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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

This Form must be completed by the Policyholder and/or the Actual Drive

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.

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

07/11/2022 11:01 (SGT) Date of Submission Both Reported by 04/11/2022 16:00 (SGT) Date of Accident Exact Location of Accident PIE, Singapore Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

BMW

Private car

Auto

1496

SLG2600B Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? CHAN CHENG Name Of Registered Owner SXXXX496B NRIC No chancheng79@gmail.com **Email Address** (Phone) +65-97914600 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

116d Model Variant Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number United Overseas Insurance Ltd DHOM120040941901

No - Claiming third party

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHAN CHENG SXXXX496B 05/02/1979 Indoor

Date Of Driving Pass	17/11/1998
Driving experience	24 YEARS
	Male
Gender	
Mobile Number	(Phone) +65-97914600
Alt. Phone Number	- Is a section of 70 @ amoil com
Email Address	chancheng79@gmail.com
Address	BLK 523 JELAPANG ROAD #17-141
Address complement	-
Postcode	670523
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	No
Vehicle Registration Number of other vehicle of the systems	_
Insurance Company of Other Vehicle Owned by Driver	-
Hisdrance Company of Other Vernor Comment by	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
Road Surface	2.7
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Number of venicles involved in the accident	No
Was anybody injured in the Accident?	-
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)	No
soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	.=
Translator's email	t -
Original language used in the statement	LE CONTRACTOR DE LA CON
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DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
n you, against mo	
CIRCUMSTANCES OF ACCIDENT	
	THE VEHICLE B (YE388Y) HIT
ON 04-11-2022 AT ABOUT 1600 HRS I WAS TRAVELLING AT	PIE, SUDDENLY I FELT AN IMPACT. THE VEHICLE B (XE388X) HIT
ONTO REAR PORTION OF MY VEHICLE (SLG2600B)	
ATTACHMENT(S)	
ATTACHMENT(S)	
	V
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
	V=000V
Vehicle Registration Number	XE388X
Vehicle Manufacturer	-
Vehicle Model	- I-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	Liberty Insurance Pte Ltd
Nature Of Damage	110-0-000 -
Details of property damaged in accident	0.00000000
No. Of Passenger (Including Driver)	

SKETCH PLAN

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 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. 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
- (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.

Policyholder's Signature	e / Date &	Driver's Signature (If driver is not the p	oolicyholder) /		Vitnessed b	y Reporting Centre
Sketch Plan							
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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 & Time

Witnessed by Reporting Centre

Personnel

Date of Accident	04. 11. 2022 Accident Time: 1600 hrs (24-HR-Format)
Who reported the accident?	Owner / Driver / Both
Accident Place	PIE
Vehicle No (Car Plate No)	SLG 2600B Make/Model: B.M.W 116D 5DR
Insurance Company	: UO 1 Policy No: DH OM 120040941901
Fleet Policy	: YES/NO
Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No	: Chan Cheng (57904496B)
Owner Contact No	: 97914600 Owner's Hp Company Tel
Driver Name / IC No	: As Above
Driver's Date of Birth	: 65 Feb 1979 Driver's License Pass Date: 17 Nov 1998
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other: Owner
Driver's Address	: 523 Jelapang Road \$17-141 Singapore 670523
Driver's Contact No	:1) 9791 4600 2)
Driver's Occupation	: INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	: Chancheng 79 @ gmail. com
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type	: Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver)	: Driver
Was ther any video footage? Exact purpose used at time of accident Any injury (If Yes, Pls State)	: YES / NO : Private Use / Private Hire / Work Purpose : No
Other	Party Driver's Particular (if any)
VEHB: XE 388x (Liberty	Name & Contact No:
VEH C:	Name & Contact No:
VEH D:	Name & Contact No:
VEH E :	a Control No.

*NEW - Passenger's Name & Gender:

Wy .



For Insurance Charles Jimited United T# [65] 60:11 77% 14 |65] 60:27 3869 / 6327 3820 CHARL CONTACTOR/SQUITCOMSK upicom sg Co Heg 140 (*/)(*)(*)

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 (Mataysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.

DHOM120040941901

Excess:

\$760/-NAMED DRIVERS - OPTION 2

Type of Cover

COMPREHENSIVE

\$1500/ -OTHERS

Vehicle Number

\$3000/ - APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM

Name of Insured

SLG2600B

CHAN CHENG

Restricted Driver(s) NOT APPLICABLE

Period of Insurance 21 April 2021 to 20 April 2023

Engine# 33569693837015A Chassis# WBA1V720005C07828

PRIVATE CAR - INDIVIDUAL OWNERSHIP (MX 1) AUTHORISED DRIVER

The Insured
 Any other person who is driving on the Insured's order or with his permission

Any other parson who is driving on the Insured's order or with his permission.

In the event of the death of the Insured

(a) any member of the Insured's family or a peid 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 Trade Notor

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passencers 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

IMME MEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles(Third-Party Rinks and Compensation) Act (Chapter 189) and part ly of the Road Transport Act, 1987 (Malaysia)

UNITED OVERSEAS INSURANCE LTD

FSCPP Date: 11/03/2021

For the Company