

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 Submission	01/03/2021 19:12 (SGT)
Date of Accident	27/02/2021 11:00 (SGT)
Exact Location of Accident	2 Adam Rd, Singapore 289877
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR1693T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UGK RENTAL & TRANSPORT SERVICE PTE. LTD
Company Reg No	2XXXXX020D
Email Address	info.business6829@gmail.com
Mobile Phone No	(Phone) +65-83007700
Alternative Phone No	+65-83007700

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00004042000
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD BOYKE ABDULLAH
NRIC No	SXXXX569G

Date Of Driving Pass	06/07/1978
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83007700
Alt. Phone Number	-
Email Address	info.business6829@gmail.com
Address	BLK 234 BISHAN STREET 22 #05-118
Address complement	-
Postcode	570234
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 material 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

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?	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	GBJ4509Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

* Nature Of Damage	-
* Details of property damaged in accident	-
* No. Of Passenger (Including Driver)	-

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.

*



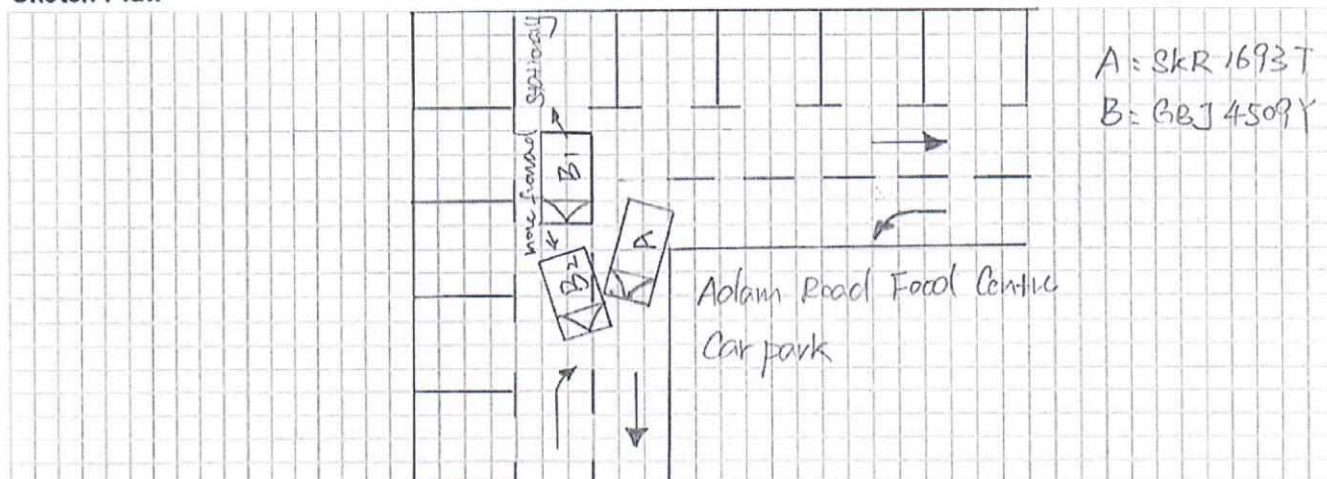
Policyholder's Signature / Date & Time

Muhd.

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

01/03/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 27/02/2021 at about 11:00 hrs. I driving my vehicle (A) at car park of Adam Road Foodcentre. I was going straight and I saw the vehicle (B) stationary and waiting the car park lot at oppsite direction, so I proceed going on my own lane suddenly the vehicle (B) move forward against traffic and hit onto my vehicle's front right portion.

(A) SKR 1693T

(B) GBJ 4509Y

Declaration

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

 01/03/2021
Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 27/02/2021	TIME: 11:00 (hh:mm) 24 hrs Format		
LOCATION Adam Road Food Centre Carpark			
VEHICLE NUMBER SKR1693T			
INSURED NAME UGK RENTAL & TRANSPORT SERVICE PTE LTD			
NRIC / FIN 201804020D	CONTACT: 8300 7700		
MAKE AUDI	MODEL A3		
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only			
INSURANCE COMPANY CHINA TAIPING			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: DMHC BNA 0000 404 2000			
NAME DRIVER: MUHAMMAD BOYKE ABDULLAH () SAME AS INSURED			
NRIC / FIN S1410569G	CONTACT: 8300 7700		
DATE OF BIRTH: 06-07-1960			
DRIVING PASS DATE: 06-07-1978			
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR			
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS: info.business6829@gmail.com () NO EMAIL			
ADDRESS OF DRIVER: BLK 234 BISHAN ST 22 #05-118. SINGAPORE 570234			
Number Of Passenger Include Driver: 1 DRIVER ONLY			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO			
If No, Relationship Of The Driver With The Insured			
() Owner () Spouse () Friend () Relative () Children () Sibling (<input checked="" type="checkbox"/>) Others HIRE			
Does The Driver Own Any Other Vehicle? () YES (<input checked="" type="checkbox"/>) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others			
Road Surface: (<input checked="" type="checkbox"/>) Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO			
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO			
If YES, Injured details:			
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO			
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO			
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl'driver)	Contact
Veh B	GBJ4509Y	() / Not Sure ()	
Veh C		() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	
Veh F		() / Not Sure ()	
Veh G		() / Not Sure ()	



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ407

N 5N

000007A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

CERTIFICATE No.

DMHGBNA00004042000

Engine No. GZG203290

Cha. No. WAUZZZ8V1F1026608

1. Index Mark and Registration
Number of Vehicle

SKR1093T

AUTOSAFE

2. Name of Policy Holder

UGK RENTAL & TRANSPORT SERVICE PTE. LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

18/08/2020
(12:03:00)

Excess Sect. I. \$52,600.00

Excess Sect. I (Outside Singapore) \$55,000.00

Excess Sect. II \$52,600.00

4. Date of Expiry of Insurance

17/08/2021

Excess Sect. II (Outside Singapore) \$55,000.00

EX ON WINDSCREEN \$3100.00

5. Persons or Classes of Persons entitled to drive*

Any employee or any person who is driving with the Policyholder's order or with their permission.

Provided that the person driving 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.

6. Limitations as to use*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Tan Jin Hwei
Authorized Officer

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200209384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN082130008 Vehicle Registration No: SKR1693T
Name (as shown in NRIC): MUHAMMAD BOYICK ABDULHA NRIC/FIN/Passport No: SX555589
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 8200 7700
Email Address: _____
Date of Accident: 27/02/2021 Time of Accident: 11:00
Place of Accident: ADAM ROAD FOOD CIR CARPARK
Insurance Company: CHINA MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle Number to SKR1693T

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: