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SN09215V0009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 31/05/2021 16:37 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (31/05/2021 16:37 (SGT))



# 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 witholding of material facts may allow insurance companies to repudiate

- 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 31/05/2021 16:37 (SGT) Date of Accident 30/05/2021 12:30 (SGT) Exact Location of Accident Ang Mo Kio Ave 8, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SJH5535E

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner UGK RENTAL & TRANSPORT SERVICE PTE. LTD. Company Reg No 2XXXXX020D **Email Address** jameslim3389@gmail.com Mobile Phone No (Phone) +65-96191251 Alternative Phone No +65-88145259

## VEHICLE PARTICULARS

Manufacturer

Model Stream Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 1799

## INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMHCSNA00004042000 Cover Note Number

#### DRIVER

Name of Driver MOHAMED SHAROUK BIN MOHAMED ISMAIL NRIC No SXXXX687D

Date Of Birth	26/07/1985
Occupation	Outdoor
Date Of Driving Pass	02/07/2002
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88145259
Alt. Phone Number	(1 110110) 100 001 10200
Email Address	jameslim3389@gmail.com
Address	BLK 526B PASIR STREET 51 #03-523
Address complement	-
Postcode	512526
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
insurance company or other vehicle owned by briver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	•
OTHER INFORMATION	
OTTEN IN ONIGHOU	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	Mo
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?	<b></b>
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
FELAGE REFER TO SKETCH FEAN	
ATTACHMENT/C\	
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 OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SHA6006U
Vehicle Manufacturer	
Vehicle Model	¥
Vehicle Variant	2
Vehicle Colour	iii
Vehicle Category	Taxi
Name of Driver	W .
Contact Number	
Address	
Address complement	

Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person	MOHAMED SHAROUK BIN MOHAMED ISMAIL
Address	<b>±</b>
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle? Were seat belts worn?	SJH5535E
Was this injured conveyed to hospital by ambulance?	Yes
was this injured conveyed to hospital by ambulance?	No

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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
- (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/mall 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholde s Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehide (A): SIH 5535E (B): SHA 6006 U

8

DOIN

Describe Circumstances of the Accident
I was travelling clong Ang Mo 100 Ave & infront vehicle due to traffic light stopped noticing that lasto stopped my vehicle Suddenly, I felt an great impact from my vehicle year portion. After the accident, I alignted and valized that vehicle (B) have collided the my vehicle war portion.
due to traffic light stopped noticing that lasto stopped my vehicle
Surdenla I felt an areat impact from my vehicle year portion After
The accident I also ted and realized that rehide (B) have willed I
the actions   with the and mailed that senice (17) have confided
the my vehicle rear portion.
·

# 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

Witnessed by Reporting Centre Personnel

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 30 05 2021	TIME: 1230 HRS	(hh:mm) 24 hrs Format
LOCATION: BNG MO KID AVE 8		
		Walter 1971
VEHICLE NUMBER: SIH 6535E		<u> </u>
INSURED NAME: UGK RENTAL & TRAN	ISPORT SEVULCE PIE IT	D
NRIC/FIN: WI8040WD	CONTACT: 96 19 1251	
MAKE: HONDA	MODEL: STREEM	
Are you claiming under your own insurance poli		
( ) Yes, If No, Pls Select: ( / ) Third Party		
INSURANCE COMPANY: CHIMA TAI PING		and the state of t
TYPE OF POLICY ( ) COMPREHENSIVE (		
POLICY NUMBER: PMH CS NA 0000 40		
TOTALET NOWIDER. PHIP CS 1017 0000 40	747000	
NAME DRIVED. MOVOMBO	2.01 200	( ) SAME AS INSURED
NAME DRIVER: MOHAMED SHAROUK	BIN MOHAMED ISMA	( ) SAME AS INSURED
NIDIC / PIN. CEST OF 1 C 1 D	CONTACT: 88/4 525	21
NRIC / FIN: \$85 25 68 7 D  DATE OF BIRTH: 76 JUL 1985	CUNTACT: 8814 723	1
DATE OF BIRTH: 76 JUL 1985 DRIVING PASS DATE: 02 JUL 7012	The second secon	
OCCUPATION: ( ) INDOOR ( ) OUTDO	OP	
GENDER: ( ) MALE ( ) FEMALE		
		( ) NO EMAIL
EMAIL ADDRESS: jameslim 3389@ gm	MILCONI	
ADDRESS OF DRIVER: BLK 5268 PAS	IR RIS 5725ET 51 # 03-	513 5(5/1516)
	7- 111	and the second s
Number Of Passenger Include Driver: 1921	ER ONLY	
	0 / / 100	
Was driver an employee of the Insured's Compa		
If No, Relationship Of The Driver With The In		( )Sibling ( )Others
( ) Owner ( ) Spouse ( )Friend	( )Relative, ( )Children ) Yes ( ) No	( )Sibling ( / )Others
If Yes, Vehicle Registration Number Of Driver's (	OWN VEHICLE:	
Insurance Company Of Driver's Own Vehicle Weather Conditions: ( ) Clear ( ) Raini	ng ( ) Drizzling ( ) Other	
Road Surface : ( ) Dry ( ) Wet		
Was Any Foreign Vehicle Involved In This Acc		10
Was Anybody Injured In The Accident?	YES ( ) NO	40
If YES, Injured details: MOHAMED SH	APPUL BIN MOUNMED	ICMAL (RODY) (M)
il 185, injured decides. Money 1112 54	PROOK DIN MORE	Isiling coopy only
/		
Convey By Ambulance: ( ) YES ( V )	NO	
Was There Any Video Capture By Car Camera	? ( ) YES (,/) NO	
Was There Accident Reported To The Police?		s Attach Police Report
Police Report Number (if any)		
Details Of 3rd Party Name/NRIC	No.of Paxs (incl'dri	ver) Contact
Veh B SHA 6006 U	( ) / Not Sure (	
Veh C	( ) / Not Sure (	)
Veh D	( ) / Not Sure (	
Veh E	( )/Not Sure (	)
Veh F	( ) / Not Sure (	)

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ407

N SN

BR0007A

Cov. Type:C

CERTIFICATE No.

DMHCSNA00004042000

Engine No.: R18A12804281 Cha. No.:JHMRN68408S204281

1. Index Mark and Registration

4. Date of Expiry of Insurance

SJH5535E

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

UGK RENTAL & TRANSPORT SERVICE PTE. LTD

CERTIFICATE OF INSURANCE Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, #960 Rosed Transport Act, 1987 (Mellaysla) Motor Vehicles (Third-Party Risks) Rulos, 1959 (Melaysla)

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

18/06/2020

Excess Sect 1.

(12:03:00)

Excess Sect. I (Outside Singapore) Excess Sect. II

\$\$5,000,00 \$\$2,500.00

17/06/2021

Excess Sect.II (Outside Singapore).

\$\$5,000.00

EX ON WINDSCREEN .

\$\$100.00

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.

Tan Jia Hwel Issued By: **Authorised Officer** 

Authorised Signatory