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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

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- 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 01/09/2021 17:48 (SGT) Date of Accident 31/08/2021 23:00 (SGT) Exact Location of Accident 19 Chuan Terrace, Singapore 558487 Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKT349J

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TEO CHEE CHUAN NRIC No SXXXX312I Email Address mtcc8@hotmail.com Mobile Phone No (Phone) +65-88760756 Alternative Phone No +65-88760756

#### VEHICLE PARTICULARS

Manufacturer Infiniti Model Q50 Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1991

#### INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd Type of Coverage Comprehensive Fleet Policy Policy Number DHOM120036611801 Cover Note Number

#### DRIVER

Name of Driver TEO CHEE CHUAN NRIC No SXXXX312I

04/02/1968 Date Of Birth Occupation Indoor 05/02/1991 Date Of Driving Pass 30 YEARS AND 6 MONTHS Driving experience Mobile Number (Phone) +65-88760756 +65-88760756 Alt. Phone Number Email Address mtcc8@hotmail.com 115 PASIR RIS GROVE #12-43 Address Address complement 518172 Postcode 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 0 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

### 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

AT APPROXIMATELY 2300 HRS ON 31/08/2021, MY CAR SKT349J WAS PARKED OUTSIDE UNIT 19 CHUAN TERRACE WHEN I HEARD A CRASH OUTSIDE THE HOUSE. AFTER LOOKING OUTSIDE, I SAW 2 CARS DRIVING INTO THE UNIT OPPOSITE 20 CHUAN TERRACE. I WENT OUTSIDE TO INSPECT THE CAR TO DETERMINE IF AN ACCIDENT HAD HAPPENED. AT THIS MOMENT THE CHUA FAMILY LIVING IN UNIT 20 CHUAN TERRACE HAD PARKED THEIR CARS AND CLOSE THE GATE. I NOTICE SOME DAMAGES TO THE AREA AROUND THE LEFT FRONT END OF THE CAR BELOW THE LEFT HEAD LIGHTS AND WENT TO PRESS THE DOOR BELL AT 20 CHUAN TERRACE. I ASKED IF THEIR DASH CAMERA HAD MANAGE TO RECORD ANYTHING OR IF THEY WITNESS ANYTHING SINCE THEY ARRIVED JUST WHEN I HEARD THE CRASH. THEY THEN INVITED ME TO INSPECT THEIR CARS. UPON INSPECTION, I WITNESSED THAT ON THE LOWER RIGHT SIDE ON THE BACK OF THEIR CARS(SLC9399H) THERE WAS SOME DAMAGE AS WELL. THE DAMAGE WAS SIMILAR IN SIZE TO THE ONE ON MY CAR. I ASKED THEM IF THEY HIT MY CAR AND WHO WAS DRIVING IT. IT WAS MENTIONED THAT MR CHUA SWEE BOON RAYMOND WAS THE ONE DRIVING THE CAR AND THAT HE DID NOT HEAR ANYTHING AS WAS LISTENING TO MUSIC. I SUGGESTED TO HAVE A LOOK AT THEIR DASH CAMERA FEEDS AND THEY AGREED BUT ASKED ME TO WAIT SINCE THEY ARE CELEBRATING THEIR SON BIRTHDAY. AT ABOUT 2345HRS, I COULD SEE THE CHUA FAMILY LOOKING THROUGH THEIR DASH CAMERA VIDEO FEEDS IN THE ACCIDENT CAR. MRS CHUA THEN CAME OUT TO SPEAK TO ME AND ADMITTED THAT THEIR DASH CAMERA VIDEO CAUGHT MR CHUA SWEE BOON RAYMOND HITTING THE FRONT OF MY CAR WHEN HE WAS REVERSING TO ENTER THE HOUSE. I THEN REQUESTED FOR A COPY OF THE VIDEO BUT MRS CHUA WAS RELUCTANT TO PROVIDE ONE TO ME AND STATED THAT THERE WAS ALREADY AN ADMISSION OF LIABILITY.

#### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SLC9399H
Vehicle Manufacturer	BMW
Vehicle Model	. <del></del>
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	CHUA SWEE BOON RAYMOND
NRIC No	SXXXX100I
Contact Number	(Phone) +65-96586933
Address	5 S
Address complement	·=
Postcode	-
Insurance Company Name	a <del>≅</del>
Nature Of Damage	A.B.
Details of property damaged in accident	u <del>s</del>
No. Of Passenger (Including Driver)	.=

Describe Circumstances of the Accident
At approximately 2307 hrs on 3/st Angust 2021, my car SK9349 I has parked
antide unit 19 chuan Terrace when I heard a crash entride the house.
After looking outside, I saw 2 cars driving into the unit or posite 20 Chian
terrace. I want suffice to inspect the ray to determine lif an accident
had happened. At this moment the china family living in unit as chinar
terrace had parked their can and closed the gottel.
afficed some damper to the area around the left front end of the
car below the left head lights and went to must the doorbell of 20 Chinan
terrale. Lasked if their dash converse had managed to record anything or
if they nitnessed anything since they arrived just when I hourd the count
They then invited me in to inspect, their cars. upon inspection,
intrediced that on the lower right side on the back of one of their aux
(SLC 9399H) there was some blamage as nell. The blamage has similed
who was driving it. It was rentiaged that My they hit my car and
was the one driving the gar and that he did not hear anything as he
nas listering to music - I supported to have a look at their dech camera
feeds and they agreed but asked me to now I since they are celebrating
they son's birthday. At about 2345 hrs. I could see the China
family looking through their dash camera video feed in the adjacent
car Mirs China then came out to sociale to me and admitted that
their dash camera video caught my chine shee Born Raymond hitting
the formt of my an when he was reversing to enter the honce.
I then requested for a copy of the video wint him china was refuefant
to privile one to me and stated that there was already an admission
07/10billy.

# 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

Witnessed by Reporting Centre Personnel

#### **SKETCH PLAN**

# **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 <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)

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

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

Sketch Plan

19 CHURKI MICHACK

B) SCC 9399 H

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# ACCIDENT'STATEMENT

ACCID	DENT DATE: (31. 1.8. ) 3/ )(DD/MM/YYYY),	TIME: ( 23:00 ) (HHMM)
	ION: 19 Chuan Terrace	1
1.	DETAILS OF VEHICLE  GIVEHICLE NUMBER: SKT349 J  b)INSURANCE COMPANY: UOZ	· · · ·
	CIPOLICY NUMBER:	The state of the s
	6) MAKE & MODEL: /n.finiti (250	
	FITYPE: SALOON COUPE MPY VAN / LORRY OF SIVEHICLE CATEGORY PRIVATE COMMERCIAL	
	h) PURPOSE OF USING AT ACCIDENT TIME: ) F I) ARE YOU CLAIMING UNDER YOUR OWN INSURA	
2.,	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REP.	and I
	b) NRIC/FIN/PASSPORT:	CONTACT:
	c)ADDRESS:	
s.t D	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLD	
(Including driver)	diname: 100 Chill Chugh binric/fin/passport: 560013/27 claddress: 3/K IT Dasiv Ric Gnive	CONTACT: 1770716
	*d) DATE OF BIRTH: (24) 02 1968 (DD/M) e) OCCUPATION: (INDOOR) OUTDOOR)	. ; ; www.
(se)	FIDATE OF DRIVING PASS -12/19 WAS DRIVER AN EMPLOYEE OF THE INSURED	9/ O'S COMPANY? (YES!(NO))
	IF NO, RELATIONSHIP OF THE DRIVER WITH D)WEATHER CONDITION (CLEAR / RAINING / OT	INSURED: OWNER
ì	DIROAD SURFACE: [DRY / WET / OTHERS	•••••
7. 0	D) REPORTED TO POUCE (YES / NO) "\"  IF YES, PLEASE STATE WHICH POUCE STATION:	1
tho of passenger	THIRD PARTY VEHICLE SLC 9399H	MODEL BMW.
( )	b) DRIVER'S NAME: Chua Swee BOOK c) NRIC/FIN/PASSPORT: \$7/46100 I	CONTACT: 96586933
of No of passanger		MODEL:
(Including driver)	e) DRIVER'S NAME:	CONTACT
(	•	

email = mtcc&@hofmail.com



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

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.

DHOM120036611801

Excess:

\$1500/-OTHERS

Type of Cover

COMPREHENSIVE

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

Vehicle Number

SKT349.J

\$100/-WINDSCREEN DAMAGE CLAIM \$750/-NAMED DRIVERS - OPTION 2

Name of Insured

Restricted Driver(s)

TEO CHEE CHUAN NOT APPLICABLE

Period of Insurance

13 August 2020 to 12 August 2022

Engine# 274AE093073A

**Hire Purchase** 

DBS BANK LTD

Chassis# JN1BCAV37Z0570093

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

**FSCPP** Date: 23/07/2020