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Owner / Driver: (Tel:	
Policy No: () F	Period: () Cover Type: (
Confirmed by a (. Dates .	Tiness P. St. 7006 P. SO.	100%]
Insured/Driver Liability: (%)		0-20%; P: 21-79%. P: 80-	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

- 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 misropresentation 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.	2 of the report of the country of th		
化学等的企业等的	ACCIDENT STATEMENT		
Date Of Report	29/10/2020 18:22		
Date Of Accident	29/10/2020 10:00		
Exact Location Of Accident	SERANGOON AVENUE 1/BARTLEY ROAD JUNCTION		
Country/State of Loss	SINGAPORE		
PENSONE DE LOS MENSONES DE LA COMPANSION	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SCP8009D		
Insured/Policyholder			
Name Of Registered Owner	CHAN KUM ONN ROGER		
NRIC No	SXXXX951Z		
Email Address	ROGERCHAN@RCHAN-KSI.COM		
Mobile Phone No	(LOCAL) +65-97608009		
Alternative Phone No	OTHERS-97608009		
Vehicle Particulars			
Manufacturer	LEXUS		
Model	NX200T		
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	REPORTING ONLY		
Vehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DHOM110157731703		
Cover Note Number			
Driver			
Name of Driver	CHAN KUM ONN ROGER		
NRIC No	SXXXX951Z		
Date Of Birth	04/12/1954		

INDOOR

MALE

05/02/1974

46 YEARS AND 8 MONTHS

(LOCAL) +65-97608009

OTHERS G7808000

Address

37 SERANGOON TERRACE

Postcode

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

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?

2

Number of vehicles (including own vehicle)

involved in the accident

NO

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

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

I WAS DRIVING SCP8009D AND TURNING LEFT FROM SERANGOON AVENUE 1 TOWARDS BARTLEY ROAD, SLN1721E WAS INFRONT OF ME. THE TRAFFIC LIGHT WAS GREEN ON BARTLEY ROAD, AS I SEE THAT THERE IS NO CAR AND SAFE FOR ME TO TURN INTO BARTLEY ROAD AND ALSO SLN1721E WAS TURNING INTO BARTLEY ROAD, I TURN LEFT BUT SLN1721E STOPPED AND I HIT HIS BACK, NOBODY IS INJURED AND DAMAGE TO THE VEHICLES IS MINOR, MR. ANG OF SLN1721E TOLD ME THAT HE WILL NOT MAKE POLICE REPORT SINCE NOBODY IS INJURED BUT HE WILL FILE INSURANCE CLAIM.

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

SLN1721E

Vehicle Make/Model/Colour

VOLKSWAGEN TOURAN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MR ANG

NRIC/Passport Number

Contact Number

91690403

Address

Postcode

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

- 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: 25/10/

H. DPM.

Driver's Signature (if driver is not the policyholder) Date & Time:

Reporting Centre Pers

Name:

NRIC/FIN No.:



I was driving SCP8009D and turning left from
Serangoron Avenue 1 to Bartley Road.
SLN 1721 E was infrants of me.
The traffice light was green on Bartley Road
AS I see that There is no car and safe for mo
to turn to Bartley Road and also SLN 1721 F
was turning into Bartley Road 1 turn left.
But SLN 1721 E stopped and I hit his back
to turn to Bartley Road and also SLN1721 E was turning into Bartley Road I turn left. But SLN 1721 E stopped and I hit his back. No body is injured and domage to the vehicles is minor
1.5 SAROTERS AT
make a police report since nobody is injured but he will file insurance claim.
make a police report since nobody is injured but
he will file insurence claim.

DECLARATION

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

Policybelder's Signature

Date & Time: 29/10/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

AC	CIDENT DATE: 29, 10, 20 (DD/MM/YYY), TIME: (10. :00) (HH:MM).
	CATION: BARTLEY ROAD I SERANGOO NAVENUE I JUNCTION
	T. DETAILS OF VEHICLE SCP8009 D.
	DINSURANCE COMPANY: UNITED OVERSCAS INSURANCE
	DINSURANCE COMPANY: UNITED OVERSETS TO
	CIPOLICT NUMBER: DITOTA II 013 1 731 703
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	B)MAKE & MODEL: LEXUS NX 200 T
	f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
	g/VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	HIPURPOSE OF USING AT ACCIDENT TIME: PRIVATE
	I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER
	AJNAME: CITAN ICUM ONN ROGER (MALE / FEMALE)
	bjNRIC/FIN/PASSPORT: 5 00169512 CONTACT: 97608009.
	CIADDRESS: 37 SERANGOON TERRACE
B 6	SINGAPORE 5357 19
. A	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
# No of passange	3. DRIVER
Cincluding drive	A DINAME: MS 11.000
CA S	b)NRIC/FIN/PASSPORT:CONTACT:
(1)	c)ADDRESS:
1.7	
8	*d) DATE OF BIRTH: (4/12/1954) (DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)
	FIDATE OF DRIVING PASS 1974
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (VES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OW NOK
	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
3	b)ROAD SURFACE: (DRY / WET / OTHERS
5	WAS ANYBODY INJURED (YES / NO)
	a)REPORTED TO POUCE (YES / NO)
,	IF YES, PLEASE STATE WHICH POLICE STATION:
t Ho of passinger	a) VEHICLE NUMBER: SLN 1721 E MODEL: VOLKS WHEEN TOURANT
	IN DRIVEDIS MALE: MR ANCE
Cludwiding drivar	c) NRIC/FIN/PASSPORT:CONTACT: 91690403.
(2)	. THIRD PARTY VEHICLE
A 10 (A)	" .
flo of bassands	el DRIVER'S NAME:
(Induding drive	f) NRIC/FIN/PASSPORT:CONTACT:
1 3	SOME VENEZA AND MAINTENANCE AND
()	540 St. 1921

email = rogerchan-151.co



United Overseas Insurance Limited 3 Anson Road #28-01 Springleal Tower Singapore 079909 Tel (65) 6222 7733 Fax (65) 6327 3869 / 6327 3870 Email ContactUsQuoi com sq 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)

COPY

CERTIFICATE NO.

DH0M110157731703

Excess:

\$800/-NAMED DRIVERS

Type of Cover

COMPREHENSIVE

\$1500/-OTHERS

Vehicle Number

SCP8009D

\$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM

Name of Insured

CHAN KUM ONN ROGER

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance

19 August 2020 to 18 August 2021

Engine# 8ARW345282

Hire Purchase

HONG LEONG FINANCE LIMITED

Chassis# JTJBARBZ002090693

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1] AUTHORISED DRIVER

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

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

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

*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

vmldl Date: 15/07/2020

For the Company