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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.

#### ACCIDENT STATEMENT

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

22/11/2021 12:10 (SGT) 20/11/2021 09:30 (SGT) 7 Hougang Ave 3, Block 7, Singapore 530007 CARPARK

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

YN4535C

Singapore

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** 

Mobile Phone No Alternative Phone No HOCK SOON HUAT HARDWARE & MACHINERY COMPANY 2XXXX700K

sales@hocksoonhuat.com (Phone) +65-88116668 (Office) +65-62950184

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

Mitsuhishi

Fuso

Employment

No - Reporting only Commercial vehicle

Manual 2998

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

United Overseas Insurance Ltd Comprehensive

DHOM110153761605

DRIVER

Name of Driver

LIM CHENG HUAT SXXXX750H



11/03/1962 Date Of Birth Outdoor Occupation 11/09/1987 Date Of Driving Pass 34 YEARS AND 2 MONTHS Driving experience Gender (Phone) +65-88116668 Mobile Number Alt. Phone Number sales@hocksoonhuat.com **Email Address** BLK 33 MARINE CRESCENT #11-97 Address Address complement 440033 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured **Employee** 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 Collided into Parked Vehicle Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? 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) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 20 NOV 2021 AT ABOUT 09:30 HRS AT CAR PARK IN FRONT OF BLOCK 7 HOUGANG AVENUE 3 TRUCK YN4535C SIDE BRUSHED AGAINST THE FRONT LICENCE PLATE OF VEHICLE PLATE OF VEHICLE SJE4112P. ATTACHMENT(S)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

SJE4112P Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category LOO FOO WAH Name of Driver SXXXX929C NRIC No Contact Number



Address	1.4
Address complement	
Postcode	
Insurance Company Name	1.5
Nature Of Damage	192
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
No. Of Fassenger (including Driver)	

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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, acknow ledge, 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.

SOLIT SERVICE STATE OF THE SER

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

CARPARK

Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date & Time

TITLE

Sketch Plan

oulpoints Avenue 3

PRONT

RAWARSK

Describe Circumstances of the Accident	
On 20 NOV 2021, 9.30 AM . AT Carpark in Pro	Hop block 7
	1 00 01001
HOUGHNG DV2 3 . TRUCK IN 4535 C,	mushed against
	97.10
the same from license plate of vehicle	SJE4112P.

### Declaration

I/We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date & Time

### ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 11 ) (DD/MM/YYYY), TIME: (04:30) (HH:MM)
LOCATION: COUPORK BLK 7 Howlong AVE 3
1. DETAILS OF VEHICLE  DIVERIOLE NUMBER: 1535  DINSURANCE COMPANY: 100  CIPOLICY NUMBER: DNOW 100 100 100  DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  B) MAKE & MODEL: MID FORTY / MOTORCYCLE / OTHERS)  G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME: WORL  I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER  A) NAME: HOCK GOOD HUAT HARDWAR E (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 255 252 / UGONTACT:  c) ADDRESS:
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  CINCluding driver)  DINRIC/FIN/PASSPORT: SISSENTED CONTACT: SIGNAME:  CIADDRESS:
*d)DATE OF BIRTH: (
8. THIRD PARTY VEHICLE  No of passenger a) VEHICLE NUMBER: SJEYILDP MODEL:  Including driver) b) DRIVER'S NAME: LOO FOO WOH  () NRIC/FIN/PASSPORT: C1649929 C CONTACT:  9. THIRD PARTY VEHICLE  MODEL:  MODEL:  DRIVER'S NAME:  ADDIVER'S NAME:  DRIVER'S NAME:  OF PASSENGER  ADDIVER'S NAME:  OF PASSENGER  MODEL:  """
Including driver) f) NRIC/FIN/PASSPORT: CONTACT:

email = Squal & fockbox then, Con



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)

United Overseas Insurance Limited

146 Robinson Road #02-01 UOI Building Singapore 068909

Tel (65) 6222 7733 Fax (65) 6327 3869 / 6327 3870 Fax (65) 6327 3872 (claims) Email: contactus@uol.com.sg uoi.com.sg

Co. Reg. No. 197100152R

ORIGINAL

CERTIFICATE NO.

DHOM110153761605

COMPREHENSIVE

Excess:

\$800/-SECTION 1

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

\$100/-WINDSCREEN DAMAGE CLAIM

Type of Cover Vehicle Number

YN4535C

Name of Insured

HOCK SOON HUAT HARDWARE & MACHINERY COMPANY

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 28 October 2021 to 27 October 2022

Engine#

4P10A90467

Chassis#

FEB71EA00025

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

(1) Use in connection with the Insured's business

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business

(3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

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

vmldl

Date: 14/10/2021