

## 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 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 Report	03/08/2020 17:02
Date Of Accident	01/08/2020 11:15
Exact Location Of Accident	ALONG ANSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5535E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UGK RENTAL & TRANSPORT SERVICE PTE LTD
Co Reg No	2XXXXX020D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96730420
Alternative Phone No	OFFICE-96730420

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 L (A)
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00004042000
Cover Note Number	

### Driver

Name of Driver	SEETOH WEI LUN WESLEY
NRIC No	SXXXX384J
Date Of Birth	17/04/1994
Occupation	INDOOR
Date Of Driving Pass	29/06/2013
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96730420
Fax Number	
Contact Number	OTHERS-96730420
EEmail Address	NOEMAIL

Address	50 CHOA CHU KANG NORTH 6 #18-09
Postcode	689574
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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)	1

#### 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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR2416J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	SEETOH WEI LUN WESLEY
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Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJH5535E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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#### 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.



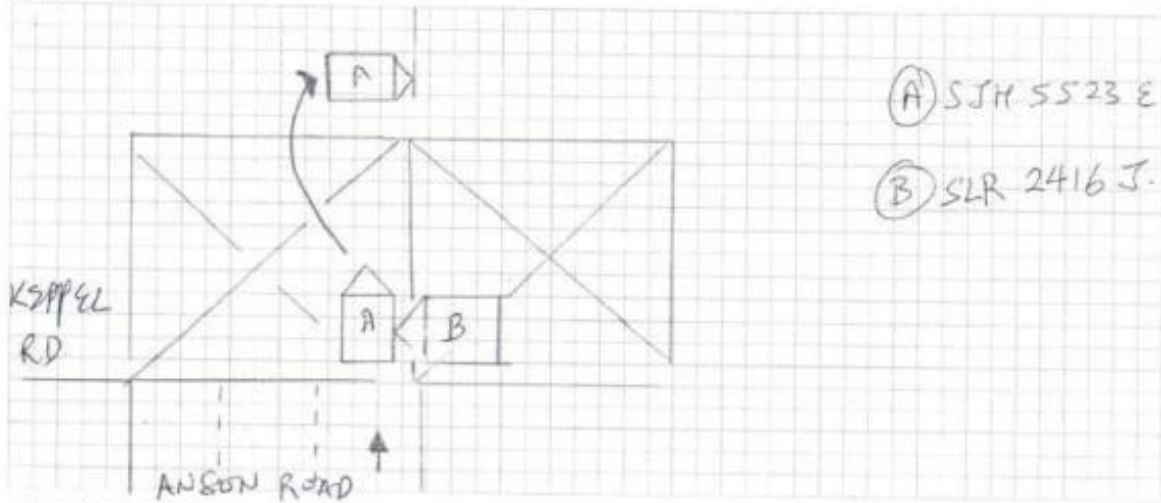
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT T/20200801/2077.

## DECLARATION

I/We declare the following 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.:

GAARAC Sketch/Planform, V3

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20200801/2077

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Report No. T/20200801/2077

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2020 17:13	Vide Report No.: A/20200801/0053	Station Diary No.: 81
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### Informant's Particulars

Name of Informant: SEETOH WEI LUN WESLEY		Address: 50 CHOA CHU KANG NORTH 6 #18-09 SINGAPORE 689574	
ID Type / ID No.: NRIC NO / S9415384J		Contact No.: Home/Office: Mobile: 96730420	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 17/04/1994	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ADMIN		Driving Licence Information: Class: 3A Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/08/2020 11:40	Type of Location: Straight Road
Location: Along Road 1 ANSON ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH5535E	Car	HONDA	STREAM 1.8L A	Silver	Seriously Damaged	0
SLR2416J	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	White	Slightly Damaged	3

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# POLICE REPORT



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20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20200801/2077

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Report No. T/20200801/2077

## CONTINUATION OF REPORT

Driver		ID No.		S9415384J
Name	SEETHO WEI LUN WESLEY	Contact No.	96730420	
Related Vehicle	SJH5535E (Car)		Class of Driving Licence & Expiry Date	
Hospital/Clinic	GREENLIFE CLINIC & SURGERY PTE LTD		Class: 3A Date of Expiry: NIL	
Date Treatment	01/08/2020	Date Discharge	01/08/2020	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

### Brief Details.

On 01/08/2020 at about 1120hrs, I was driving along Anson road and as I was reaching a junction, I wish to state that it was green light which was why I carried on driving. A vehicle SLR2416J then wanted to turn right from the opposite direction and did not stop at the junction to check if there was on coming cars driving. It then drove towards my vehicle SJH5535E when I was driving on my lane and that was when his vehicle SLR2416J front hit onto the right side of my vehicle SJH5535E made my vehicle SJH5535E to swirl and bang onto the concrete pillar resulting to my airbag opening up.

I am lodging this report for my insurance claims. I wish to state that I went to see a doctor at Greenlife Clinic & Surgery Pte Ltd and got a MC for 3 days. I wish to state that the driver who was driving vehicle SLR2416J, +65 81804823 texted me to admit that he collided onto my vehicle. I wish to state that the vehicle SLR2416J gave his vehicle SD card to the TP on scene.

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20200801/2077

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Report No: T/20200801/2077

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report:

J/  
Sgt 2 CHAN JUN WEI, KENNETH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt CHAIRIL BIN ZULKEFLEE

Contact No: 65476187

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
01/08/2020 17:13

Classification Of Case:



## LETTER

# UGK Rental & Transport Service Pte Ltd

Address: 317 Outram Road #B1-07 Concorde Shopping Centre Singapore 169075.  
ROC Number: 201804020D

29 April 2020

To whom it may concerned

### Letter Of Authorization: Relief Driver for Honda Stream 1.8L A – SJH5535E

Dear Sir / Ms,

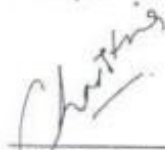
This is to confirm that we, UGK Rental & Transport Service Pte Ltd, as the registered owner of SJH5535E, Honda Stream 18L Auto, hereby authorizes Mr Seetoh Wei Lun Wesley, holder of NRIC No.: S9415384J, of address: 50 Choa Chu Kang North 6 #18-09 Singapore 689574 to be the relief driver for the above-mentioned car.

Details of the Vehicle are as follows:

Vehicle Number : SJH5535E  
Vehicle Registration Date : 13 August 2008  
Chassis Number : JHMRN68408S204281  
Engine Number : R18A12804281  
Primary Colour : Silver

For any queries, you can contact the undersigned, Christina Sim @ 83998226.

Thank you



Authorized Signature



Accident Photo



Accident Photo



Accident Photo





**Accident Photo**





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

