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TP Insure	Г;	Ass't Report by Fax / I	Hand to Owner/Wksp						
Preferred V	Vksp / INC Assign Wksp / QW: (Tel:	Fax:					
TP Particu	dars: Veh No:	N 4033J	NC () / Non-INC ()					
Owner/1	Driver: (Tel:)				
Policy No) Pc	riod: () Cover Type: ()				
C	onfirmed by : (Date:	Time:)				
		Note-Est. Status (WO): N	N: 0-20%; P: 21-79%. F	: \$0-100%	0]				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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

28/01/2022 16:21 (SGT) 27/01/2022 15:30 (SGT) Singapore BALESTIER ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGV906M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No.

Alternative Phone No

TAY BOON CHEN

SXXXX170A

lfong@sg.estee.com (Phone) +65-81278435

+65-81278435

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Mitsubishi

Lancer

Private use

No - Claiming third party

Private car

Auto

1584

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy Policy Number

Cover Note Number

United Overseas Insurance Ltd

ThirdPartyFireTheft

No

DHOM110110521110

DRIVER

Name of Driver

NRIC No

FONG TER SING SIMON

SXXXX439Z

Accident report SN09221S000B

 Date Of Birth
 11/02/1947

 Occupation
 Indoor

 Date Of Driving Pass
 16/05/1969

Date Of Driving Pass 16/05/1969
Driving experience 52 YEARS AND 8 MONTHS

Gender Mal

Mobile Number (Phone) +65-90424316

 Alt. Phone Number

 Email Address
 Ifong@sg.estee.com

 Address
 39 CHANCERY LANE

Address complement #01-21
Postcode 309568
Is the driver the policyholder? No

If No, Relationship of the Driver with the Insured FATHER-IN-LAW

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 Side Swipe
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?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Yes
Number of Passengers (Including Driver)

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

I WAS DRIVING ON THE 1ST LANE ON BALESTIER ROAD WHILE THE LORRY WHICH IS VEHICLE B WAS ON THE 2ND LANE. I DID SIGNALLED AND WAS TRYING TO TURN RIGHT TO THE 2ND LANE BUT THE VEHICLE B IS TOO NEAR TO MY VEHICLE AND OUR VEHICLE COLLIDED.

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

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

YN4033J

Hino

Commercial Vehicle

Commercial vehicle

HOQUE SAIDUL

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.
- 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>.
- 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)

Lunderstand, 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 Signatu

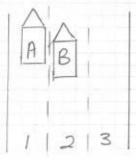
Date & Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Sketch Plan

Time

A = SGV 906m B = YN 40335

Balestier Road



	Ina	s driving of 2nd lane hide B is	in the	1st lane	on Ba	lestier Kou	d while	the 10	ry which	15 Ve	2nd lane
35	on the	2nd lane	·	did sign	alled a	and was	Trying	U Jum	night 10	irla	collided.
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& Time

Time

Personnel

ACCIDENT DATE: 27 01 2003 IDD/MM/YYY), TIME: 15:30 IHHMM LOCATION: Balesfier Road. 1. DETAILS OF VEHICLE OVERHICLE NUMBER: Say 906 M DINSURANCE COMPANY: UOT OPOLICY NUMBER: DHOMIO 1105 21110 dIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THERE RARTY FIRE LITHET] e) MAKE & MODEL: MINGHAIN LORRY / MOTORCYCLE; OTHERS givenic category: Frivate ocommercial / MOTORCYCLE; OTHERS givenic category: Frivate ocommercial / MOTORCYCLE; h) PURPOSE OF USING AT ACCIDENT TIME private use 1) ARE YOU CLAIMING UNDER YOUR OWN NUMBANCE (PERSAGO) IF NO, PLEASE STATE PHIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: Thy Boan Chen ST518170A > DINRIC/FIN/PASSPORT: S1518170A CONTACT: 8127 8435 (Claim Fing) CLADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER STORM OF DETAIL (S) 309568 **OID ADDRESS: 37 Chancery Lane #01-21 (S) 309568 **ONT ADDRESS: 37 Chancer			ACCIDENT	STATEMENT	(3:30pm)	
1. DETAILS OF VEHICLE OIVERICE NUMBER: SGV 906 M DINSURANCE COMPANY: UOT CIPOLICY NUMBER: DHOMINIO 1052 1110 CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THED RARTY FEB ATHEFT) B)MAKE AMODEL: MINING LANGY (1584 CC) THYPE: (SALOON / COUPE / MPV / NAN / LORRY / MOTORCYCLE / OTHERS) GIVERICE CATEGORY: (FRINATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIVERICE CATEGORY: (FRINATE / COMMERCIAL / MOTORCYCLE / D)PURPOSE OF USING AT ACCIDENT TIME PRIVALE OF PROSTORY IF NO, PLEASE STATE FHIRD PARTY CLAMP / REPORTING ONLY) IN SUBER / POUCY HOLDER A)NAME THY BON CHEN (MALE / FEMALE) D)NRIC/FRIPASSPORT: ST5/8/709 CONTACT: 8/127 8435 (Clamp Female) C)ADDRESS: CONTINUE TO 3. of F DRIVER ALSO POLICY HOLDER C)ADDRESS: 37 Chancery Lane 401-21 (\$) 307568 "C)ONTINUE TO 3. of F DRIVER ALSO POLICY HOLDER C)ADDRESS: 39 Chancery Lane 401-21 (\$) 307568 "C) DOTORCHINDOORY OUTDOORY (YEAR OF BRITH: (1/ 02/ 1947) (DD/MM/YYYY) B) COCCUPATION (MINDOORY OUTDOOR) (YEAR OF DRIVING EXPRENENCE: (6/5/ 1969 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/TNO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 1007673 D) (PRODORTED TO POLICE (YES/NO) FY SE, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 10. ORIGINAL PROPERS OF THE ORIVER WITH INSURED: 1007673 D) VEHICLE NUMBER: NN 4033 T (8) MODEL: 1007671 D) MINING PARTY VEHICLE 10. ORIGINAL PROPERS NAME: 1007673 D) CONTACT: 1107678/PASSPORT: CONTACT: 1107678/PASSPORT: CONTACT: 1107678/PASSPORT: 1107678/PASSPORT: CONTACT: 1107678/PASSPORT: 1107678/PAS		ACCIDENT DATE: 2	7/01/2000 1100	/MAN POWER TRAPA	15 30 1111	
1. DETAILS OF VEHICLE CIVENICLE NUMBER: SGIV 906 M DINSURANCE COMPANY: UOT CIPOLICY NUMBER: DHOMING 105 21110 CIPOLICY NUMBER: MASSING THE PARTY / THEN PARTY		LOCATION:	Balestier	Road .	70 ; 30)(HH	:MM)
CIVENICLE NUMBER: SGIV 906 M DINSURANCE COMPANY: UOT CIPOLICY NUMBER: DHOMINO (10521/10) dIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FERP & THEFTI e) MAKE & MODEL: TITYPE/SALDON / COUPE / MPV / Y AN / LORRY / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: PRIVATE P COMMERCIAL / MOTORCYCLE DI ARE YOU CLAIMING UNDER YOUR OWN INSURANCE PRESSALOP IF NO, PLEASE STATE CHIEFO PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: A) NAME: A) NAME: A) NAME: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINEC/FIN/PASSPORT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINEC/FIN/PASSPORT: C) ADDRESS: C) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DRIVER DINEC/FIN/PASSPORT: C) ADDRESS: C) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DRIVER C) ADDRESS: C) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DRIVER C) ADDRESS: C) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER D		1 DETAILS OF I		V.		
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C)POLICY NUMBER: DHOMIN 1053110 d)POLICY TIPE (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FREE & THEFT e)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV / NAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: PRIVATE P COMMERCIAL / MOTORCYCLE / OTHERS) f)PURPOSE OF USING AT ACCIDENT TIME private use f)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (PERSON) IF NO, PLEASE STATE (HIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME TRY BONN CHEN (MALE / FEMALE) b)NRIC/FIN/PASSPORT: \$75/8/170A CONTACT: 8127 8435 (Claim Fing) c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINTIC/FIN/PASSPORT: \$15/8/170A CONTACT: 8127 8435 (Claim Fing) c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINTIC/FIN/PASSPORT: \$16/9439 \(\fracery\) CONTACT: 8127 8435 (Claim Fing) c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINTIC/FIN/PASSPORT: \$16/9439 \(\fracery\) CONTACT: 8127 8435 (Claim Fing) c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINTIC/FIN/PASSPORT: \$16/9439 \(\fracery\) CONTACT: 8127 8435 (Claim Fing) c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINTIC/FIN/PASSPORT: CONTACT: 8127 8435 (Claim Fing) c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINTIC/FIN/PASSPORT: CONTACT: 8127 8435 (Claim Fing) DINTIC/FIN/PASSPORT: CONTACT: CONTACT: **ONTACT: THERD PARTY VEHICLE DINTIC/FIN/PASSPORT: CONTACT: CONTACT: **INDIC/FIN/PASSPORT: CONTACT: CONTACT: CONTACT: **INDIC/FIN/PASSPORT: CONTACT: CONTACT: CONTACT: **INDIC/FIN/PASSPORT: CONTACT: C	90			706M	_ ^	
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7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: YN 4033 J (B) MODEL: Hino (come vol.) wideding driver) b) DRIVER'S NAME: HOQUE SAIDUL c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT: CONTACT: () VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT: CONTACT:		b)ROAD SURFAC	CE: (DRY)/ WET / OTHE	INING / OTHERS		
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IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O VEHICLE NUMBER: YN 4033 J (B) MODEL: Hino (come veh.) Induding driver) b) DRIVER'S NAME: HOQUE SAIDUL O NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE O VEHICLE NUMBER: MODEL: O DRIVER'S NAME:		7. a) REPORTED TO	POLICE (YES / NO!)			
B. THIRD PARTY VEHICLE a) VEHICLE NUMBER: YN 4033 J (B) MODEL: Him (correct vol.) Induding driver) b) DRIVER'S NAME: HOQUE SAIDUL c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: nduding driver) f) NRIC/FIN/PASSPORT: CONTACT:: () If onge 39. estee. com		IF YES, PLEASE S	STATE WHICH POLICE:	STATION:		40
DRIVER'S NAME: HOQUE SAIDUL () NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: nduding driver f) NRIC/FIN/PASSPORT: CONTACT: () Prograge of Contact: () If onge 39. estee. com	le of horse	8. THIRD PARTY VEH	ICLE .			
9. THIRD PARTY VEHICLE 9. THIRD PARTY VEHICLE 10 of pressurger of VEHICLE NUMBER:	1 1	a) VEHICLE NU	MBER: 1N 4033 J	(B) MODEL:	Hino (commer vi	4.
9. THIRD PARTY VEHICLE 40 of passinger of VEHICLE NUMBER:MODEL: notuding diriver) f) URIC/FIN/PASSPORT:CONTACT:: (nduding d	(Fiver) D) DRIVER'S NA	ME HOQUE SAIL	N / O. /		
d) VEHICLE NUMBER:MODEL:	(-)	O THIRD BY DAY WELL	ASSPORT:	CONTAC	OT:	
CONTACT:		d VEHICLE III				
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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@uoi.com.sg uoi.com.sg

ORIGINAL

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)

CERTIFICATE NO.

DH0M110110521110

Excess:

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

Type of Cover

THIRD PARTY, FIRE & THEFT

Vehicle Number

SGV906M

Name of Insured

TAY BOON CHEN

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 4 June 2021 to 3 June 2022

Engine#

4G18JB3679

Chassis#

JMYSTCS3A7U011917

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

FCTTS

Date: 28/01/2022