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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.

	ACCIDENT STATEMENT
Date Of Report	01/02/2019 17:20
Date Of Accident	01/02/2019 14:55
Exact Location Of Accident	PASIR RIS DR 3
Country/State of Loss	SINGAPORE
TO SECTION SERVICES TO THE OWNER.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN8712G
Insured/Policyholder	
Name Of Registered Owner	SEOW KHIM POLYTHELENE CO PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87959114
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	
Exact Purpose for which vehicle was being used at time of accident	t WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110152431602
Cover Note Number	5. 5. 5. 5. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
Driver	
Name of Driver	CHAN TEN SENG
NRIC No	G7662042W
Date Of Birth	19/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	17/05/2010
Priving Experience	8 YEARS AND 8 MONTHS
ander	MALE
Johile Number	(LOCAL) +65-87959114
ax Number	A CONTRACT OF THE STATE OF THE
ontact Number	

NOEMAIL

Address 28 LOYANG DR

Postcode 508959

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1

NO 2

NO

NO

2

NO

NAME: : UNKNOWN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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

SHC8408U

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

#### 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.

Bus

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

	- A		DOA: 1/2/19
Pasir	B		A: 4N 8-
Ris Dr3		21	B SHC 84

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic	light	Was	recl	ユ	jammed	brake	sligh	Hly
overshot	the	White	line	д	reverted	abit	but co	llided
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NS0100 - 10000							PARTIE PROPERTY	
			2 113-2311/2					

### DECLARATION

Date & Time:

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

Policyholder's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Personal Particulars			
Date of Accident: 1219		cident:	Lpm
Exact Location of Accident: Pasis	R15	Dr 3	1
Owner's Name: SLOW Khim Polu	thelene Co	NRIC No:	HP No:
Driver's Name: Chan Ten Seng		NRIC No: 6766 20	42WHP No: 87959114
Date of Birth: 19 6 1986 Driv ng Licence I	Passing Date: 17	5 2010 Occupation	on: Indoor / Oukdoor
Address: 28 Loyang	Drive st	508959)	
Relationship of Driver with Insured: Top by			
Vehicle No: YN 87126	Make & Model:	Wit	
Insurance Co: UOI	Coverage: Comp	Rhowine Policy No:	DHOM 11015243160:
*Purpose of Reporting? Own Dama	ge Claim / 3rd Par	ty Claim / Not Claimi	ing, Just Reporting Only
*Exact Purpose of The Vehicle Was B	85.		_
*Weather Condition ? Clear / Rain	ing / Others:	Wet / I	Dry / Others:
* Any passenger inside vehicle involv	red? (Yes / No)	If yes, Vehicle N	o & How many pax:
A:B	+0	_C:	D:
*Was Anybody Injured ? (Yes / √o) If	yes,		
Name / NRIC / In Vehicle:			
*Was The Accident Reported To The			
No O Yes, Which Police Station?	TORICE .		
	-:-I=7		No. of the last of
*Does the Driver Own Any Other Vei			
O No O Yes, Vehicle Registration No:			
*Was any foreign vehicle involved? (	Yes / No) If ye	S, Vehicle No & Cates	gory:
*Was there any video captured by Ca	er Camera? (Ye	es/No)	
Third Party Driver's Particulars			
Vehicle & No: SHC 8408U	Make & Model:		
Driver's Name:			
Vehicle C No:	Make & Model:		
Driver's Name:		NRIC No:	HP No:
Witness Particulars	33		Programme and the control of the con
Mamau		NRIC No.	UD No.



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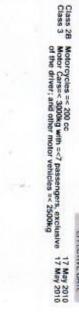
Valid Till 16 May 2020

CHAN TEN SENG

Lucence Muntair G7662042W









NP 428A



United Overseas Insurance Limited

3 Anson Road #28-DI 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.

DH0M110152431602

Excess:

\$500/-SECTION 1

Type of Cover

COMPREHENSIVE

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

Vehicle Number

YN8712G

Name of Insured

SEOW KHIM POLYTHELENE CO PTE LTD

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 21 August 2018 to 20 August 2019

Engine# Chassis#

4P10B74212 FEB21EA10226

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

Use for hire or reward or for racing pace-making reliability trial or speed-testing
 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

Date: 31/07/2018

FCTTS