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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.
- 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.

5. 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.

	ACCIDENT STATEMENT	1506
Date Of Report	15/09/2020 09:58	
Date Of Accident	14/09/2020 09:45	
Exact Location Of Accident	YISHUN AVE 8 & YISHUN AVE 1 JUNCTION	
Country/State of Loss	SINGAPORE	
Contract the second	DETAILS OF OWN VEHICLE	WHAT I
Vehicle Registration Number	YP8698D	
Insured/Policyholder		
Name Of Registered Owner	EPSILON PLASTICS PTE LTD	

Co Reg No

Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-66592629

Vehicle Particulars

Manufacturer ISUZU Model -

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?

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 DHOM120052242000

Cover Note Number

Driver

Name of Driver KALIYAMOORTHY MURUGAN

 NRIC No
 GXXXX063T

 Date Of Birth
 25/05/1986

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/01/2015

Driving Experience 5 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96112827

Fax Number

Contact Number

EMail Address NOEMAIL

Address

Vehicle

BLK 777 WOODLANDS CRESCENT #01-42

Postcode

730777

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

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

## Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

2

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

REFER TO STATEMENT.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

# Was there any audio recorded?

NO **DETAILS OF OTHER VEHICLE PROPERTY 1** 

#### Vehicle Registration Number

SMP3870Y

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.
- 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.
- 7. 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: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Z was	travelling along Yishun Ave	8. while approaching
Junction	with Yishun Ave I. The light	turn red. Veh B
Suddenly	Stop. I manage to Stop	but cannot stop
In time	and collided onto veh B rear	- windscreen.

# DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name: NRIC/FIN 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 uol.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.

DH0M120052242000

Excess:

\$500/-SECTION 1

Type of Cover

COMPREHENSIVE

\$100/-WINDSCREEN DAMAGE CLAIM

Vehicle Number

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

Name of Insured

YP8698D

EPSILON PLASTICS PTE LTD

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 22 May 2020 to 21 May 2021

Engine#

Hire Purchase

UNITED OVERSEAS BANK LIMITED

4JJ13M6144 Chassis# JAANPR85HJ7100115

MZ 801

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

LIMITATIONS AS TO USE

Use in connection with the Insured's business

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted

THE POLICY DOES NOT COVER

(1) Use for racing pace-making reliability trial or speed-testing

(2) Use for the carriage of passengers for hire or reward

(3) Use whilst drawing a greater number of trailer in all than is permitted by law

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

FSGMY Date: 11/05/2020

For the Company

# ACCIDENT STATEMENT

A	CATION: Y:	I/DD/MM/YYYYI TIAAE:/ 9	40
- 10	CATION: Yishun Ave	8 64 4.76.	_:
	. DETAILS OF VEHICLE	C -	we I Junction.
	a) VEHICLE NUMBER:Y	P8693.	
	DINSURANCE COMPANY:		
	C)POLICY NUMBER.		
	d)POLICY TYPE: (COMPREHENS)	VE / THIRD PARTY / THIRD DA	DTV SIDE
	e)MAKE & MODEL:		RIY FIRE &THEFT)
	f)TYPE:(SALOON / COUPE / MPV g) VEHICLE CATEGORY: (PRIVATE	//VAN/LORRY/MOTORCY	CLE / OTHERS
	g) VEHICLE CATEGORY: (PRIVATE h) PURPOSE OF USING AT A COID	/ COMMERCIAL / MOTORC	YCLEI
	h) PURPOSE OF USING AT ACCID	ENT TIME: Working	
	I) ARE YOU CLAIMING UNDER YOUF NO, PLEASE STATE (THIRD PAR INSURED / POLICY HOLDER	TY CLAIM ( DEBOODE (YES/N	(0)
2			
	A)NAME: Epsilon Plast b)NRIC/FIN/PASSPORT	ics Pte Ltd	ie zeer z.e.
		CONTACT:_	CCCD 7/29
St 19 99	c)ADDRESS:		66372627
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40	*d)DATE OF BIRTH: (// e)OCCUPATION: (INDOOR / OUTD	)(DD/MM/YYYY)	
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4.	WAS DRIVER AN EMPLOYEE OF T	THE THOUSE	4
5	IF NO, RELATIONSHIP OF THE DI	RIVER WITH INSURED:	(YES / NO)
6. V	D)ROAD SURFACE: (DRY / WET / OT WAS ANYBODY INJURED (YES / NO)	HERS	
7. c	PREPORTED TO POLICE (YES / NO)	Of Contract of Con	4
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