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## 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 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.

Any false reporting may be referred to the Police for investigation.
 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 18/04/2023 16:46 (SGT) Reported by **Actual Driver** Date of Accident 18/04/2023 06:50 (SGT) **Exact Location of Accident** Penjuru PI, Singapore Additional Location Information Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** GBD6854T Vehicle Registration Number INSURED/POLICYHOLDER Is company? Yes SENG LEE ELECTRIC SERVICES PTE. LTD. Name Of Registered Owner Company Reg No 2XXXXX191C **Email Address** tayhacktong195821@gmail.com Mobile Phone No (Phone) +65-91820440

2982

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd Policy Number / Cover Note Number DHOM13000212300

DRIVER

CC

Name of Driver TAY HACK TONG NRIC No SXXXX617I Date Of Birth 21/12/1958 Occupation Outdoor

Date Of Driving Pass 28/07/2003 Driving experience 19 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-91820440 Alt. Phone Number **Email Address** tayhacktong195821@gmail.com Address BLK 128 YISHUN STREET 11 #04-305 Address complement Postcode 760128 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Side Swipe 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) 5 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 PASSENGER 1 WORKER Name Male Gender PASSENGER 2 Name WORKER Gender Male PASSENGER 3 WORKER Name Gender Male PASSENGER 4 WORKER Name Male Gender 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

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Passport No/FIN Contact Number Address Address complement	GBF1480K Commercial vehicle ISLAM SHAFIQUL GXXXX008W -
	-
Postcode	1.T
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 <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.

- 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

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

18/04

Sketch Plan

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Describe Circumstance of the Advisor
Describe Circumstance of the Addident  ON 18/04/2023 A7 AROUT 06:50 HRS J WAS
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Declaration

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

\* SEMG

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)

18-04-23

# ACCIDENT STATEMENT

ACCIDENT DATE: (18. 104) 2023) (DD/MM/YYY), TIME: (06-50) (HH:MM)
LOCATION: Penjara - PEACK
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1. DETAILS OF VEHICLE 200 (CTIOT
alvehicle humberiables 41
MINISTRANCE COMPANY! VOI
CIPOLICY HUMBER: 1130001 12300  CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
CITY OF TOTAL COLLEGE (MRV (VAN / LOGIC) MOTOR
1
IF NO, PLEASE STATE ITHIRD PARTY CLAIM / KEIN MENON
2. INSURED / POLICY HOLDER CHINE SUS (MALE / FEMALE)  ANAMEL SEATT THE CONTACT!
DINRIC/FIN/PASSPORTI 2015001916 CONTACT
O)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER
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Childrand Chiver, binric/FIN/PASSPORTI
(1) aladdress:
d) DATE OF DIRTH: (2/1/12/1958) (DD/MM/YYY)
COCCUPATION! (INDOOR / OVIO OVI) COM COMPANY
FINANCE OF DRIVING THE THE THEURED'S COMPANY? (CES) NOT
4. WAS DRIVER AN EMPLOYER OF THE DRIVER WITH INSURED!  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED!
TO NO, REDSTONION: (OLEAR / RAINING / OTHERS
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, Wite the Month Injured (I w 1941).
IF YES, PLEASE STATE WHICH POLICE STATION
8. THIRD PARTY VEHICLE GBF 1980 MODEL WILL AND SHAFTEY STAFFEY OF TOUR SHAFTEY STAFFEY OF THE ST
" c) NRIC/FIN/FASSI ONI
() PARTY VEHICLE MODEL!
d) VEHICLE NUMBERI
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#### United Oversess insurance Limited

146 Robinson Road #02-01 UOI Building Singapore 068909

Tel: (65) 6222 7733

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.

DHOM113000212300

Excess

\$800.00/-SECTION 1

\$3000,00/-APPL TO <25 YRS & OR <3YRS EXP \$100,00/-WINDSCREEN DAMAGE CLAIM

Type of Cover

COMPREHENSIVE

**Vehicle Number** 

GBD6854T

Name of Insured

SENG LEE ELECTRIC SERVICES PTE LTD

stricted Driver(s)

NOT APPLICABLE

Period of Insurance

23 March 2023 to 22 March 2024

Engine#

1KD2461333

Chassis#

KDY2318017856

Goods carrying - Private Type [MZ 300]

**AUTHORISED DRIVER** 

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

(1) Use in connection with the Insured's business

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business

(3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

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

Scan this QR Code

FSYPK

26/01/2023