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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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.

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

01/02/2023 14:56 (SGT) Both Policyholder and Actual Driver 31/01/2023 04:10 (SGT) 17 Marsiling Ln, Singapore 730017 CAR PARK ENTRANCE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLB2671Y

INSURED/POLICYHOLDER

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

No YEO GUAK SUI SXXXX923H wqyao@hotmail.com (Phone) +65-96261161

VEHICLE PARTICULARS

Manufacturer Model Variant

CC

Volkswagen Golf

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

Private use

your vehicle? Vehicle Category

No - Claiming third party Private car

Transmission

Auto 1197

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

United Overseas Insurance Ltd DHOM120040861902

DRIVER

Occupation

Name of Driver NRIC No Date Of Birth

WEE QUANYAO SXXXX368I 13/02/1985 Indoor

Accident report SN0823210003

Date Of Driving Pass	22/03/2012	
Driving experience	10 YEARS AND 10 MONTHS	
Gender		
Mobile Number	Male	
Alt. Phone Number	(Phone) +65-96351369	
Email Address	-	
Address	wqyao@hotmail.com	
Address complement	BLK 118 MARSILING RISE #04-142	
	730118	
Is the driver the policyholder?	No	
If No, Relationship of the Driver with the Insured	Child	
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver		
Individual Control of Colonia (Colonia Control of Colonia Control of Control of Colonia Control of Con	41	
Insurance Company of Other Vehicle Owned by Driver	-1	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident		
Weather Conditions	Collision - Head to Rear	
Road Surface	Clear	
Trodd Gullace	Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?	N	
Number of vehicles involved in the accident	No	
Was anybody injured in the Accident?	2	
Was any injured conveyed to begrited by and allowed.	No	
Was any injured conveyed to hospital by ambulance?	7.	
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?		
Was notice of intended Draw with a control of intended Draw wi	No	
Was notice of intended Prosecution given? If yes, against whom?	No	
if yes, against whom?	₩	
CIRCUMSTANCES OF ACCIDENT		
OM 31/01/2023 AT AROUND 04:10 AM LWAS DRIVING MY VEH	ICLE OLDOGIAN AL ONO MADON MAD	
OM 31/01/2023 AT AROUND 04:10 AM I WAS DRIVING MY VEH	TOUE SUB26/1Y ALONG MARSILING LANE. AS I MADE A LEFT	
TURN INTO 17 MARSILING LANE CAR PARK ENTRANCE GAN VEHICLE. HOWEVER THE LORRY SUDDENLY MADE A REVER THE LORRY STILL COLLIDED ONTO MY VEHICLE FOR THE LORRY STILL COLLIDED ONTO MY VEHICLE.	OSE APPLIPTLY A LOUISIAN SOUNDED TO A SECOND OF MY	
THE CONTROL OF THE COLLIDED ON TO MY VEHICLE FROM DOL	RTION. WE TOOK PHOTOS AND EXCHANGE PARTICULARS AND	
PROCEED TO FILE TO INSURANCE. NOBODY IS INJURED.	THOM: WE TOOK PHOTOS AND EXCHANGE PARTICULARS AND	
ATTACHMENT(S)		
A		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	
	Authoritation and the second s	
Vehicle Registration Number		
	GBC417S	
Vehicle Manufacturer Vehicle Model	·	
Vehicle Variant	•	
Vehicle Colour	-	
Vollicio Coloui	-	

Accident report SN0823210003

venicle Category	Commercial vehicle
Name of Driver	-
Contact Number	_
Address	-
Address complement	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	
Details of property damaged in assident	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	_

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:

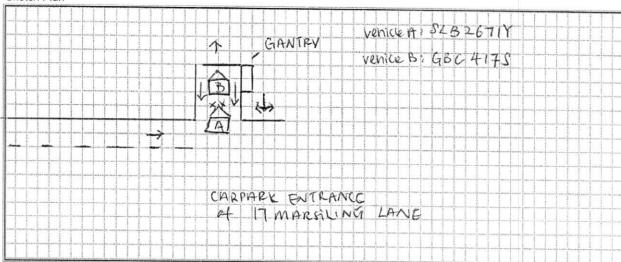
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Sketch Plan



Describe Circumstance of the Accident
Statistance of the Accident
On 31/01/2022 21 24
On 31/01/2013 at around ofin am. I was driving my
venicle SLB 2671 Y along Marsiling Lane - As I made a
left turn into 17 marsiling Lane carpark entrance gantry,
marsting Lane carpark entrance gantry,
4
there was a lorry GBC 4175 in front of my vehicle.
The state of the s
However the lorry suddenly made a reverse abruptly
made a reverse abruptly
and I muchly a led
and I quickly sounded my car horn. But the lorry
still collidad anto my vehicle front portion. We took
photos and exchange particulars and proceed to file
to insurance. Nonedy is injured.
is injured.

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

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

SINGAPORE ACCIDENT STATEMENT

Accident Date: 31/1/2023 Time: 04-10 (hh:mm) 24 hr forms
Location Entrance of 17 MARSILing Lane (hh:mm) 24 hr formar
of 11 MARSILMY Lane
Vehicle Number SLB 2671Y
Insured Name Yeo Guak Sui
NDIC (FDI CWI AND I
Make Voikswagen Model Golf
Are you claiming under your own insurance policy for repair to your vehicle?
Third Party () Reporting
Insurance Company UOI
Type of Policy () Comphensive () Third Party Fire & Theft () TP Only
roney Number 140m120040 861402
Name of Driver Wee Quan Yao ()s
()Same as Insured
NRIC / FIN 585033681 Contact Number 96351279
Date of Birth 13/02/1985 Contact Number 96351369
Driving Pass Date 32/03/2012
Occupation () Indoor () Occupation () Indoor () Occupation () Indoor () Occupation () Occ
Occupation (/) Indoor () Outdoor Gender (/) Male () Female
Email Address 1 AVA 2 O VA 2 O VA
Email Address WQYAOQHOTMAIL. COM ()NO EMAIL
Address of Driver BIK118 Marsiling Rise #04-142
Singapore 730118
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured -
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () CI
Road Surface (VDm)
Was any foreign vehicle involved in this again.
Was anybody injured in the accident?
If yes, injured detail
Was there any video captured by Car Carry 3 (
Was the Accident reported to the Police?
DETAILS OF 3 rd party
Veh B GBC 4175 Contact
Veh C
Veh D
Veh E
Veh F



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)

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

ORIGINAL

CERTIFICATE NO.

DH0M120040861902

Excess:

\$750/-NAMED DRIVERS

\$1500/-OTHERS

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

Type of Cover Vehicle Number

SLB2671Y

Name of Insured

YEO GUAK SUI

COMPREHENSIVE

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 31 March 2022 to 30 March 2024

Engine#

CYV088906

Chassis#

WVWZZZAUZGW204882

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

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

FSCPP Date: 24/02/2022

For the Company