WIP 55443

SF0G21BG0005-01 / FALCON-AIR AUTO SERVICES PTE LTD [528840]
ENTRY DATE & TIME: 16/11/2021 14:41 (SGT)
SUBMITTED BY: Anna Ng
VERSION: 2 (16/11/2021 15:24 (SGT))

Your NCD will be affected due to late reporting

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.

ACCIDENT STATEMENT

Date of Submission	16/11/2021 14:41 (SGT)
Date of Accident	12/11/2021 10:55 (SGT)
Exact Location of Accident	21 Tampines Ave, Singapore 529802
Additional Location Information	BLK201
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5158H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG CHEO TEE
NRIC No	SXXXX432A
Email Address	SAMANTHALIM_95@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91455158
Alternative Phone No	(Home) +65-91455158

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xe
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	1997

YES

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DH0M120042161902
Cover Note Number	-

DRIVER

Name of Driver	ANG CHEO TEE
NRIC No	SXXXX432A

Date Of Birth	30/03/1960
Occupation	Indoor
Date Of Driving Pass	06/08/1992
Driving experience	29 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91455158
Alt. Phone Number	(Home) +65-91455158
Email Address	SAMANTHALIM_95@HOTMAIL.COM
Address	BLK427 TAMPINES ST41 #08-441
Address complement	-
Postcode	520427
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	Collided into Parked Vehicle
Weather Conditions	Clear
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)	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	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER ATTACH SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN6464K
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. [illegible] correctly [illegible]

2. [illegible] completed by the Policyholder and/or the Authorised Driver

3. [illegible] truthful and accurate as possible. [illegible] repudiate policy liability

4. [illegible]

5. Any false reporting may be referred to the Police for investigation.

6. [illegible]

7. [illegible]

8. Consent under the Personal Data Protection Act (PDPA) [illegible]

(a) [illegible] (GIA) [illegible] ("Personal Information") [illegible] ("Insurers") [illegible]

(i) [illegible] investigations relating to the claim;

(ii) investigating [illegible] and/or my claim;

(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.

(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection investigation and management in present and all future claims

(e) the information so collected under (d) above may be shared / disclosed

(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature Date & Time	Driver's Signature (if driver is not the policyholder) Date & Time	Reporting Centre Personnel's Signature Name NRIC/FIN No

SKETCH PLAN #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attach sketch report

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage)

Claim OD / TP At Falcon-Air	Claim OD / TP Own W/shop	Reporting Only

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

Reporting Centre Personnel's Signature
Name
NRIC / FIN No

SINGAPORE POLICE FORCE

T/20211116/2075

Police Station Of Origin
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No	Station Diary No
16/11/2021 14:58	T/20211116/2062	41

Informant's Particulars

Name of Informant ANG CHEO TEE		Address: APT BLK 427 TAMPINES STREET 41 #08-441 SINGAPORE 520427	
ID Type / ID No.: NRIC NO / S1454432A		Contact No Home/Office:	Mobile 91455158
Nationality: SINGAPORE CITIZEN		Email:	
Sex Female	Age 61	Date of Birth 30/03/1960	Type of Informant Driver
Race Chinese		Language	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/11/2021 10:55	Type of Location Car Park
Location: TAMPINES STREET 21				
Weather		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLD5158H	Car	JAGUAR	XE 2.0 I4P TSS	White	Seriously Damaged	0
YN6464K	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD5158H	UNITED OVERSEAS INSURANCE LIMITED	DHOM120042161902	13/05/2021	12/05/2022

SINGAPORE
POLICE FORCE

T/20211116/2075

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Report No: T/20211116/2075

Police Station Of Origin
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No. 1800-7818999

CONTINUATION OF REPORT

Brief Details.

Vide T/20211116/2062, I have viewed the in car camera footage and suspect that one lorry bearing YN6464K had collided into my vehicle. The lorry reversed into the empty lot on my right at about 1030hrs and left after it entered the lot. That is all

SINGAPORE POLICE FORCE

T 20211116 2075

Police Station Of Origin
Tampines North NPP
481 Tampines Street 44 #01-56 SINGAPORE
529461
Tel No 1800-7818999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT. Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference

Signature of Officer Recording The Report G / Sgt 3 SIM FAWWAZ BIN SIM HASHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time 16/11/2021 14 58
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No : 65476079	Classification Of Case
Authentication Stamp NP168	

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

ORIGINAL

UNIDRIVE
RENEWAL CERTIFICATE

Agency	A000401	Class of Policy	MOTOR	Policy Number	DHOM120042161902
Account	A000401	Issued on	06/05/2021 in UOI	Replacing Policy no.	DHOM120042161901
Client	0416639	Acceptance Date	27/04/2021	Replacing Cover Note	20016031

Period of Insurance from 13/05/2021 to 12/05/2022 , both dates inclusive

Insured's Name.... MDM ANG CHEO TEE
Mailing Address... 427 TAMPINES STREET 41
#08-441
SINGAPORE 520427

Business/Occupn... INDOOR
Financial interest OVERSEA-CHINESE BANKING CORPORATION LTD

Premium	ANNUAL PREMIUM	SGD1,084.89		
	SAFE DRIVE DISCOUNT	SGD76.27-		
	Total Annual Premium	SGD1,008.62	Premium Due	SGD1,008.62
			Premium GST	SGD70.60
			Total Due	SGD1,079.22

EXCESS FOR NAMED DRIVER
REFER TO DRIVER AGE MUST BE ABOVE 25 YEAR AND OR DRIVING EXPERIENCE MORE THAN THREE (3) YEARS.

Risk No. 001 UNIDRIVE

1. Registration	SLD5158H	Make/Model ..	JAGUAR XE 2.0 I4D TSS		
Type of Cover	COMPREHENSIVE	No. of seats	4	Body Type	SALOON
Engine No. ..	015172184209204PT	Capacity cc's	1999	Yr of Manuf/Regn	2015/2016
Chassis No. .	SAJAB4AG8GA925567			NCB%.....	50.00
				Certificate Ref.	PVI

INDEMNITY FOR TOTAL LOSS.....	MARKET VALUE
NAMED DRIVERS	SGD750.00
OTHERS	SGD1,500.00
APPL TO <25 YRS & OR <3YRS EXP	SGD3,000.00
WINDSCREEN DAMAGE CLAIM	SGD100.00
Named Drivers ANG CHEO TEE	LIM CHIEW KWEE
JENTSON LIM KOON HAN	

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY
IN-CAR CAMERA
2 - EXCESS - DAMAGE CLAIMS
AN EXCESS OF $100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM
15 - HIRE PURCHASE
PAYMENT BEFORE COVER WARRANTY
TERRORISM EXCLUSION ENDORSEMENT
CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001
25 - STRIKE RIOT AND CIVIL COMMOTION
SECTION III - MEDICAL EXPENSES

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