref No: NA/UOZ 18019387/h4.	SAS e-filing		V2
Vch No: 5KB 4765 J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/10/-18 22:30.	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2	Phrs, TP 4hrs)	
OD / TP / Repertung Only	i-Photo Uploaded		
	Assessment/Survey Report		1 -00-
TP Insurer:	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW: (I was a second of the second o	Tel: F	ax:
TP Particulars: Veh No: 51	1079324. INC	()/Non-INC()	
Owner / Driver: (· / / / / / / / / / / / / / / / / / / /	Tcl:)
Policy No: () Perio	od: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to
- 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

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? If No, Please state action to be taken REPORTING ONLY Vehicle Category Insurance Company Name of Insurance Company Virture Company No Policy Number Cover Note Number Portver Vame of Driver Vame		
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NAME OF THE PROPERTY OF THE PR	ax Number	A STATE OF THE STA
Mail Address NOEMAIL	Contact Number	
	Mail Address	NOEMAIL

Address

BLK 402 BEDOK NORTH AVE 3 #08-253

Postcode

460402

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

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

FEMALE

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

PLEASE REFER TO ATTACHED 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

SLU7932L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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.
- 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.
- 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:
 - (i) 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:

Driver's Signature

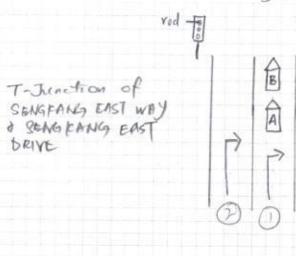
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



A = 5KB 4765J

B = SLU 7932 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

12-17-17-17-17-17-17-17-17-17-17-17-17-17-	1 60	
	Rotu	/
	attach	
	/ 4	
/		

DECLARATION

I/We peclare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

On 14.10.18 at about 22:30 hours at the T- junction of Sengkang East Way and Sengkang East Drive. I was travelling on Lane 1 and did a stop at the traffic light behind Vehicle B. After a few minutes, Driver of Vehicle B came down of her car. Curious, I followed down after a while and see what happened, I heard no sound or movement. Driver B mentioned that I have knocked her car. She took photo of our car distance with no collision, followed by taking my ID. I took hers along since mine was taken. Then we drove off as normal.

Vehicle (A): SKB 4765J

Vehicle (B): SLU 7932L

SINGAPORE ACCIDENT STATEMENT

Accident Date: 14/oct/18 Time: 27:30pm (hh:mm) 24 hr format Location 7-Junction of Songkang East Way & Song Kang
Location T-Junction of Songkang East Warr & Cong kang
East ATIVE (
Vehicle Number 3KB4765J
Insured Name YIP CHEE SENG
Contact Frances 105 2 c / C
Make Volvo Model Volvo XC 9D
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: () Third Party () Reporting
Insurance Company UOI
Type of Policy () Comphensive () Third Party Fire & Theft () TP Only
Policy Number D HoM 12 00 32 6 11 700
Name of Driver YIP CHER SHIN ()Same as Insured
NRIC / FIN S 32/2720 + Contact Number 8866 / 222
Date of Birth 15/04/1982
Driving Page Date 3/ Too 2013
Occupation () Indoor () Outdoor
Gender () Male (/) Female
Email Address Charskin 82 @ gmail-com. ()NO EMAIL
Address of Driver B/K 402 BEDOK NORTH AVE 3
#08-253 8 (460402)
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others
Road Surface () Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes () No
Was anybody injured in the accident? () Yes () No
If yes , injured detail
Was there any video captured by Car Camera? () Yes (/) No
Was the Accident reported to the Police? () Yes (WNo If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B 5647932L
Veh C
Veh D
Veh E
Veh F

5479191



NRIC No. S8212720H

16-05-2015

APT BLK 402 BEDOK NORTH AVENUE 3 #08-253 SINGAPORE 460402

NRIC No. \$8212720H

02/05/2018

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8212720H



Name

YIP CHER SHIN (YE ZIXIN)

叶 子 Race



CHINESE Date of birth 15-04-1982

Country/Place of birth SINGAPORE Sex F





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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 20 Jun 2002
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 31 Oct 2002
of the driver; and other motor vehicles =< 2500kg

Licence No. Sc2127201

NP 428A



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.

DH0M120032611700

Excess:

\$750/-NAMED DRIVERS - OPTION 2

\$1500/-OTHERS

COMPREHENSIVE

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

\$100/-WINDSCREEN DAMAGE CLAIM

Type of Cover Vehicle Number

SKB4765J

Name of Insured

YIP CHEE SENG

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 22 November 2017 to 21 November 2019

Engine#

B4204T271681946

Hire Purchase

DBS FINANCE LTD

Chassis#

YV1LFA2ACH1114670

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1]

AUTHORISED DRIVER

(1) The Insured

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

MCHHC

Date: 06/11/2017