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SN09211R0009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 27/01/2021 14:18 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (27/01/2021 14:18 (SGT))



# SINGAPORE ACCIDENT STATEMENT

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 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.

Ine issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 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.
 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

27/01/2021 14:18 (SGT) 26/01/2021 14:30 (SGT) Alexandra Rd, Singapore OPP ARC Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKQ5633X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

Email Address Mobile Phone No Alternative Phone No Yes

LOTUS TRAVEL NOTE PTE LTD

A.KIATLIANG93@GMAIL.COM (Phone) +65-85333712 +65-85333712

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 Toyota Vellfire

Employment

No - Reporting only Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number United Overseas Insurance

Comprehensive

No

DHOM110176342000

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ANG KIAT LIANG SXXXX317I 27/11/1993 Outdoor



Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Collision - Head to Rear Clear Dry Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No. Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Yes

No

15/05/2018

Male

270006

Employee No

No

2 YEARS AND 8 MONTHS

A.KIATLIANG93@GMAIL.COM

BLK 6 GHIM MOH ROAD #05-192

(Phone) +65-96870397

Nanyang Neighbourhood Police Centre (Phone) +65-18007929999

(Fax) +65-67912972

No. 2 Jurong West Avenue 5 Singapore 649482

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210126/2107

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SMW766Z Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Private car Vehicle Category Name of Driver

Contact Number

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### 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.
- 3. 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.
- 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)

l 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 haurers' 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.

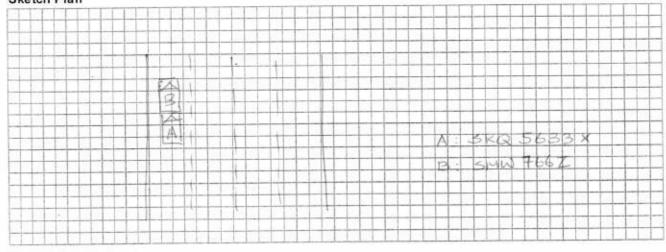
2018238772

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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### Declaration

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

ROC 2018238772

Policyholder's Signature / Date & Time

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

44

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20210126/2107

Police Station Of Origin: Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

REPORT O	F A TRAFFIC	ACCIDENT	Maria David Na	Station Diary No.:	
Date/Tim 26/01/20	e Report M 21 20:57	ade:	Vide Report No.:	101	
Informar	nt's Particu	lars	是 1987年 共產黨 中国	CONTRACTOR OF CONTRACTOR	
Name of	Informant: T LIANG		Address: APT BLK 6 GHIM MOH ROAD	#05-192 SINGAPORE 270006	
ID Type	Control of the Contro	171	Contact No.: Mobile: 96870397		
Nationali		000	Email:		
Sex: Male	Age:	Date of Birth: 27/11/1993	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: DELIVERY			Driving Licence Information: Class: 2B,3	Date of Expiry:	

Seneral Inform	nation of the Accide	III.	Date/Time of	Type of Location
Type of Accident:	Non-Injury	Drink Drive: No	Accident: 26/01/2021 14:30	.,,,,,
Location: ALEXANDRA	ROAD			
Weather:		Road Surface: Dry		Road Speed Limit:
Clear Traffic Flow:		Traffic Control:		Fraffic Volume: Moderate
Type of Collis Between Mo		To Rear		Anyone conveyed by ambulance: No

Details of V	ehicle Invo		Individual	Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model	COIOI	Slightly	0
SKQ5633X	Car				Damaged	
SMW766Z	Car				Slightly Damaged	0

	A STATE OF THE PARTY OF THE PAR
Details of Person Involved	等。我是是我们是一个一个一个一个一个
Any Pedestrian Involved: No	L. Codestries Crossing: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20210126/2107

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

#### CONTINUATION OF REPORT

Driver					
Name	ANG KIAT LIANG		ID No.	X	S9344317I
Related Vehicle	SKQ5633X (Car)		Contact No.		96870397
Hospital/Clinic	NIL	1 _	Class Driving Licent Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Dis		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	of Injury	NIL	
Driver					
Name	TAN HEE SOON, MIDSEAN		ID No		S8739535I
Related Vehicle	SMW766Z (Car)		Contact No.		90661775
Hospital/Clinic	NIL .		Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis		NIL	
No. of Days gran	nted Medical Leave NIL	Degree	of Injury	NIL	

#### Brief Details.

On 26/01/2021 @1430hrs, I was stopped at a red traffic light behind car SMW766Z on the above road. I was driving car SKQ5633X on the leftmost lane. When the lights turned green, I started moving forward however, the car in front SMW766Z was still stationary. I could not stop in time and collided the front of my car SKQ5633X with the rear of car SMW766Z.

There was only light damage on car SMW766Z, only a small dent on the centre of the rear bumper of SMW766Z. My car SKQ5633X only sustained damage on the front license plate cover.

There was no ambulance or Traffic Police at scene. No government property was damaged. I am making this report for insurance purposes.





3 of 3

Report No. T/20210126/2107

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Little Incurence Certificate to this report. If you	don't have
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you the certificate with you now, please fax a copy to 65474885 stating the <b>report number</b> as refe	rence.
the certificate with you now, please tax a copy to 65474665 stating the	

Ass
Date/Time: 26/01/2021 20:57
Classification Of Case:



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 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.

DH0M110176342000

\$800/-ALL DRIVERS Excess:

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

\$100/-WINDSCREEN DAMAGE CLAIM

Type of Cover

COMPREHENSIVE

Vehicle Number

SKQ5633X

Name of Insured

LOTUS TRAVEL NOTE PTE LTD

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 9 December 2020 to 8 December 2021

Engine# 2AZJ108266 ATH208045092 Chassis#

Private Car-Office [MX 4]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

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

THE POLICY DOES NOT COver

(1) Use for hire or reward or pace-making reliability trial or speed-testing (2) Use for the carriage of goods other than samples in connection with any (3) Use for any purpose in connection with the Motor Trade

trade or business

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

fine For the Company

FCADJ

Date: 03/12/2020

# ACCIDENT STATEMENT

190	TION: PASIR PANJANG OPP ARC	¥
1.	DETAILS OF VEHICLE  a) VEHICLE NUMBER: 5KQ 5633	× .
	b)INSURANCE COMPANY:	
25	[2] 이용해 [2] 가입니다 [2] 이용 [2] 다시 마시 [2] 다시 마시 [2] 다시 마시 [2] 다시 [2]	
	C)POLICY NUMBER:	DARTY (TUTED BARTY FIRE &THEFT)
	d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY THIRD PARTY TIRE WITE IT
	e)MAKE & MODEL: Toyota ventive h	MANUAL DESCRIPTION OF THE PS
	f)TYPE: (SALOON / COUPE / MPV /VAN / LO g) VEHICLE CATEGORY: (PRIVATE / COMMI h) PURPOSE OF USING AT ACCIDENT TIME:	ERCIAL / MOTORCYCLE)
	I) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)
2	INSURED / POLICY HOLDER	
-	MINIME. LOTUS Travel note	Pte L+d (MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT:8533371
	c)ADDRESS:	
929 N S		
	* CONTINUE TO 3.d IF DRIVER ALSO POLIC	YHOLDER
Ho of passanger		The second secon
The second secon	ANTIQUE.	(MALE / FEMALE)
Including driver	b)NRIC/FIN/PASSPORT:	CONTACT: 469+03
(1)	c)ADDRESS:	
		DD (ULL (VVVV)
98	*d)DATE OF BIRTH: (/)(	DD/MM/1111)
	e)OCCUPATION: (INDOOR / OUIDOOR)	
	f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE IN:	SUPER'S COMPANY? (YES / NO)
4.	IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED:
	a) WEATHER CONDITION: (CLEAR / RAININ	G / OTHERS
5.	b)ROAD SURFACE: (DRY / WET / OTHERS_	G / OTTERS
4	WAS ANYBODY INJURED (YES / NO)	
	a)REPORTED TO POLICE (YES / NO)	is a
6.5	IF YES, PLEASE STATE WHICH POLICE STATE	TION:
8.	THIRD PARTY VEHICLE	
le of passenger	a) VEHICLE NUMBER: SMW 466 2	MODEL:
Inductive driver	b) DRIVER'S NAME:	
( )	c) NRIC/FIN/PASSPORT:	CONTACT:
() 9.		Manual Association
	d) VEHICLE NUMBER:	MODEL:
it	1 (c)	
No of passanger	f) DRIVER'S NAME:	CONTACT:

email = a. kiotliong 93 @ Smail-com

fax =

VIDEO = NO