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SN08231Q0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 26/01/2023 17:21 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (26/01/2023 17:21 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate 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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

26/01/2023 17:21 (SGT) 26/01/2023 13:30 (SGT) 525 Balestier Rd, Singapore 329854 INSIDE TEMPLE COMPOUND Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SGL8321A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No TAY KIM MENG SXXXX583H elevengw@gmail.com (Phone) +65-96285390

## VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Toyota Camry

Private use

No - Reporting only Private car Auto 1998

#### INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

United Overseas Insurance Ltd DHOM110174972002

#### DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAY KIM MENG SXXXX583H 21/09/1950 Indoor

Date Of Driving Pass	16/06/1969
Driving experience	53 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96285390
Alt. Phone Number	(Frioric) 103-30203330
Email Address	elevengw@gmail.com
Address	
Address complement	I I GOLDLIN WALK
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	700 100 2 700 2 700 1 1 1 1
Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any feeting webite to the U. H. H. H. H.	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	_
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	-
ong mananguage asea 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?	
in you, against thisin:	2
CIRCUMSTANCES OF ACCIDENT	
MY CAR SGL8321A WAS REVERSING, WHEN MY CAR FROM	IT RIGHT HAND BUMPER BRUSHED A STATIONARY MERCEDES
SLV597L ON ITS REAR LEFT BUMPER. THERE WAS NO OTH	HER DAMAGES ON THE MERCEDES EXCEPT SOME FINE
SCRATCHES.	THE THE THE THE THE THE THE
ATTACHMENT(C)	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
H 32	
DETAILS OF OTHE	D VEHICLE PROPERTY 4
DETAILS OF OTHE	R VEHICLE PROPERTY 1
VIII D	
Vehicle Registration Number	SLV597L
Vehicle Manufacturer	Mercedes
Vehicle Model	-3
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car

Name of Driver	
Contact Number	
Address	110
Address complement	39
Postcode	
Insurance Company Name	100
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	12
5 (	

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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 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 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

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

KALLANIAR

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

Sketch Plan

7 20184

vJun2022

74mply

Describe Circumstance of the Accident	,
My Car SGL8321A Was reversing, When My Car for tight hand side brushed against a stationery Men SLV 597L on its rear right hand side bumper. There no other damages on the Mercedes except some fine s	out
right hand side brushed against a stationery me.	reedes
SLV 597 Lonits rear right hand side bumper. There	e was
no other damages on the mercedes except some fine s	cratches.
U .	
*	

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

## ACCIDENT STATEMENT

ACCIDENT DATE: (26,01,4065) (DD/MM/YYYY), TIME: (13. : 50) (HR:MM).	
LOCATION: Temple compound at 525 Balestier Road	
a) VEHICLE NUMBER: SGL832/A	
BINSURANCE COMPART	
ALBOLIOY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE, &THEFT)	
DIMAKE & MODEL! TO YOTA CAMPY, MOTOROYOLE, OTHERS)	
FITYPE: (SALOON) / COUPE / MPV / VANY COUNTY / MOTORCYCLE)	ř
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY)	
10/00F/71/	)))
DINRIC/FIN/PASSPORT: SOD3998311 CONTACT: 76285310 C)ADDRESS: IL Golden Walk 5.554677	
	,
ONTINUE TO S. d IF DRIVER ALSO POLICY HOLDER  WALE FEMALE	
GINAME!	_
(Including driver.) DINRIC/FIN/PASSPORTICONTACT:	
*d) DATE OF BIRTH: (21 / 69 ) 1950 (DD/MM/YYYY) : :	
ODATE OF BIRTH: (2)	
DONG OF DRIVING PAISS OF THE INSURED'S COMPANY? (YES YOU	)
4. WAS DRIVER AN EMPLOYEE OF THE DRIVER WITH INSURED:	_
5. d) WEATHER CONDITION; (CLEAR / RAINING / OTHERS D) ROAD SURFACE: (DRY / WET / OTHERS	
BIROAD SURPACE: URD THE INO	
7. DI REPORTED TO POUCE (YES (NO)  IF YES, PLEASE STATE WHICH POLICE STATION:	
A THIRD PARTY VEHICLE CLUTTER MODEL MERCEDES	
W No all passaver a) VEHICLE HOMBER!	
O NRIC/FIN/PASSPORT	
9. THIRD, PARTY VEHICLE MODEL!	
W NO AP PRIVARY OF DRIVER'S NAME! CONTACT!!	
(Including deliver)   NRIC/FIN/PASSPORT:	

email = elevenguagmail.com



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

CERTIFICATE NO.

DHOM110174972002

Excess:

\$3000/-APPL TO <25 YRS & OR <3YRS EXP

Type of Cover

THIRD PARTY, FIRE & THEFT

Vehicle Number

SGL8321A

Name of Insured

TAY KIM MENG

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 28 September 2022 to 27 September 2023

Engine#

1AZE009055

Chassis#

MR053BK4107001946

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

\*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: 22/08/2022