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SM0820CO000A / National Assessment Centre Services [159721] ENTRY DATE & TIME: 24/12/2020 18:51 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (24/12/2020 18:51 (SGT))



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 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.

ACCIDENT STATEMENT

Date of Submission

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

24/12/2020 18:51 (SGT)

23/12/2020 18:50 (SGT)

2 Orchard Turn, ION Orchard, Singapore 238801

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLG3033G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No.

Alternative Phone No.

No

LOW ZI QI

SXXXX218B

zziqi.low@gmail.com

(Phone) +65-96775159

+65-96775159

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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?

Vehicle Category

BMW

5201

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

United Overseas Insurance

Comprehensive

DHOM120042031900

DRIVER

Name of Driver

NRIC No

LOW ZI QI

SXXXX218B

Date Of Driving Pass 28/03/2009 Driving experience 11 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-96775159 Alt. Phone Number +65-96775159 Email Address zzigi.low@gmail.com Address 230 COMMONWEALTH AVENUE Address complement Postcode 149739 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 5 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name HUSBAND Gender Male PASSENGER 2 Name MOTHER Gender Female PASSENGER 3 Name SON Gender Male PASSENGER 4 Name FATHER Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

AFTER EXITING FROM CAR PARK GANTRY, MY CAR CAME TO A COMPLETE STOP AS THERE WAS ANOTHER CAR WHICH STOPPED IN FRONT, WE WERE WAITING FOR THE TRAFFIC TO CLEAR TO TURN INTO MAIN ROAD, A VAN (GBK1327U) BANGED INTO THE BACK OF MY CAR (SLG3033G).

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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>.
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	W/so Rijohn.			av 24/1/2000
Policyholder's Signat Time Sketch Plan	ture / Date & Driver's Sig & Time JON OLUHORO	exil Flory C	policyholder) / Date	Witnessed by Reporting Centre Personnel
A)SLO	30334	BWAD		
B) (915X	.1521M			

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel

ACCIDENT STATEMENT

ACCII	DENT DATE: 1731-17 100 (DD/MM/YYY).	TIME: 06:50 (HH:MM) After
LOCA	You work in all rough An	in cor part. (ganty
1,	DETAILS OF VEHICLE SLA 30336 .	
T 60	CIPOLICY NUMBER: DHOM 12004203 1	900
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PART	Y / THÍRD PARTY FIRE &THEFT)
φ	DIMAKE & MODEL: BMW C201	/ MOTORCYCLE / OTHERS)
*0	DIVEHICLE CATEGORY: [PRIVATE / COMMERCIA!	L/MOTORCYCLE)
8	HARF YOU CLAIMING UNDER YOUR OWN INSURA	ANCE PLESINOL
2.	IF NO. PLEASE STATE (THIRD PARTY CLAIM / REP.	
lon.	DINRIC/FIN/PASSPORT: 58 670 188.	CONTACT: 967751
1 Hony m	CIADDRESS: 270 Common White As	- 1. / CE
	· CONTINUE TO 3.d IF DRIVER ALSO POLICY HOL	DER
4-No of passanger	DRIVER AS ABOUTE	(MALE / FEMALE)
(Including driver)	bjnric/fin/Passport:	_CONTACT:
()	c)ADDRESS:	
17	*d)DATE OF BIRTH: (24/1) 966 (DD/M	
	MAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YEST NO)
4.	TE NO DELATIONSHIP OF THE URIVER WITH	1143014201
5,	DIROAD SURFACE: (BRY) WET LOTHERS	· · · · · · · · · · · · · · · · · · ·
6. 7.	WAS ANYBODY INJURED (YES NOT	
**	IF YES, PLEASE STATE WHICH POLICE STATION:	
4 He of passinger	a) VEHICLE NUMBER: GBK 1327 U	_MODEL:
(Including driver)	b) DRIVER'S NAME: KALID c) NRIC/FIN/PASSPORT: S02/00476	_CONTACT: 9194 5967
() 9.	THIRD PARTY VEHICLE d) VEHICLE NUMBER:	_MODEL: " .
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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@uol.comag uaicamsg Co. Reg. No. 157100152R

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.

DH0M120042031900

Excess:

\$750/-NAMED DRIVERS - OPTION 2

COMPREHENSIVE

\$1500/-OTHERS \$3000/-APPL TO <25 YRS & OR <3YRS EXP

\$100/-WINDSCREEN DAMAGE CLAIM

Vehicle Number

Type of Cover

SLG3033G

Name of Insured

LOW ZI QI

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance

29 April 2019 to 28 April 2021

Engine# Chassis#

16545262B48B20A WBAJA12050BJ20088

Hire Purchase

DBS BANK LTD

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 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

FCLAS

Date: 29/04/2019