

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 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. 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	24/12/2020 18:51 (SGT)
Date of Accident	23/12/2020 18:50 (SGT)
Exact Location of Accident	2 Orchard Turn, ION Orchard, Singapore 238801
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG3033G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW ZI QI
NRIC No	SXXXX218B
Email Address	zziqi.low@gmail.com
Mobile Phone No	(Phone) +65-96775159
Alternative Phone No	+65-96775159

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	OHOM120042031900
Cover Note Number	-

DRIVER

Name of Driver	LOW ZI QI
NRIC No	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	zziqi.low@gmail.com
Address	230 COMMONWEALTH AVENUE
Address complement	#41-09
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).

ATTACHMENT(S)

SKETCH PLAN

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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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Low Orbitered EXIT from Car Park (Gronky)

A) SLG 3033 G

B) GBK 1327 U



Describe Circumstances of the 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 (ABK 1327U) banged into the back of my car.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time


26/12/20 5:30pm

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

Witnessed by Reporting Centre
Personnel



ACCIDENT STATEMENT

ACCIDENT DATE: 23/12/2020 (DD/MM/YYYY), TIME: 06:50 (HH:MM) After
 LOCATION: Low orchard exit from car park (gentry)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLG 30336
 b) INSURANCE COMPANY: LOI
 c) POLICY NUMBER: 040m/20042031900
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW C20i
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: shopping
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

A) NAME: LOW ZI BI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8675188 CONTACT: 9675559
 c) ADDRESS: 230 Common Nettle Ave #41-01
(S) 149751

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: AS ABDOUK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 24/07/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBK 1327U MODEL: _____
 b) DRIVER'S NAME: KALID
 c) NRIC/FIN/PASSPORT: S83700476 CONTACT: 9194 969

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = ziyi.low@gmail.com
 VIDEO



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road
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Fax (65) 6327 3869 / 6327 3670
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.	DHOM120042031900	Excess:	\$750/-NAMED DRIVERS - OPTION 2 \$1500/-OTHERS
Type of Cover	COMPREHENSIVE		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	SLG3033G		\$100/-WINDSCREEN DAMAGE CLAIM
Name of Insured	LOW ZI QI		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 29 April 2019 to 28 April 2021

Engine# 16545262B48B20A
Chassis# 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