



## 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	01/02/2023 14:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/01/2023 04:10 (SGT)
Exact Location of Accident	17 Marsiling Ln, Singapore 730017
Additional Location Information	CAR PARK ENTRANCE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2671Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEO GUAK SUI
NRIC No	SXXXX923H
Email Address	wqyao@hotmail.com
Mobile Phone No	(Phone) +65-96261161
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1197

### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120040861902

### DRIVER

Name of Driver	WEE QUANYAO
NRIC No	SXXXX368I
Date Of Birth	13/02/1985
Occupation	Indoor

Date Of Driving Pass	22/03/2012
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96351369
Alt. Phone Number	-
Email Address	wqyao@hotmail.com
Address	BLK 118 MARSILING RISE #04-142
Address complement	-
Postcode	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	-
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

OM 31/01/2023 AT AROUND 04:10 AM I WAS DRIVING MY VEHICLE SLB2671Y ALONG MARSILING LANE. AS I MADE A LEFT TURN INTO 17 MARSILING LANE CAR PARK ENTRANCE GANTRY, THERE WAS A LORRY GBC417S IN FRONT OF MY VEHICLE. HOWEVER THE LORRY SUDDENLY MADE A REVERSE ABRUPTLY A I QUICKLY SOUNDED MY CAR HORN. BUT THE LORRY STILL COLLIDED ONTO MY VEHICLE FRONT PORTION. WE TOOK PHOTOS AND EXCHANGE PARTICULARS AND PROCEED TO FILE TO INSURANCE. NOBODY IS INJURED.

#### 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	GBC417S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

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

## SKETCH PLAN

### IMPORTANT NOTICE

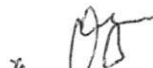
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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:

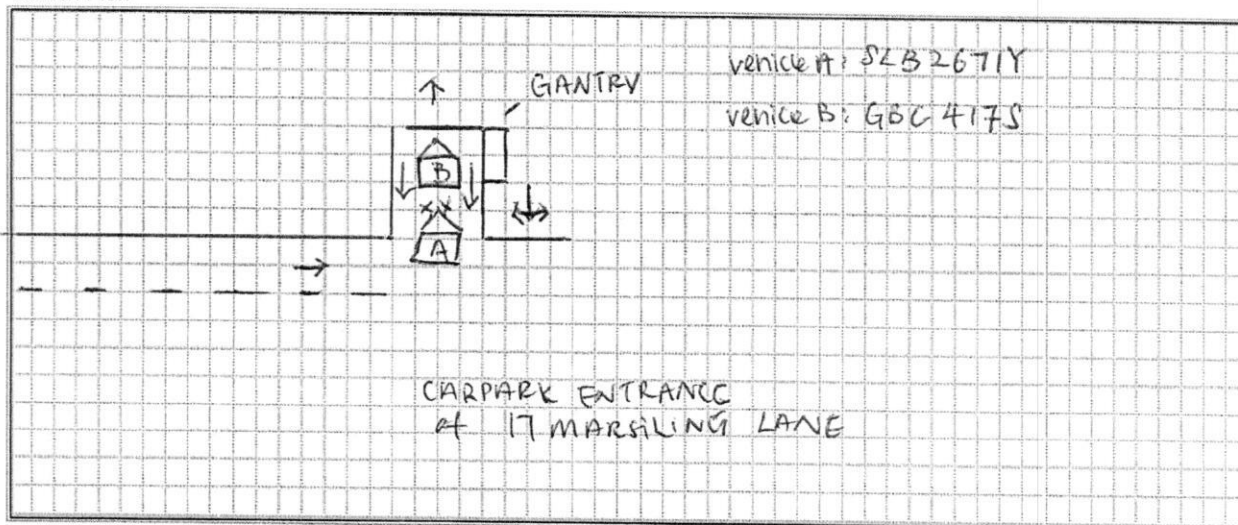
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

#### Sketch Plan




Describe Circumstance of the Accident

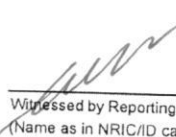
On 31/01/2023 at around 0410 am. I was driving my vehicle SLB 2671Y along Marsiling Lane. As I made a left turn into 17 Marsiling Lane carpark entrance gantry, there was a lorry ABC 4175 in front of my vehicle. However the lorry suddenly made a reverse abruptly and I quickly sounded my car horn. But the lorry still collided onto my vehicle front portion. We took photos and exchange particulars and proceed to file to insurance. Nobody 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

 01/02/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# SINGAPORE ACCIDENT STATEMENT

Accident Date: 31/1/2023		Time: 0410		(hh:mm) 24 hr format	
Location Entrance of 17 Marsiling Lane					
Vehicle Number SLB 2671Y					
Insured Name Yeo Guak Sui					
NRIC / FIN S14629234		Contact Number 96261161			
Make Volkswagen Model Golf					
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting					
Insurance Company uoI					
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number PHOM120040861902					
Name of Driver Wee Guan Yoo ( ) Same as Insured					
NRIC / FIN S8503368I		Contact Number 96351369			
Date of Birth 13/02/1985					
Driving Pass Date 22/03/2012					
Occupation ( / ) Indoor ( ) Outdoor					
Gender ( / ) Male ( ) Female					
Email Address WQYAO@HOTMAIL.COM ( ) NO EMAIL					
Address of Driver B1K118 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 ( / ) Clear ( ) Raining ( ) Others					
Road Surface ( / ) Dry ( ) Wet ( ) Others					
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No					
Was anybody injured in the accident? ( ) Yes ( / ) No					
If yes, injured detail -					
Was there any video captured by Car Camera? ( ) Yes ( / ) No					
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact					
Veh B 9BC 4175					
Veh C					
Veh D					
Veh E					
Veh F					



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

146 Robinson Road  
#02-01 UOI Building  
Singapore 068909

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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.	DHOM120040861902	Excess:	\$750/- NAMED DRIVERS
Type of Cover	COMPREHENSIVE		\$1500/- OTHERS
Vehicle Number	SLB2671Y		\$3000/- APPL TO <25 YRS & OR <3YRS EXP
Name of Insured	YEO GUAK SUI		\$100/- WINDSCREEN DAMAGE CLAIM
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 31 March 2022 to 30 March 2024

Engine# CYV088906

Chassis# WVVZZZAUZGW204882

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 : 24/02/2022