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.

- 4. The issue and acceptance of this is form by instrained 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 05/03/2022 15:26 (SGT) Date of Accident 05/03/2022 09:20 (SGT) Exact Location of Accident Ang Mo Kio Ave 1 & Bishan Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLE6408A**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ANG BEE PENG NRIC No. S7009804J Email Address ANGBEEPENG@GMAIL.COM Mobile Phone No (Phone) +65-97438142 Alternative Phone No +65-97438142

VEHICLE PARTICULARS

Manufacturer Mazda Model 3 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 1500

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd Type of Coverage Comprehensive Fleet Policy Policy Number DHOM120052742000 Cover Note Number

DRIVER

Name of Driver ANG BEE PENG NRIC No. S7009804J

Date Of Birth 12/03/1970 Occupation Indoor Date Of Driving Pass 24/12/1994 Driving experience 27 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-97438142 Alt. Phone Number +65-97438142 Email Address ANGBEEPENG@GMAIL.COM Address BLK 402 SIN MING AVE #19-317 Address complement Postcode 570402 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING STRAIGHT ALONG ANG MO KIO AVE 1 & BISHAN ROAD AT 3RD LANE OF 5 LANES, SUDDENLY, I FELT A HUGE IMPACT ON MY RIGHT SIDE. VEHICLE B ENCROACHED INTO MY LANE AND COLLIDED INTO THE FRONT RIGHT PORTION OF MY VEHICLE THEN FOLLOWING VEHICLE B MOVED FORWARD AND COLLIDED INTO VEHICLE C. I ALIGHTED AND REALIZED THERE WERE TOTAL 4 VEHICLES INVOLVED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Nο

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

SMW3100A

Private car

Was there any audio recorded?

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	SLC5774J
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 3

SG1162Y
-
-
-
-
Private car
-
-
-
_
_
-
_
_
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	ANG BEE PENG
Phone No	-
Address	-
Address Complement	-
Post Code Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE6408A
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-
,	

SKETCH PLAN

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- 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.
- 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' 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' 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.

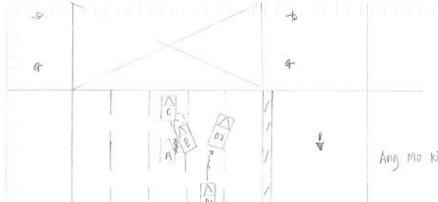
Agrix

Policyholder's Signature / Date & Time Agor

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLEGHOBA B: SMW 3100A

C: SLC57743

D: Sq 1162 }

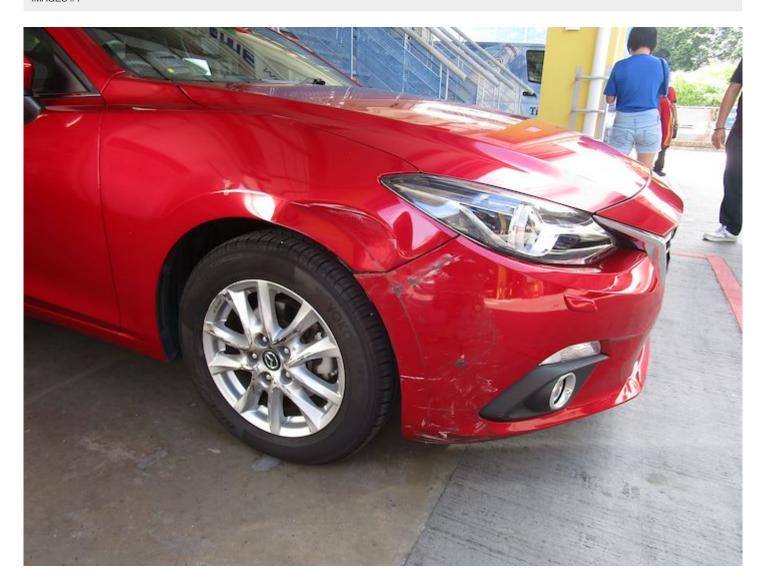
Ang Mo kio Ave 1 X Bisham Rd

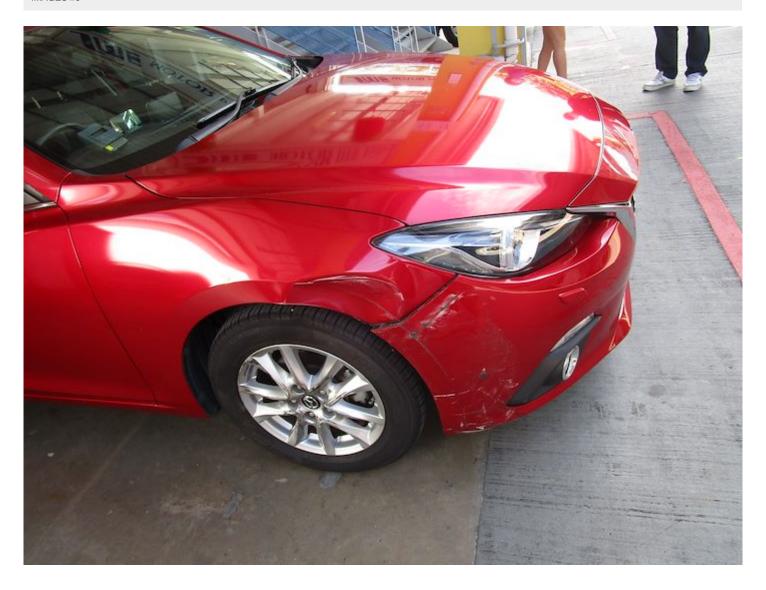
DESCRIBE CIRCUMSTAN	NCES OF THE ACCIDENT	
I was driving straight alo	ng Ang Mo Kio Ave 1 X Bishan Ro	ad at 3rd lane of 5 lane.
Suddenly. I felt a huge in into the front right portion veh "c".	mpact on my right side. Veh "b" en n of my vehicle then following veh	croached into my lane and collided "b" moved forward and collided into
I alighted and realized th	nere were a total 4 vehicles involve	d. Joh
		不了
	jā	8
DECLARATION I/We declare the foregoing particulars	are true in every respect.	
Liv	A July	
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.:















United Overseas Insurance Limited

n/8-01 Springleat Tower

Fair (65) 6577 3669 / 6327 8670 Email: Cordar (UvPlan com.sg

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.

DH0M120052742000

Excess:

\$750/-NAMED DRIVERS - OPTION 2

Type of Cover

COMPREHENSIVE

\$1500/-OTHERS

Vehicle Number

SLE6408A

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

Name of Insured

ANG BEE PENG

Restricted Driver(s)

NOT APPLICABLE

\$500/-WINDSCREEN DAMAGE & SOLAR FILM

Period of Insurance 28 July 2020 to 27 July 2022

Engine#

P520368185

Hire Purchase

UNITED OVERSEAS BANK LIMITED

Chassis# JM6BM42A8G0342633

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.

IWE 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

FSGMY

Date: 19/06/2020

For the Company