

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

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLG2600B |
|-----------------------------|----------|

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | BMW |
| Model | 116d |
| 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 - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1496 |

INSURANCE COMPANY

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

DRIVER

| | |
|----------------|------------|
| Name of Driver | CHAN CHENG |
| NRIC No | SXXXX496B |
| Date Of Birth | 05/02/1979 |
| Occupation | Indoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 17/11/1998 |
| Driving experience | 24 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-97914600 |
| Alt. Phone Number | - |
| 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 | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

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 |
| 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

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)

| | |
|---|------------|
| 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 OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | XE388X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| 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 | - |
| 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' 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

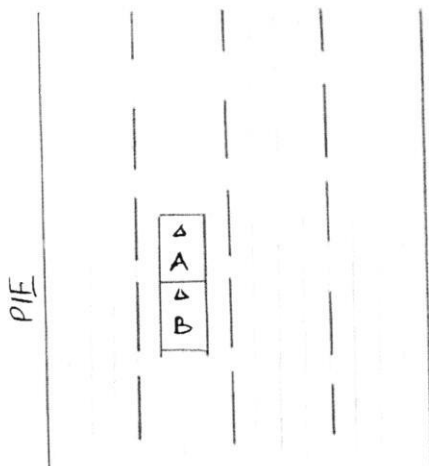
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SL G 2600 B
B = XE 388 X

On 04.11.2022 at about 1600hrs. I was travelling at PIE. Suddenly I felt an impact. The vehicle B (XE 388X) hit onto rear portion of my vehicle (SLG 2600B).

We declare the foregoing particulars are true in every respect.

Chas

Chubb

07/11/2022

Witnessed by Reporting Centre
Personnel

Date of Accident

: 04.11.2022 Accident Time: 1600hrs (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

: UOI Policy No: DHOM 120040941901

Fleet Policy

: YES/NO

Type of Coverage

: Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No

: Chan Cheng (S7904496B)

Owner Contact No

: 97914600 Owner's Hp - Company Tel

Driver Name / IC No

: As Above

Driver's Date of Birth

: 05 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) 97914600 2) -

Driver's Occupation

: INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address

: chancheng79@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)

: 1 Driver

Was ther any video footage ?

: YES / NO

Exact purpose used at time of accident

: Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State)

: No

Other Party Driver's Particular (if any)

VEH B : XE 388x (Liberty)

Name & Contact No: _____

VEH C : _____

Name & Contact No: _____

VEH D : _____

Name & Contact No: _____

VEH E : _____

Name & Contact No: _____

*NEW - Passenger's Name & Gender:



MEMBER OF THE UOB GROUP

For Insurance Reporting
Claim purposes Only

United Overseas Insurance Limited
1 Amoy Road
#08-01 Singapore Tower
Singapore 069969
Tel: (65) 6222 7233
Fax: (65) 6377 3569 / 6377 3870
Email: claims@uoilife.com.sg
uoilife.com.sg
Lic Reg No: B10010208

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. | DH0M120040941901 | Excess: | \$750/- NAMED DRIVERS - OPTION 2 \$1500/- OTHERS \$3000/- APPL TO <25 YRS & OR <3YRS EXP \$100/- WINDSCREEN DAMAGE CLAIM |
| Type of Cover | COMPREHENSIVE | | |
| Vehicle Number | SLG2600B | | |
| Name of Insured | 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

- (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 : 11/03/2021