

SN 21A 10001

DATE IN: 12/18/2021 09:45
REFNO: X13A/00121010656/Y
VAL NO: 804 9282 P
DOA: 12/18/2021 09:50

Job description	Date & Time Completed	Done by
SAS e-Milling		
E-mail (by date sheet, A/C sheet)		
1-Motor Claim Form		
1-Motor W/O (w/notes on sheet, TP sheet)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Tax/Hand to Owner/Utility		

Q12 : TP : Reporting Only

TP Insurer:

Preferred Wksp / HMO Available Wksp / OW: () Tel: () Fax: ()
 TRP Refundable/Non-Refundable () Veh No: SGV 51687 INC () / Non-INC ()
 Owner / Drivers () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 P: 21-79% P: 80-100%

Insured/Driver License(s) () % (Note: Est. State (WO)) () ()
 Year of Registration () Warranty: Y/N () / NO ()
 Loading: \$1,000 () / \$2,000 ()
 Box cost (\$) ()

() Walk-In Customer: Customer's information strictly confidential & strictly NO Referral of replacement.
() Total Loss Case: To e-mail Insurer URGENTLY.
Drive-In () / Towed-In () : Involves VRS () / NO () : Towing Co ()

1) Apply for Transport Allowance () / Courtesy Car ()			
2) QO Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$9000) ()			

10/10/1971

167204/117

Driver/Owner	1) PT Follow Through Survey	\$38
Contract No.	2) PT Follow Through Survey (Re-survey)	
Damaged Portion	Portalsburg Road NO Bill (w/ 10 min)	\$75
	3) TIRU Inspection	\$160
	7) NITR DLT + BMRT Survey	
	1) NITROLEDIOND Services	
	ONE	
	NH County Cr / Tol Allowance	\$5
	NH Wildlife Conservation	\$5
	NH Fish & Wildlife Commission	\$5
	NH Dept / Colby Univ NH Conservation	\$5
	PT (NIT) TYC & INC - 10 min	\$5
	2) NITR DLT Mobile	
	Invoice dated	
	Invoice dated	
	Fax charged	
	Pri charged	

[illegible]

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 18/10/2021 09:45 (SGT)
Date of Accident 15/10/2021 09:50 (SGT)
Exact Location of Accident Bartley Rd East, Singapore
Additional Location Information BEFORE UPPER PAYA LEBAR ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDY9282P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LI MINGHUA
NRIC No SXXXX246E
Email Address chankb93@gmail.com
Mobile Phone No (Phone) +65-91870736
Alternative Phone No +65-91870736

VEHICLE PARTICULARS

Manufacturer Lexus
Model Es300h
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
Transmission Auto
CC 2494

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM110173492001
Cover Note Number -

DRIVER

Name of Driver LI MINGHUA
NRIC No SXXXX246E

Date Of Birth	18/12/1967
Occupation	Indoor
Date Of Driving Pass	13/04/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91870736
Alt. Phone Number	+65-91870736
Email Address	chankb93@gmail.com
Address	6 BISHAN STREET 25 #35-09
Address complement	-
Postcode	573975
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	1
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211015/7008

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGY5763J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG4623R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBJ3584K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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. 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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

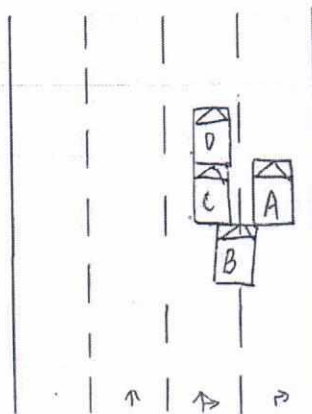
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Bartley Road East before Upper Paya Lebar Road



Vehicle A: SDY9282P

Vehicle B: SGY5763J

Vehicle C: GBL4623R

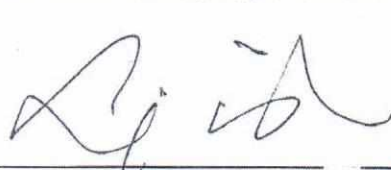
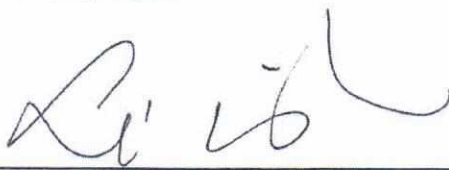
Vehicle D: GBJ3584K

Describe Circumstances of the Accident

Refer to Police Report NO: T/2021/015/7008


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

 18/10/2021
Witnessed by Reporting Centre
Personnel

Date of Accident : 15/10/2021 Accident Time: 0956hrs (24-HR-FORMAT)
Accident Place : Batley Road East before Upper Paya Lebar Road
Vehicle Reg. No (Car plate No.) : SDY9362P Vehicle Make/Model: Lexus ES300h
Insurance Company : UOI Policy No. DHOM110173492001
Name of Registered Owner : Company/Individual Li MingHua
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S2715246E
Co Contact No: - Owner's Contact No: 91870736

DRIVER'S Name : Li Ming Hua DRIVER'S NRIC No: S2715246E
DRIVER'S Date of Birth : 18 Dec 1967 DRIVER'S License Pass Date 13 Apr 2004
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Owner
DRIVER'S Address : 6 Bishan Street 25 # 35-09 S(573975)
DRIVER'S Contact No./ Alt No. : 1) 91870736 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : chunkb93@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : ~~Reporting Only~~ \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 01 Passenger Name: _____ Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: _____
Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SGY5763J

Vehicle Reg No: G8A4623R

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name DRIVER: _____

Name DRIVER: _____

IC No. DRIVER: _____

IC No. DRIVER: _____

DRIVER'S Contact & add: _____

DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: G8J3584K

Vehicle Reg No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name DRIVER: _____

Name DRIVER: _____

IC No. DRIVER: _____

IC No. DRIVER: _____

DRIVER'S Contact & add: _____

DRIVER'S Contact & add: _____



**SINGAPORE
POLICE FORCE**



T/20211015/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20211015/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2021 12:34		Vide Report No.: F/20211015/0068		Station Diary No.:	
Informant's Particulars					
Name of Informant: LI MINGHUA			Address: 6 BISHAN STREET 25 #35-09 SINGAPORE 573975		
ID Type / ID No.: NRIC NO / S2715246E			Contact No.: Home/Office: Mobile: 91870736		
Nationality: SINGAPORE CITIZEN			Email: LIMINGHUA@VICEP.COM		
Sex: Female	Age: 53	Date of Birth: 18/12/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Director			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/10/2021 09:50	Type of Location: Straight Road
Location: BARTLEY ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG4623R	Van					0
GBJ3584K	Van					0
SDY9282P	Car	TOYOTA	LEXUS ES300H EXECUTIVE CVT S/R	Silver		0



**SINGAPORE
POLICE FORCE**



T/20211015/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20211015/7008

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGY5763J	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDY9282P	UNITED OVERSEAS INSURANCE LIMITED	DHOM110173492001	19/04/2021	18/04/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LI MINGHUA		ID No.	S2715246E
Related Vehicle	SDY9282P (Car)		Contact No.	91870736
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SGY5763J (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight

Brief Details.

ON 15/10/2021 AROUND 0950HRS, I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SDY9282P) STATIONARY AT BARTLEY ROAD EAST BEFORE UPPER PAYA LEBAR ROAD ON THE EXTREME RIGHT LANE WHILE I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. OUT OF SUDDEN, I FELT AN IMPACT FROM THE REAR LEFT PORTION OF MY VEHICLE. I ALIGHTED AND REALISED VEHICLE BEARING NUMBER PLATE (SGY5763J) COLLIDED ONTO THE REAR LEFT PORTION OF MY VEHICLE CAUSING DAMAGES. THE ACCIDENT INVOLVED IN 4 VEHICLE.

- 1.SDY9282P
- 2.SGY5763J



**SINGAPORE
POLICE FORCE**



T/20211015/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20211015/7008

CONTINUATION OF REPORT

3.GBG4623R
4.GBJ3584K



**SINGAPORE
POLICE FORCE**



T/20211015/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20211015/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/10/2021 12:34

Classification Of Case:



MEMBER OF THE UOB GROUP

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.	DHOM110173492001	Excess:	\$600/-NAMED DRIVERS \$1500/-OTHERS
Type of Cover	COMPREHENSIVE		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	SDY9282P		\$100/-WINDSCREEN DAMAGE CLAIM
Name of Insured	LI MINGHUA		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 19 April 2021 to 18 April 2022

Engine# 2AR1950689
Chassis# JTHBW1GG502190879

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

ECTTS Date 25/03/2021

For the Company