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P Particulars: Veh No:	SGU 7067.T		Tel:)	
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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 and accurate</u> 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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	15/09/2020 12:00
Date Of Accident	14/09/2020 14:45
Exact Location Of Accident	CTE L/P 579
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCY2211C
Insured/Policyholder	
Name Of Registered Owner	ONG HWEE KHENG
NRIC No	SXXXX697E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98165439

Alternative Phone No Vehicle Particulars

Manufacturer BMW Model 5201

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-98165439

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No. Please state action to be taken

THIRD PARTY PRIVATE CAR

Insurance Company

Vehicle Category

Name of Insurance Company

UNITED OVERSEAS INSURANCE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

olicy

Policy Number

DHOM120021981602

Cover Note Number

Driver

Name of Driver ONG HWEE KHENG

 NRIC No
 SXXXX697E

 Date Of Birth
 01/09/1965

 Occupation
 INDOOR

 Date Of Driving Pass
 16/12/1994

Driving Experience 25 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98165439

Fax Number

Contact Number OFFICE-98165439

EMail Address NOEMAIL

Address BLK 704 JURONG WEST ST 71 #08-94

Postcode 640704

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

4

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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)

2

Passenger 1

: XIAO YUN FEI NAME:

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200915/7002

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

SGU7067T

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 23

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SCF921A

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

GZ549P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ONG HWEE KHENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SCY2211C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name

XIAO YUN FEI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SCY2211C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

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.
- 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 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.
- 6. 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:

- 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.(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

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

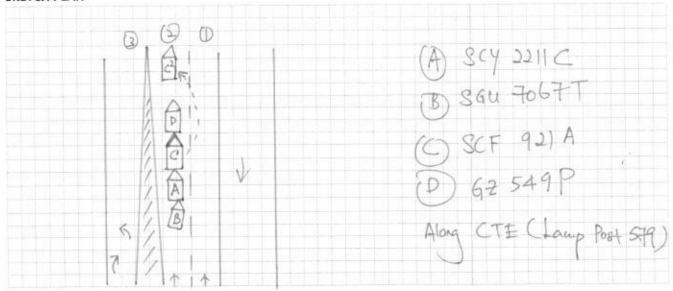
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TE in the and lane my cor. Suddenly stop in time too.	wit 14:45hrs, was driving my car (SC). from the right hand side, with my 2 world we stop so i slow suddenly i left an impact from behow car being push forward and collided out	or inside or down and and and due to
of the vehicle. C after accident collision that I was involving this report to claim my passenger was after accident and	and vehicle C (SCF 921A) moved to the son. when I come out to inspect my our of against Veh B's Insurance for my accident a left uncomfortable. Her accident and we wan doctor was give us 3 days me, we set it necessary.	e front ahead and i realized here to ladge hunges. We k

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 .:





1 of 4

Report No. T/20200915/7002

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

DEDODE	OF A	TDAFFIC	ACCIDENT
REPORT	OF A	IKAFFIC	ACCIDENT

Date/Time Report Made: 15/09/2020 11:01		lade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Particu	ılars				
	Informant: VEE KHEN	G	Address: 704 JURONG WEST STREE	T 71 #08-94 SINGAPORE 640704		
ID Type NRIC NO	/ ID No.: D / S170069	97E	Contact No.: Home/Office:	Mobile: 98165439		
National SINGAP	ity: ORE CITIZ	EN	Email: jeffong88@gmail.com			
Sex: Male	Sex: Age: Date of Birth:		Type of Informant: Driver			
Race: Chinese			Language: Institution / School Name: English			
Occupat		ager	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/09/2020 14:45	Type of Location Straight Road
Location:				
CENTRAL EX	KPRESSWAY			
02.11.10.12.2.				
		Road Surface: Wet		Road Speed Limit:
Weather: Drizzling Traffic Flow: One Way				Road Speed Limit: Traffic Volume:

Details of V Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GZ549P	Lorry					0
SCF921A	Car					0
SCY2211C	Car	BMW	520I AT D/AB 2WD 4DR LED NAV	Grey		0





T/20200915/7002

2 of 4

Report No. T/20200915/7002

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of t	ehicle Invo	11.00	1			
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SGU7067T	Car					0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
	UNITED OVERSEAS INSURANCE	DHOM1200219816 02	30/06/2020	29/06/2022	

Details of Person	n Involved					
Any Pedestrian Ir	volved: No		- 74			
No. of Pedestrian	s Injured: NIL		Use of Pe	edestrian Crossing: NA		
Passenger					7555	
Name	XIAO YUN FEI			ID No.	8	G2547569R
Related Vehicle	SCY2211C (Car)			Conta	ct No.	92729739
Hospital/Clinic	NORTHEAST (BUKIT BATOK) 24 HR FAMILY CLINIC			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	14/09/2020		Date		NIL	
No. of Days gran	ted Medical Leave	03	Degree	of	Slight	
Driver			PARAMETER SHIP			
Name	ONG HWEE KHENG			ID No		S1700697E
Related Vehicle	SCY2211C (Car)			Conta	ct No.	98165439
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	14/09/2020		Date		NIL	
	ted Medical Leave	03	Degree	of	Sligh	t

Brief Details.

ON 14-09-2020 AT ABOUT 14:45HRS, I WAS DRIVING MY CAR (SCY 2211C) ALONG CTE TOWARDS AYE IN THE 2ND LANE FROM THE RIGHT HAND SIDE WITH MY 1 WORKER INSIDE MY CAR. SUDDENLY VEHICLE IN FRONT OF ME STOP SO I SLOW DOWN AND STOP IN TIME TOO. SUDDENLY I FELT AN IMPACT FROM BEHIND, DUE TO THE HUGE IMPACT MY CAR BEING PUSH FORWARD AND COLLIDED ONTO REAR PORTION OF THE VEHICLE C (SCF 921A) AND VEHICLE C MOVED TO THE FRONT AHEAD AFTER ACCIDENT COLLISION. WHEN I COME OUT TO INSPECT MY CAR AND I REALIZED THAT I WAS INVOLVING 4 CARS CHAIN COLLISION ACCIDENT. HENCE I HERETO LODGE THIS REPORT TO CLAIM AGAINST VEH.B (SGU 7067T)'S INSURANCE FOR MY ACCIDENT DAMAGES. ME AND MY PASSENGER (XIAO YUN FEI) WAS FELT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20200915/7002

CONTINUATION OF REPORT

UNCOMFORTABLE AFTER ACCIDENT AND WE WENT TO SEE DOCTOR AFTER ACCIDENT. DOCTOR WAS GIVE US 3 DAYS MC, WE WILL FOLLOW UP OUR MEDICAL TREATMENT IF NECESSARY.





4 of 4

Report No. T/20200915/7002

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/09/2020 11:01
Officer In Charge Of Case: TP / TPHQ /	Classification Of Case:

Authentication Stamp

WAHID ALHINDUAN Contact No.: 65476394

SYED ZAYID MUHAMMAD BIN SYED ABDUL

NP168



United Overseas Insurance Limited

3 Anson Road #28-01 Springleaf Tower Singapore 079909 Tel (65) 6222 7733 Fax (65) 6327 1869 / 6327 3870 Email ContactUs/400/comsg. upi com se 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.

DH0M120021981602

Excess: \$1500/-OTHERS

Type of Cover

COMPREHENSIVE

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

Vehicle Number

SCY2211C

\$100/-WINDSCREEN DAMAGE CLAIM \$750/-NAMED DRIVERS - OPTION 2

Name of Insured

ONG HWEE KHENG

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 30 June 2020 to 29 June 2022

Engine#

C3060825N20B20B

Hire Purchase

UNITED OVERSEAS BANK LIMITED

Chassis#

WBA5A320X0D790303

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

Use only for social domestic and pleasure purposes and for the Insured's business

FOTTS Date 08/06/2020

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

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. 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

*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.

IWE 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

VEHICLE NO: SCY JULIC Date of Accident	MAKE & MODEL: BMW 520;
ime of Accident	
ocation of Accident	Along (TE (Lamp Port 579)
xact Purpose Usage	Personal / Private Hire (Uber / Grab) / Commercial
NAME OF OWNER :	Ong Hwee Kheng
Contact No.	98165439
Nric No	S1700697 E.
ype Of Claim	Third Party / Own Damage / Reporting only
nsurance Co.	001
Type of Coverage	Comprehensive / Third Party / Third Party Fire & Theft
Policy No	DHOM120021981602
NAME OF DRIVER :	As above / If No:
Nric No	As Above . Any Passenger: +1
Date Of Birth	01/09/1965 Name: Xiao Yun Fei
Occupation	Outdoor (Indoor) Gerder male
Date Of Driving Pass	16/12/1994 HD: 9272 9739
Gender	Male / Female
Contact no	98165439 Office: Home:
Address	BK 704 Jurong WEST ST 71 #08-94 S (640704)
Driver Have Any Own Vehicle	NO / If Yes (Reg no):
Relationship	Employee / If No: Owner
Weather Condition	Clear / Raining / Other:
Road Surface	Dry / Wet / Other:
Any Injuries	NO / If Yes Who?
Name	ong Hwee Khene Contact: 9816543
Name	Xiao Yun Tei Contact: 92+2978
Police Report	No / If Yes: Where? 7 2020091517002.
	110 / 11 (gs. Where: 112 - 0 //3 / 1002 .
Vehicle B No :	SGU 7067T. Any Passenger: +2
Name Of Driver	John 1001 - Ally rassenger 12
Contact No :	
Vehicle C No :	SCF 921A Any Passenger: +1
Vehicle D No :	GZ 549P Any Passenger: +1
Vehicle E No :	Any Passenger:
Vehicle F No :	Any Passenger:
Any Witness	
Witness Contact No	
Have you been approach by unknow	w person soliciting (s) /
offering accident claims assistance?	and the support of th
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE
Address	1 Kaki Bukit Ave 6 #02-34
	Kaki Bukit @ Auto Bay
	Singapore 417883
Email: jeffong 88 Ogmail- (