

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	27/06/2022 16:31 (SGT)
Reported by	Driver
Date of Accident	25/06/2022 18:00 (SGT)
Exact Location of Accident	1 Jurong West Central 2, Singapore 648886
Additional Location Information	JURONG POINT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL6301E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CRAY VENTURES PRIVATE LIMITED
Company Reg No	2XXXXX657G
Email Address	red_tortoise1985@hotmail.com
Mobile Phone No	(Phone) +65-94570291
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	Commercial vehicle
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120064392100

DRIVER

Name of Driver	ONG JUN LI
NRIC No	SXXXX215H
Date Of Birth	07/02/1985
Occupation	Outdoor

Date Of Driving Pass	29/03/2006
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94570291
Alt. Phone Number	-
Email Address	red_tortoise1985@hotmail.com
Address	BLK 678B PUNGGOL DRIVE #04-832
Address complement	-
Postcode	822678
Is the driver the policyholder?	No
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

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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	SON
Gender	Male

PASSENGER 3

Name	SON
Gender	Male

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

ON 25/06/2022 AT ABOUT 18:00HRS I WAS AT JURONG POINT CARPARK FROM BASEMENT 1A TO GO DOWN TO BASEMENT 1, ON THE DOWN SLOPE WHILE MAKE A TURN I MAKE A CONTACT WITH ANOTHER CAR WHICH IS GOING OUT OF THE CARPARK. WE MOVE OUR VEHICLE AT BASEMENT 1A HANDICAP LOT TO EXCHANGE PARTICULAR THAT ALL.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD1017U
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN BOON KIANG
NRIC No	SXXXX955J
Contact Number	(Phone) +65-96796901
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.



[Signature]

27/06/22

[Signature] 27/06/2022

Policyholder's Signature / Date & Time

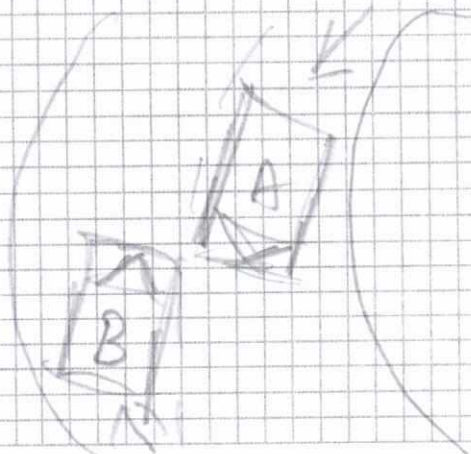
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

JURONG POINT CARPARK

DOWN SLOPE



A) GBL 6301E

B) SKD 10714

UP SLOPE

Describe Circumstances of the Accident

On 25/06/2022 AT ABOUT 18:00HRS I WAS AT TURNING POINT
CARPARK FROM B1A TO GO DOWN TO B1, ON THE SLOPE
I MADE A CONTACT WITH ANOTHER CAR WHICH IS GONE
OUT OF THE CAR PARK, WE MADE OUR VEHICLE AT B1A
HANDICAP LOT TO EXCHANGE PARTICULAR THAT ALL.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

27/06/22

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

27/06/2022

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 25/06/2022 (DD/MM/YYYY), TIME: 18:00 (HH:MM)

LOCATION: Jurong Point Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBL 6301 E
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: DHOM 1200 64 392100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) COMPREHENSIVE
 e) MAKE & MODEL: NISSAN XTRAIL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: BOY JERNAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ENG JIN LI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 880625H CONTACT: 94570291
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE 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)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKD 1017 U MODEL: TOYOTA
 b) DRIVER'S NAME: TAN BOON KANG
 c) NRIC/FIN/PASSPORT: 81314955J CONTACT: 96796901

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = RED TORTOISE 1985 6TH MAIL com
 VIDEO



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

110 Robinson Road
Singapore 068899
Tel: (65) 6327 2333
Fax: (65) 6327 3667 / 6327 3670
Fax: (65) 6327 3573 (Toll-free)
Email: uoi@uoi.com.sg
Co Reg No: P200052B

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.	DHOM120064392100	Excess:	\$500/-SECTION 1 \$100/-WINDSCREEN DAMAGE CLAIM \$3000/-APPL TO <25 YRS & OR <3YRS EXP
Type of Cover	COMPREHENSIVE		
Vehicle Number	GBL6301E		
Name of Insured	CRAY VENTURES PRIVATE LIMITED		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 30 November 2021 to 29 November 2023
Hire Purchase UNITED OVERSEAS BANK LIMITED

Engine# QR20020293R
Chassis# VR2E26136549

MZ 801

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

LIMITATIONS AS TO USE

Use in connection with the Insured's business

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use for the carriage of passengers for hire or reward
- (3) Use whilst drawing a greater number of trailer in all than is permitted by law

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

FSGMY Date : 09/02/2022