

Sheet 226 Loop

Fax:Time:

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)

3) Upload Resurvey Photo [Repair Cost > \$3000]: ( .. )

Injury :

Date/Time	Actions
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t. 2/3:

Invoice dated	Fee Charged
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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 withholding 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	21/06/2022 17:01 (SGT)
Date of Accident	20/06/2022 18:20 (SGT)
Exact Location of Accident	New Upper Changi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6717T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG CHEE MING
NRIC No	SXXXX899B
Email Address	cheemingchong@gmail.com
Mobile Phone No	(Phone) +65-96931650
Alternative Phone No	+65-96931650

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120052392001
Cover Note Number	-

#### DRIVER

Name of Driver	CHONG CHEE MING
NRIC No	SXXXX899B

Date Of Birth	14/04/1966
Occupation	Indoor
Date Of Driving Pass	22/10/1986
Driving experience	35 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96931650
Alt. Phone Number	+65-96931650
Email Address	cheemingchong@gmail.com
Address	BLK 508 WOODLANDS DRIVE 14 #10-100
Address complement	-
Postcode	730508
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	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	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

MY CAR SLC6717T TRAVEL TOWARDS NEW UPPER CHANGI ROAD AT 1ST LANE, THERE A CONSTRUCTION WORKS IN FRONT, I STIR AND SLOW DOWN THE VEHICLE , THE COMFORT DELGRO TAXI SHC7831L TRAVEL AT LANE 2. THERE A SLIGHT TOUCH ON THE BACK OF THE CAR NEAR TO BACK TYRE.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7831L
Vehicle Manufacturer	Hyundai
Vehicle Model	Ioniq
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-94713296

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. Please report correctly the details of the accident to speed up the claims process.
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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, 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.

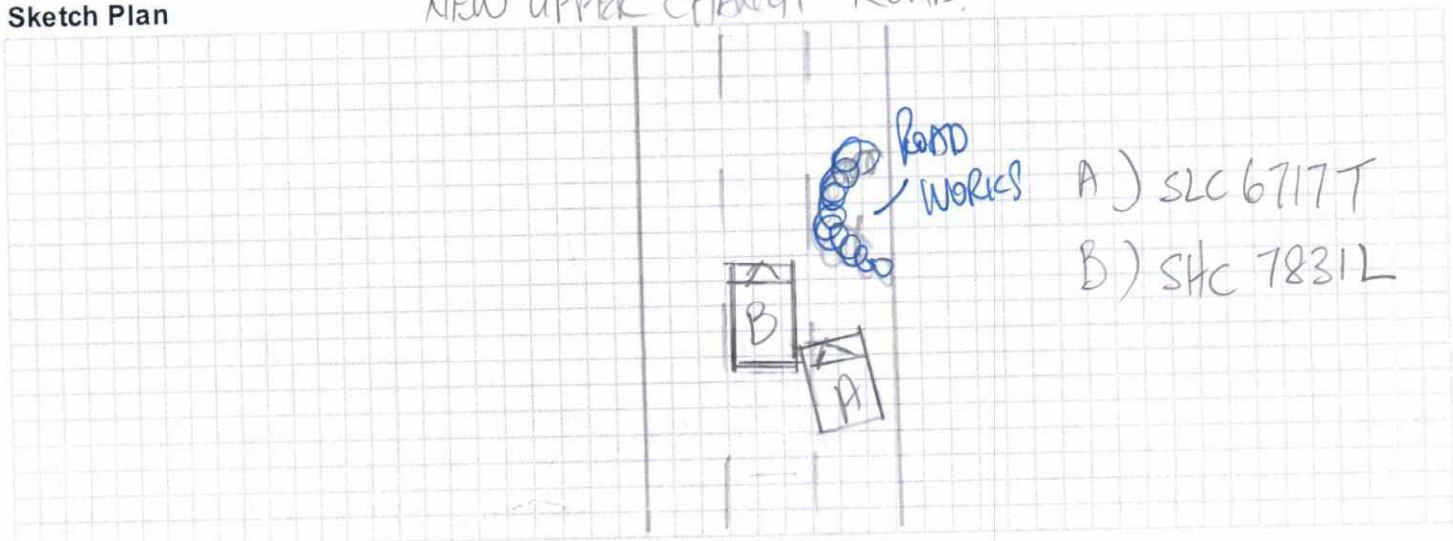
*Chang M* 21/06/2022  
Policyholder's Signature / Date & Time

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

NEW UPPER CHANGI ROAD.

*[Signature]* 21/06/2022  
Witnessed by Reporting Centre Personnel

Sketch Plan



**Describe Circumstances of the Accident**

My car SHC 6717T travel toward new upper changi Road at 1st lane,  
there a construction works in front, I stop and slow down the vehicle,  
the confort Delgro taxi SHC 7831L travel at lane 2, there a slight  
touch on the back of the car near to back type.

**Declaration**

We declare the foregoing particulars are true in every respect.

Cheng M 21/06/2022  
Policyholder's Signature / Date &  
Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

W 21/06/2022  
Witnessed by Reporting Centre  
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 20/06/2022 (DD/MM/YYYY), TIME: 1820 (HH:MM)  
LOCATION: New Upper Chang Road

1. DETAILS OF VEHICLE  
a) VEHICLE NUMBER: SLC 6717  
b) INSURANCE COMPANY: NOL Motor Insurance  
c) POLICY NUMBER: DHOM 120052392001  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mazda 1.5 sedan

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Visiting  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES  
j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  
2. INSURED / POLICY HOLDER  
a) NAME: Chong Chae Myi  
b) NRIC/FIN/PASSPORT: S17519443  
c) ADDRESS: B11C508 Woodland Drive 14 #16-100 S730508  
CONTACT: 96931650 (MALE / FEMALE)

\* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER

DRIVER  
a) NAME: As above  
b) NRIC/FIN/PASSPORT:  
c) ADDRESS:  
CONTACT:

\* (D) DATE OF BIRTH: 14/04/1966 (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) TYPE OF DRIVING PASS  
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear  
b) ROAD SURFACE: (DRY / WET / OTHERS) dry  
6. WAS ANYBODY INJURED (YES / NO) ☒ NO  
7. a) REPORTED TO POLICE (YES / NO) ☒ NO  
IF YES, PLEASE STATE WHICH POLICE STATION:  
8. THIRD PARTY VEHICLE  
a) VEHICLE NUMBER: SHC 7331L  
MODEL: 10N1Q  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT:  
CONTACT: 7471 3296  
d) VEHICLE NUMBER:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT:  
CONTACT:

9. THIRD PARTY VEHICLE  
a) VEHICLE NUMBER:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT:  
CONTACT:  
d) VEHICLE NUMBER:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT:  
CONTACT:

email: cheongching@gmail.com  
VIDBO



MEMBER OF THE UOB GROUP

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

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**

<b>CERTIFICATE NO.</b>	DHOM120052392001	<b>Excess:</b>	\$750/-NAMED DRIVERS - OPTION 2
<b>Type of Cover</b>	COMPREHENSIVE		\$1500/-OTHERS
<b>Vehicle Number</b>	SLC6717T		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
<b>Name of Insured</b>	CHONG CHEE MING		\$100/-WINDSCREEN DAMAGE CLAIM
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 23 May 2022 to 22 May 2024

**Engine#** P520361106

**Hire Purchase** UNITED OVERSEAS BANK LIMITED

**Chassis#** MM6DL2SAAGW201934

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

FSCPP Date : 26/04/2022