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# 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 witholding of material facts may allow insurance companies to repudiate policy liability.

- 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	20/08/2021 18:06 (SGT) 20/08/2021 07:05 (SGT)
Exact Location of Accident Additional Location Information	Corporation Rd, Singapore TOWARDS BOON LAY WAY AFTER JURONG WEST AVENUE 2 JUNCTION
Country/State of Loss	Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SJE8845G
INSURED/POLICYHOLDER	

Is company?	No
Name Of Registered Owner	CHAN SIM LAN
NRIC No	SXXXX456A
Email Address	haris.yew@gmail.com
Mobile Phone No	(Phone) +65-93831608
Alternative Phone No	+65-81630429

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	K3
Exact purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to	Private use
vour vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1519

# INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy	United Overseas Insurance Ltd Comprehensive No
Policy Number Cover Note Number	DHOM120038441801

#### DRIVER

Name of Driver NOOR HARIS YEW

SXXXX134C NRIC No 05/05/1980 Date Of Birth Outdoor Occupation 10/04/2010 Date Of Driving Pass 11 YEARS AND 4 MONTHS Driving experience Gender (Phone) +65-81630429 Mobile Number Alt. Phone Number haris.yew@gmail.com Email Address BLK 852 JURONG WEST STREET 81 #12-311 Address Address complement 640852 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Spouse No 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 Collision - Major/Minor Rd Type of Accident AFTER RAIN Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes 2 Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 **GERAINT YEW** Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON THE STATE DATE AND TIME, I VEHICLE A (SJE8845G) WAS TRAVELLING AT JURONG WEST AVENUE 2 TURNING INTO CORPORATION ROAD ON LANE 2. AS VEHICLE IN FRONT OF ME SLOW DOWN AND CAME TO A STOP AT CORPORATION ROAD DUE TO HEAVY TRAFFIC, I FOLLOWED SUIT OUT OF A SUDDEN I FELT AN IMPACT FROM THE LEFT PORTION OF MY VEHICLE, VEHICLE B (SLX1154P) FROM THE SLIP ROAD COLLIDED ONTO THE LEFT PORTION OF MY VEHICLE CAUSING DAMAGES. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SLX1154P Vehicle Registration Number

Vehicle Manufacturer

#### SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly 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 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.
- 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
- (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

after Jurong West Boon Lay Way Corperation Road Towards

Lhicle A SJE 28456

Vehicle B-SLX 1154P

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## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident	20 08 NOT Accident Time: 0705hy (24-HR-FORMAT)
Accident Place	: Corperation Road Towards Boon lay Way after Jurong West Ave 2 June
Vehicle Reg. No (Car plate 140.)	SJERE45G Vehicle Make/Model: Kia Cerato KI 1.6
Insurance Company	Policy No. DHOM DE038441801
Name of Registered Owner	: Company/Indi@Qual CHAH SIM LAH
ID of Registered Owner	: Co Reg No: Owner's NRIC No: 58477456 A
	: Co Contact No: Owner's Contact No: 9383 1608
DRIVER'S Name	: Noor Haris Yew DRIVER'S NRIG No: S8014134C
DRIVER'S Date of Birth	05/05 1926 DRIVER'S License Pass Date 10 Apr 2010
Relationship bet, Owner & Driver	Sponse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	* APT BIK 852 Jurong West Street &1 # 12-311 Singapore 640852
DRIVER'S Contact No./ Alt No.	(1) 81630429 2) -
DRIVER'S Occupation	: INDOOR OUTDOOR (eg. working inside or outside of an ofc)
Email Address	haris yew & gmail com
Weather & Road Surface	CLEAR & DRY   RAINING & WET VAFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim(Other Party \ Claim Own Insurance
Number of Pessengers (including D Was the accident reported to the po Was there any video Captured by c	Passenger Name: GERAINT YEW Gender: MF lice? YES \ NO Passenger Name: Gender: M/F ar camera; YES \ W Any Injuries: YES / W Injured Name:
Exact purpose for which vehicle, w	as being used at the time of accident: Private use \ Work purpose
	ther Party Driver's Particulars (if any)
Vehicle Reg No: SIX 1154P	Vehicle Reg No:
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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 Quoi comisg **UDI COMISE** 

Co. Reg. No. 1971001528

#### 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)

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CERTIFICATE NO.

DHOM120038441801

Excess:

\$500/-NAMED DRIVERS

Type of Cover

COMPREHENSIVE

\$1500/-OTHERS

Vehicle Number

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

Name of Insured

SJE8845G

CHAN SIM LAN

\$100/-WINDSCREEN DAMAGE CLAIM

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance

28 December 2020 to 27 December 2022

Engine# G4FGHH688573

Hire Purchase

MAYBANK SINGAPORE LIMITED

KNAFX411MJ5756697 Chassis#

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1] AUTHORISED DRIVER

(2) Any other person who is driving on the Insured's order or with his permission

(2) Any other person who is driving on the Insured.
(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

Date : 19/11/2020 FSCPP