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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.
- 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.

ACCIDE	LIT OT		Ξ
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Date of Submission Date of Accident Exact Location of Accident Additional Location Information	10/11/2021 14:34 (SGT) 09/11/2021 13:45 (SGT) Alexandra Rd, Singapore
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	151117677711111111111111111111111111111	SKX2772K	
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROBERT NG CHEE HWEE (ROBERT HUANG ZHIHUI)
NRIC No	SXXXX359A
Email Address	robertng76@gmail.com
Mobile Phone No	(Phone) +65-97468835
Alternative Phone No	+65-97468835

Volkswagen

VEHICLE PARTICULARS

Manufacturer

Model	Sharan
Variant	1 <u>=</u>
Exact purpose for which vehicle was being used at time of	- variety of whose
accident Are you claiming under your own insurance policy for repair to	Private use
your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage Fleet Policy	Comprehensive No
Policy Number	DHOM120055672000
Cover Note Number	·

DRIVER

Name of Driver	ROBERT NG CHEE HWEE (ROBERT HUANG ZHIHUI)
	HODELLI HE OFFEE (HOBELLI HOARE EITHO)
NRIC No	SXXXX359A

Date Of Birth	12/03/1976	
Occupation	Indoor	
Date Of Driving Pass	22/01/1996	
Driving experience	25 YEARS AND 10 MONTHS	
Gender	active to	
	Male	
Mobile Number	(Phone) +65-97468835	
Alt. Phone Number	+65-97468835	
Email Address	robertng76@gmail.com	
Address	BLK 1D CANTONMENT ROAD #4	42-45 #42-45
Address complement	.=	
Postcode	085401	
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	NO	
vehicle Registration Number of Other Vehicle Owned by Driver	-	
Insurance Company of Other Vehicle Owned by Driver		
modulated company of other vertice of the by priver	-	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	
Weather Conditions	Company Compan	
	AFTER RAIN	
Road Surface	Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?	No	
Number of vehicles involved in the accident	2	
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)	28/18/30	
	1	
Has the driver been approached by unknown person(s)	Ma	
soliciting/offering accident claims assistance?	No	
DETAILS OF POLICE ACTION		
Was the assidant reported to the police?	xi.	
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?	-	
CIRCUMSTANCES OF ACCIDENT		
ONIOGNIO PAROLE OF ACCIDENT		
AS I WAS EXITING IKEA ALEXANDRA, I WAS NOTICING THE	ON COMING TRAFFIC. THE CAR IN	N FRONT OF ME STOPPED AND
I COULD NOT STOP IN TIME AND HIT THE CAR.		
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	
DETAILS OF OTHER	R VEHICLE PROPERTY 1	
Vehicle Registration Number	SLU7106E	
Vehicle Manufacturer	Subaru	
Vehicle Model	Xv	
Vehicle Variant	ΛV	
	-	
Vehicle Colour	ATA POSITION AND	
Vehicle Category	Private car	
Name of Driver		
Contact Number	(Phone) +65-96651196	
Address	1000 (1000000 1300 B)	

Address

Address complement	-
Postcode	20
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	2
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' 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.

10/NOV/2021

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

MAXMORE Alexander

Describe Circumstances of the Accident
As I was exiting 2 keg Alexander, I was noticing the on coming
As I was exiting E key Alexander, I was noticing the oneoning traffic. The car in front of me stopped and I could not stop in fine and hit the rear.
in time and not the rear.

Declaration

I/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

ACCIDENT STATEMENT

ACCIDENT DATE: 09, 11, 101 (DD/MM/YYY), TIME: (13.45) (HH:MM)
LOCATION: I Kea Atexandra Carpark turning out.
1. DETAILS OF VEHICLE DIVEHICLE NUMBER: DINSURANCE COMPANY: CIPOLICY NUMBER: DIVENICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT) DIMAKE & MODEL: VOICE WAS AND LORRY / MOTORCYCLE / OTHERS) DIVEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE / OTHERS) DIVEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE DIPURPOSE OF USING AT ACCIDENT TIME: DIPURPOSE OF
(Including driver) diNAME: [MALE / FEMALE] DINRIC/FIN/PASSPORT: CONTACT:
c/ADDRESS:
*d)DATE OF BIRTH: [12 / 03 / (916)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING PASS 22 Jan (996) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS C (OUCLY) b)ROAD SURFACE: (DRY (WET) OTHERS 6. WAS ANYBODY INJURED (YES (NO)) 7. a)REPORTED TO POLICE (YES (NO))
He of passenger a) VEHICLE NUMBER: SLY 7(06 = MODEL: Subaru XV
DRIVER'S NAME: (2) C) NRIC/FIN/PASSPORT: CONTACT: 9665 (196
9. THIRD PARTY VEHICLE (No of passages of VEHICLE NUMBER: MODEL: "
Including driver) DRIVER'S NAME: NRIC/FIN/PASSPORT: CONTACT:

email = robertng 76 @gmail.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 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.

DHOM120055672000

Excess:

\$750/-NAMED DRIVERS - OPTION 2

\$1500/-OTHERS

Type of Cover

COMPREHENSIVE

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

Vehicle Number

SKX2772K

\$100/-WINDSCREEN DAMAGE CLAIM

\$500/-WINDSCREEN DAMAGE & SOLAR FILM

Name of Insured

ROBERT NG CHEE HWEE (ROBERT HUANG ZHIHUI)

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 3 December 2020 to 2 December 2022

Engine#

CCZ485337

Hire Purchase

MAYBANK SINGAPORE LIMITED

WVWZZZ7NZFV046413 Chassis#

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

MCHHC

Date: 30/10/2020