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SN08223A0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 10/03/2022 12:29 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (10/03/2022 12:29 (SGT))



## SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

opicity 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 o. This report will be forwarded by the insurers of the GIA Records management centre established by the General insurance Association of Singapore (GIA) 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.

7. By the lodgement of this report to the insurers, you nereby consent to the archiving	
ACCIDENT	STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	10/03/2022 12:29 (SGT) 12/02/2022 19:05 (SGT) 7 Leedon Heights, D'leedon, Singapore 267953 CONDOMINIUM CARPARK Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SBP7755B
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No TAN TONG HWI SXXXX442E scotchhere123@gmail.com (Phone) +65-98229382 +65-98229382
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	Lexus Es250 - Private use  Yes Private car Auto 2494
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	No Comprehensive
DRIVER	
Name of Driver	TAN TONG HWI

SXXXX442E

NRIC No

Date Of Birth	10/03/1980	
Occupation	Indoor	
Date Of Driving Pass	30/01/1999	
Driving experience	23 YEARS AND 1 MONTH	
Gender	Male	
Mobile Number	(Phone) +65-98229382	
Alt. Phone Number	+65-98229382	
Email Address	scotchhere123@gmail.com	
Address	65A FLORENCE ROAD	
Address complement	- 	
Postcode	549541	
Is the driver the policyholder?	Yes	
If No, Relationship of the Driver with the Insured	- No	
Does Driver Own Other Vehicles?	140	
Vehicle Registration Number of Other Vehicle Owned by Driver		
Insurance Company of Other Vehicle Owned by Driver	iii	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	
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	
Use the driver been approached by unknown person(s)	No	
soliciting/offering accident claims assistance?	140	
DETAILS OF POLICE ACTION		
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?		
If yes, against whom?	-	
If yes, against whom:		
CIRCUMSTANCES OF ACCIDENT		
ON THE STATED DATE AND TIME, I WAS TRAVELLING BEH	HIND VEHICLE (B). OUT OF NO	WHERE, VEHICLE (B) STOPPED AND
I COULDN'T STOP IN TIME AND HIT ONTO VEHICLE (B) REA	AR PORTION.	
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	NO	
Was there any audio recorded?	No	
		CORRESPONDED IN CONTRACTOR
DETAILS OF OTH	ER VEHICLE PROPERTY 1	Market Street Street
Vehicle Registration Number	SH8990Y	
Vehicle Manufacturer	. =	
Vehicle Model		
Vehicle Woder  Vehicle Variant		
Vehicle Colour	B: -	
Vehicle Category	Taxi	
Name of Driver		
Contact Number	0. <b>F</b> 0	

Address

Contact Number

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. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 forw arded 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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Policyholder's Signature / Date & Dr. & & & Dr.	river's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
Sketch Plan	1//	455,4550, 328
- 1) (Γ Ε Ε Φ Φ Φ Τ Ε Ε Ε Φ Φ Τ Ε Ε Ε Φ Φ Τ Ε Ε Ε Φ Φ Τ Ε Ε Ε Φ Φ Τ Ε Ε Ε Ε		A:507775512 5-51185904.

Describe Circumstances of the Accident

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## Declaration

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

Witnessed by Reporting Centre

Personnel

VEHICLE NO: SBP 77558.	MAKE & MODEL : LEXUS ES:	250. AUTO/MANUAL
DATE OF ACCIDENT	12/01/2	*C.C.
TIME OF ACCIDENT	1905 AM / PM .	
LOCATION OF ACCIDENT	D'LEGOON GONDO CAK YM	η·r.
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATEUSE / P	
NAME OF OWNER	TAN TONG HWI.	A CONTRACTOR CONTRACTOR
EMAIL: SCOTCHHERE123@Gm	office:	MOBILE: 9822 9382.
NRIC	S8007942E.	
CLAIM TYPE	OD. / THIRD PARTY / REPORT	ING ONLY
FLEET POLICY:	YES / NO. ?	
INSURANCE CO.	001.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third	d Party Fire & Thefi
POLICY NO.	DH0m110172902001.	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC OF BREVER	(1	
DATE OF BIRTH	10 / 03 / 80.	6
ANY PASSENGER	YES KNO:	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	30 / 01 /99.	
GENDER.	Male / Female	
CONTACT NO.	Mobile. * Office.	Home,
EMAIL:	u	
	650 Florence do contrato	(1)
ADDRESS DOES DRIVER OWN OTHER VEHICLES?	65A FLORENCE RD SC5495	INSURER -
DOES DRIVER OWN OTHER VEHICLES!		HAONOR
RELATIONSHIP	Employee / If No. SMP	
WEATHER CONDITION	Clear / Raining / Other:	
OAD SURFACE	Dry / Wel / Other.	
NY INJURIES	No / If yes : Who?	
CONTACT NO.		
OLICE REPORT IOTICE OF INTENDED PROSECUTION GIVEN	No / If yes : Where?   No/IF YES, WHO?	
EHICLE B NO.	SURTION Y. Any Passenger:	
AME	Signo y.	
ONTACT NO.		
EHICLE C NO.	Any Passenger :	
EHICLE D NO.	Any Passenger:	
EHICLE E NO.	Any Passenger :	
EHICLE F NO.	Any Passenger :	
NY WITNESS		
ITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED?	YES / MO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		



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.

DH0M110172902001

Excess:

\$100/-WINDSCREEN DAMAGE CLAIM

Type of Cover

COMPREHENSIVE

Vehicle Number

SRP7755R

Name of Insured

TAN TONG HWI

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 9 August 2021 to 8 August 2022

Engine#

2ARF248417

Hire Purchase

DAIMLER FINANCIAL SERVICES AFRICA & ASIA Chassis#

JTHBJ1GG602094547

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

vmld1

Date: 24/06/2021