

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 Authorised 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 ability.
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 Report	24/08/2018 17:45
Date Of Accident	27/05/2018 16:05
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9988S
Insured/Policyholder	
Name Of Registered Owner	YEO THYE MONG
NRIC No	S0050658C
Email Address	WY_WY_WYWY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98181411
Alternative Phone No	OTHERS-98181411

Vehicle Particulars

Manufacturer	BMW
Model	-
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM1101549217
Cover Note Number	

Driver

Name of Driver	YEO THYE MONG
NRIC No	S0050658C
Date Of Birth	08/12/1950
Occupation	INDOOR
Date Of Driving Pass	26/07/1968
Driving Experience	49 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98181411
Fax Number	
Contact Number	OTHERS-98181411
EEmail Address	WY_WY_WYWY@YAHOO.COM.SG

Address	1 GEYLANG EAST AVENUE 1 #05-03
Postcode	389778
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I CANNOT RECALL HAVING AN ACCIDENT ON 27/05/2018 SHOULD THERE BE AN ACCIDENT, MY VEHICLE SHOULD BE DAMAGED. MORE OVER IT'S DAYLIGHT AT 4PM AS STATED IN HIS REPORT. THE COLOR OF MY CAR IS SILVER AND NOT BLACK. (HE STATED MY CAR IS BLACK) NOTHING TO SAY.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1481Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

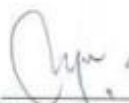
SKETCH PLAN


IMPORTANT NOTICE

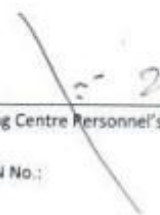
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

No Sketch Plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I cannot recall having an accident on 27-5-18.
Should there be an accident, my vehical should
be damaged.
More over it's daylight at 4pm as stated in his
report. The color of my car is silver and
not black. (He stated my car is black)
Nothing to say.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3

From: LEW JENNY jennylew@uoi.com.sg
Subject: M11D04731808 / DHOM110154921701 / Accident
involving SJT9988S and SB1481Z on 27.05.2018
Date: Aug 23, 2018 at 12:40:50 PM
To: wy_wy_wywy@yahoo.com.sg
Cc: United Insurance Agency Pte Ltd
uiapl@singnet.com.sg

Dear Mr Yeo,

As spoken, we received the letter of demand from third party.

Enclose the document from the workshop for your reference, we require the incident driver to report the accident soonest possible at the reporting centres.

We enclosed herewith the Approved Reporting Centres for your reference.

Warmest Regards

Jenny Lew

United Insurance Agency Pte Ltd

Main • (65) 6322 7730 | DID • (65) 6322 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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United Overseas Insurance Limited
3 Anson Road
#28-01 Springleaf Tower
Singapore 079909
Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No. 19700152R

23 August 2018

Our ref : M11D04731808

Yeo Thye Mong
C/O Technic Impex Pte Ltd
3027 Ubi Road 1
#01-138
Singapore 408720

URGENT

**BY AR Registered
& Normal Mail**

Dear Sir / Madam,

NON-REPORTING

ACCIDENT INVOLVING VEHICLES SJT9988S & SMB1481Z ON 27.05.2018

We refer to the above accident.

Please be informed that we have received a claim from the Third Party against you. Copy of the document is attached for your information:-

- (1) Letter dated 3 August 2018 from M/s SMRT Automotive Services Pte Ltd
- (2) A copy of police report from claimant
- (3) A copy of video footage from claimant

Under the terms of the policy, you are required to give us immediately notice of any accident. On a strictly without prejudice basis, please do e-filing at our Approved Reporting Centres (as per attach) together with photograph (if any), a copy of the Certificate of Insurance and a copy of your driving license immediately. In the event that we do not have your report within **seven (7) days** from the date hereof we reserve our rights to repudiate liability under the policy and redirect the Third Party's claim for you to handle

If we do not have your Report within seven (7) days from the date of this letter, we are obliged to refer the matter to Traffic Police Department for investigation.

Meanwhile, we reserve our right to seek full recovery from you in the event that we are obliged under the Law to handle and/or settle any Third Party claim arising out of the above accident.

We reserve all our right in this matter.

Yours faithfully,
for **UNITED OVERSEAS INSURANCE LIMITED**

Jenny Lew
Claims Dept

Cc United Insurance Agency Pte Ltd



AR REGISTERED
SMRT AUTOMOTIVE SERVICES PTE LTD
 6 Ang Mo Kio Street 62
 Singapore 569140
 Tel : 65 6886 2652
 Fax : 65 6368 7421
 www.smrt.com.sg

United Overseas Insurance
 3 Anson Road
 #28-01 Springleaf Tower
 Singapore 079909

Date : 3 AUGUST 2018

SMRT: BUS/05/18/5046/AW
 UOI : SJT9988S

MIDU131808

Attn : Motor Claims Dept

UOI 18

Dear Sirs,

**ACCIDENT INVOLVING 12METRES BUS SMB1481Z AND SJT9988S ON 27 MAY 2018
 ALONG UPPER BUKIT TIMAH ROAD.**

We claim on behalf of **SMRT BUSES LTD**, owner/hirer of the vehicle Reg. No.: **SMB1481Z**. Your driver's negligent driving has caused the above accident. As a result, my client has suffered the following losses:-

1. Cost of Repair	:	\$ 1,200.00
2. Loss of Use (0.5Day x \$275)	:	\$ 137.50
3. Loss of Rental for days @ S\$ /day	:	
4. Loss of Income for days @ S\$ /day	:	
5. Police Report/ SAS Report/ LTA Search Fee	:	\$ 7.00
6. Survey Fee	:	
7. Others	:	
Total Claims	:	\$ 1,344.50

We enclose the following documents:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Repair Invoice | <input type="checkbox"/> Letter of Authorisation |
| <input checked="" type="checkbox"/> Survey Report | <input checked="" type="checkbox"/> LTA Search result |
| <input checked="" type="checkbox"/> Photographs _____ pcs | <input type="checkbox"/> Others : |
| <input type="checkbox"/> Investigation results | 1. _____ |
| <input type="checkbox"/> Proof of Loss of Use/Rental/Income | 2. _____ |
| <input checked="" type="checkbox"/> Police / SAS report of _____ | 3. _____ |

We look forward to your confirmation to settle our claims within 15 days from the date of this letter. Payment by cheque shall be crossed and made payable to **SMRT BUSES LTD**

Yours sincerely,
SMRT AUTOMOTIVE SERVICES PTE LTD

AUDREY WOO
 For Manager, Claims
 Claims Department

Accident Sketch Plan



Accident Sketch Plan



**SINGAPORE
POLICE FORCE**

(TP)



T/20180527/2084

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180527/20

CONTINUATION OF REPORT

Driver			
Name	TAN YONG HWA	ID No.	
Related Vehicle	SMB1481Z (Bus/Coach/Minibus)	Contact	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class of Driving Licence & Expiry Date: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/05/2018 at about 1605hrs, I was driving my bus SMRT V1) SMB 1481Z along Upper Bukit Timah Road. There were about 4 passenger inside as it was the last bus stop. I had stopped my bus at bus stop no: 44031. Subsequently, I had heard a bang coming from the back. I went down to make a check and I discovered there is damages on rear right signal light. I only noticed there is a black BMW who had just drove behind me. There is CCTV on my bus and it is working. However the car who bang me did not stopped and it just ran off.