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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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.

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

01/02/2021 14:15 (SGT) 30/01/2021 20:55 (SGT) Upper E Coast Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLQ5738R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No

WU HSIN TING SXXXX987J wuhsinting@gmail.com (Phone) +65-91003099 +65-91003099

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 vour vehicle? Vehicle Category

Private use

Golf

Volkswagen

No - Reporting only Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

United Overseas Insurance Comprehensive

DHOM120052532000

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

Cover Note Number

WU HSIN TING SXXXX987J 26/01/1983 Indoor

18/06/2011 Date Of Driving Pass 9 YEARS AND 7 MONTHS Driving experience Gender (Phone) +65-91003099 Mobile Number +65-91003099 Alt. Phone Number wuhsinting@gmail.com Email Address 152 HAIG ROAD #13-05 Address Address complement 438791 Postcode Yes Is the driver the policyholder? 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 Collision - Major/Minor Rd Type of Accident Clear Weather Conditions 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? Yes Number of Passengers (Including Driver) 3 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 Name Female Gender PASSENGER 2 Name Female Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Yes Are accident photos available for attachment? Was there any video captured by Car Camera? No No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SCN200E Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	15
Address	8.7
Address complement	95
Postcode	•
Insurance Company Name	17.2
Nature Of Damage	•
Details of property damaged in accident	3 5 3
No. Of Passenger (Including Driver)	(90)

SKETCH PLAN

IMPORTANT NOTICE

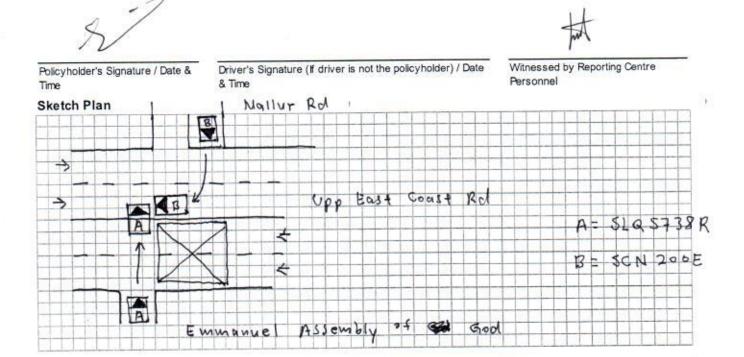
- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.



Describe Circumstances of the Accident

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Declaration

IWe declare the foregoing particulars are true in every respect,

2

Policyholder's Signature / Date & Time

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

A

Witnessed by Reporting Centre Personnel



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.

DHOM120052532000

Excess:

\$750/-NAMED DRIVERS - OPTION 2

Type of Cover

COMPREHENSIVE

\$1500/-OTHERS

Vehicle Number

\$3000/-APPL TO <25 YRS & OR <3YRS EXP \$500/-WINDSCREEN DAMAGE & SOLAR FILM

Name of Insured

WU HSIN TING

SLQ5738R

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance

14 July 2020 to 13 July 2022

Engine#

CYV509893

Hire Purchase

UNITED OVERSEAS BANK LIMITED

Chassis# WVWZZZAUZHW101008

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

FSGMY

Date: 10/06/2020

ACCIDENT STATEMENT

ACCIDENT DATE	E:(30/1/21)	Mean marchine Committee (1)	AE:(20 ; 55)(HH:A	and the second second
LOCATION:	Upp East to	. Coast Rd	& Nallur P	d . Junction
1. DETAILS	OF VEHICLE	* **	· ×	
a)VEHIC	CLE NUMBER: S	LQ 5738 R.		
b)INSUR	ANCE COMPANY:	VOI		
c)POUC	Y NUMBER:			
d)POLIC	Y TYPE: (COMPREHENSI)	VE / THIRD PARTY /	THIRD PARTY FIRE &THE	FT)
		19. 牌 1;2.		
f)TYPE:(S	ALOON / COUPE / MPV	/VAN/LORRY/M	OTORCYCLE / OTHERS	5)
g)VEHIC	LE CATEGORY: (PRIVATE	/ COMMERCIAL /	MOTORCYCLE)	*
h)PURPC	OSE OF USING AT ACCID	ENT TIME: Pro	vate Use.	
I) ARE YO	OU CLAIMING UNDER YO	OUP OWN INSURAN	CE (YES/NO)	
	PLEASE STATE (THIRD PAR	CLAIM / REP.OR	TING ONLY	
	/ POLICY HOLDER	Time	(MALE / FEMALE	E
	FIN/PASSPORT:		ONTACT: 9100 30	99.
c)ADDRI		A CONTRACTOR OF THE PARTY OF TH	Carlo	
* CONTIN	NUE TO 3.d IF DRIVER AL	SO POLICY HOLDE	R	38
His of passenge DRIVER				
(Induding dima) all NAME	The state of the s		(MALE / FEMALE)	Į.
C 3 3 DINKICH	FIN/PASSPORT:		ONTACT:	
(3) CIADDRI	ESS:			: :
*dIDATE	OF BIRTH:)(DD/MM/	(YYYY)	
	PATION: (INDOOR / OU			
	OF DRIVING EXPRERIENC		*	9
4. WAS DR	IVER AN EMPLOYEE OF	F THE INSURED'S	COMPANY? (YES / N	0)
IF NO, R	ELATIONSHIP OF THE	DRIVER WITH IN	SURED: OLNE	r.
a)WEATH	HER CONDITION: (CLEAR	RAINING / OTHE	RS	
	SURFACE: (DRY / WET /		<u> </u>	
	YBODY INJURED (YES / N			
	TED TO POLICE (YES / N PLEASE STATE WHICH PO			
8. THIRD PA				
the of passenger of VEHI	ICLE NUMBER: SC	4 200E M	IODEL:	
(Induding driver) b) DRIV	/ER'S NAME:			
() NRIC	C/FIN/PASSPORT:		CONTACT:	
() 9, THIRD, PA				(2+5)
	CLE NUMBER:		IODEL:	
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(Including driver) f) NRIC	C/FIN/PASSPORT:	C	CONTACT::-	 ,
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Cmail = wuhsinting @ gmail.com.

VIDEO - No.