

[illegible]

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 Actual 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	05/09/2022 11:25 (SGT)
Reported by	Driver
Date of Accident	03/09/2022 12:30 (SGT)
Exact Location of Accident	631 Bedok Reservoir Rd, Singapore 470631
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL5874A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CAR AUTOPARTS STORE PTE. LTD
Company Reg No	2XXXXX671E
Email Address	carautopartsstore@gmail.com
Mobile Phone No	(Phone) +65-96350410
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	20141199

DRIVER

Name of Driver	HO ZILONG, ARNOLD (HE ZILONG)
NRIC No	SXXXX934I
Date Of Birth	24/07/1988
Occupation	Outdoor

Date Of Driving Pass	20/05/2013
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96350410
Alt. Phone Number	-
Email Address	carautopartsstore@gmail.com
Address	BLK 259 TAMPINES STREET 21 #11-340
Address complement	-
Postcode	520259
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)	1
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	-

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

I WAS TRAVELLING OUT OF THE OPEN CAR PARK OF 631 BEDOK RESERVOIR. I SLOWED DOWN AND STOP AS THERE WAS A CAR IN FRONT OF ME. I NOTICED A CAR REVERSING INTO MY VEHICLE HENCE I HORNED HIM BUT HE CONTINUED TO REVERSE AND COLLIDED INTO ME.

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	SJF5769H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

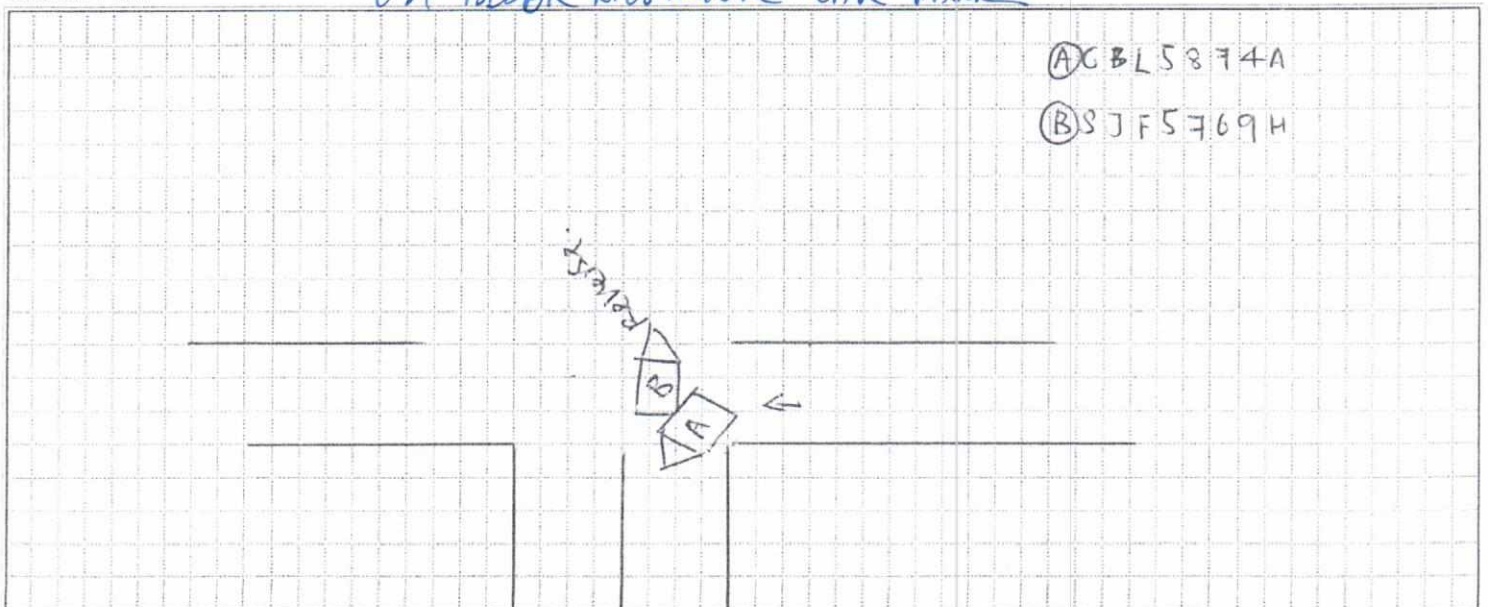
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

631 BEDOK RESERVOIR CAR PARK

(A) CBL5874A

(B) SJF5769H



Describe Circumstance of the Accident

I WAS TRAVELLING OUT OF THE OPEN CARPARK

OF 631 BEDOK RESERVOIR. I SLOWED DOWN AND STOP

AS THERE WAS A VEHICLE IN FRONT OF ME. I NOTICED

A CAR REVERSING INTO MY VEHICLE HENCE I

HORNED HIM BUT HE CONTINUED TO REVERSE AND

COLLIDED ONTO ME.

Declaration

I/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 & Time

05/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

M

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 03 / 09 / 2022 (dd/mm/yy) Time of Accident: 12 : 30 (24-HR-FORMAT)

Vehicle No.: GBL5874A Vehicle Make & Model / Engine (cc): NISSAN Private Hire: (Y/N)

Exact location of Accident: BEDOK RESERVOIR 631 OPEN CARPARK

Policyholder's Name / IC No.: CAR AUTOPARTS STORE PTE LTD ROC/UEN (Company):

Driver's Name / IC No.: HO ZILONG, ARNOLD (HE ZILONG) S8826934I (As Above) ☐

Driver's Contact No.: 9635 0410 Company Contact No / Owner Contact No:

Driver's Address: 259 TAMPINES STREET 21 #11-340 SINGAPORE 520259

Owner Email address: CARAUTOPARTSSTORE@gmail.com Insurance Company: UOI

Driver Email address:

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): 1

*Passenger Name: Gender: Male / Female x()

*Passenger Name: Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks:

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: 3JF5769H

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

24/07/28

20/05/2013

TEMPORARY CERTIFICATE OF INSURANCE (ORIGINAL)

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)

Date 19/11/2021
Cover Note No. 20141199
Name of Insured CAR AUTOPARTS STORE PTE. LTD.

having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby **HELD COVERED** in terms of the Company's usual form. Policy applicable thereto for the period from **22/11/2021 to 21/11/2023** unless the cover be terminated by the company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.



IMPORTANT NOTICE - PREMIUM PAYMENT FRAMEWORK

Please take note that with effect from 1 May 2005, all policies, renewal certificates, cover notes and endorsements for policies with inception date on or after 1 May 2005 carry the following warranty:

Applicable to all individual policyholders and for Bonds
Payment Before Cover Warranty requiring that premium must be paid on or before inception date.
Applicable to all corporate policyholders
Premium Payment Warranty requiring that premium must be paid within 60 days of the inception date.

Make / Model :	NISSAN NV200 1.6 A	EngineCC / Tonnage :	0 / 1.00
Engine No. :	HR16188883D	Estimated Value :	MARKET VALUE AT TIME OF LOSS
Chassis No. :	JN1YAAM20Z0002190	Year of Registration :	2021
Vehicle Number :	To be advised	Year of Manufacture :	2021
Cover :	COMPREHENSIVE		
Hire Purchase :	UNITED OVERSEAS BANK LTD		
Excess :	SECTION 1 \$500.00		
	WINDSCREEN DAMAGE CLAIM \$100.00		
	APPL TO <25 YRS &OR < 3 YRS EXP \$3000.00		

FOR REGISTRATION PURPOSES ONLY

We hereby certify that this covering note 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).