

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 01/07/2021 18:07 (SGT)
Date of Accident 30/06/2021 23:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF YISHUN AVE 2/ YISHUN IND PARK A
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGX7768M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UTERMAY PTE. LTD.
Company Reg No 201207084k
Email Address utermay@hotmail.com
Mobile Phone No (Phone) +65-62461231
Alternative Phone No (Office) +65-62461231

VEHICLE PARTICULARS

Manufacturer Honda
Model STREAM 1.8 A
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? Yes
Vehicle Category Commercial vehicle
Transmission Auto
CC 1799

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00121852000
Cover Note Number 16/9/20-15/9/21

DRIVER

Name of Driver YONG SIN MING(YANG SHENGMING)
NRIC No S7408206H

Date Of Birth	13/03/1974
Occupation	Indoor
Date Of Driving Pass	20/01/2011
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90693128
Alt. Phone Number	-
Email Address	utermay@hotmail.com
Address	BLK 335B YISHUN STREET 31 #03-59
Address complement	-
Postcode	762335
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	Collision - Head to Rear
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)	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

UPON NOTICED TRAFFIC LIGHT TURNED GREEN, I PROCEED TO MOVE FORWARD. M/TAXI(B) AHEAD OF ME SUDDENLY STOP. I COULD NOT BRAKE ON TIME AND HIT ONTO THE REAR OF THE SAID TAXI. NO INJURIES ON ANYONE. BOTH VEHICLES HAVE NO PASSENGERS.

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	SHC4705M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

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

SKETCH PLAN

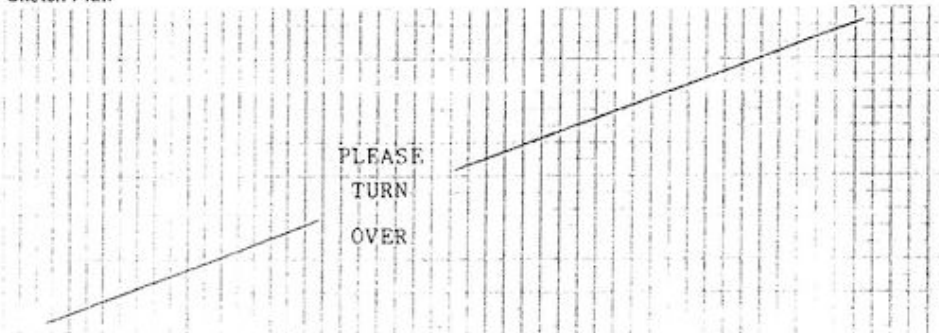
IMPORTANT NOTICE

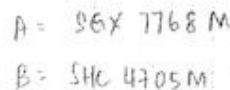
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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.

1 VEHICLE NO 56X7768M
2 INSURER CO Chinn
3 ACCIDENT DATE & TIME 30/6/21
@ 2300hrs

Policyholder's Signature / Date & Time Bees 1/7/21
Driver's Signature (if driver is not the policyholder) / Date & Time [Signature]
Witnessed by Reporting Centre Personnel [Signature] 1/7/21 (YS)

Sketch Plan





DOA: 30/6/21 Time: 23:00hrs.

Upon noticed traffic light turned green, I proceed to move forward - m/taxi (B) ahead of me suddenly stop. I could not brake on time and hit onto the rear of the said taxi.

No injuries on anyone. Both vehicles have no passenger.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

I/We declare the foregoing particulars are true in every respect

Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/EIN No. *04*

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop (_____)





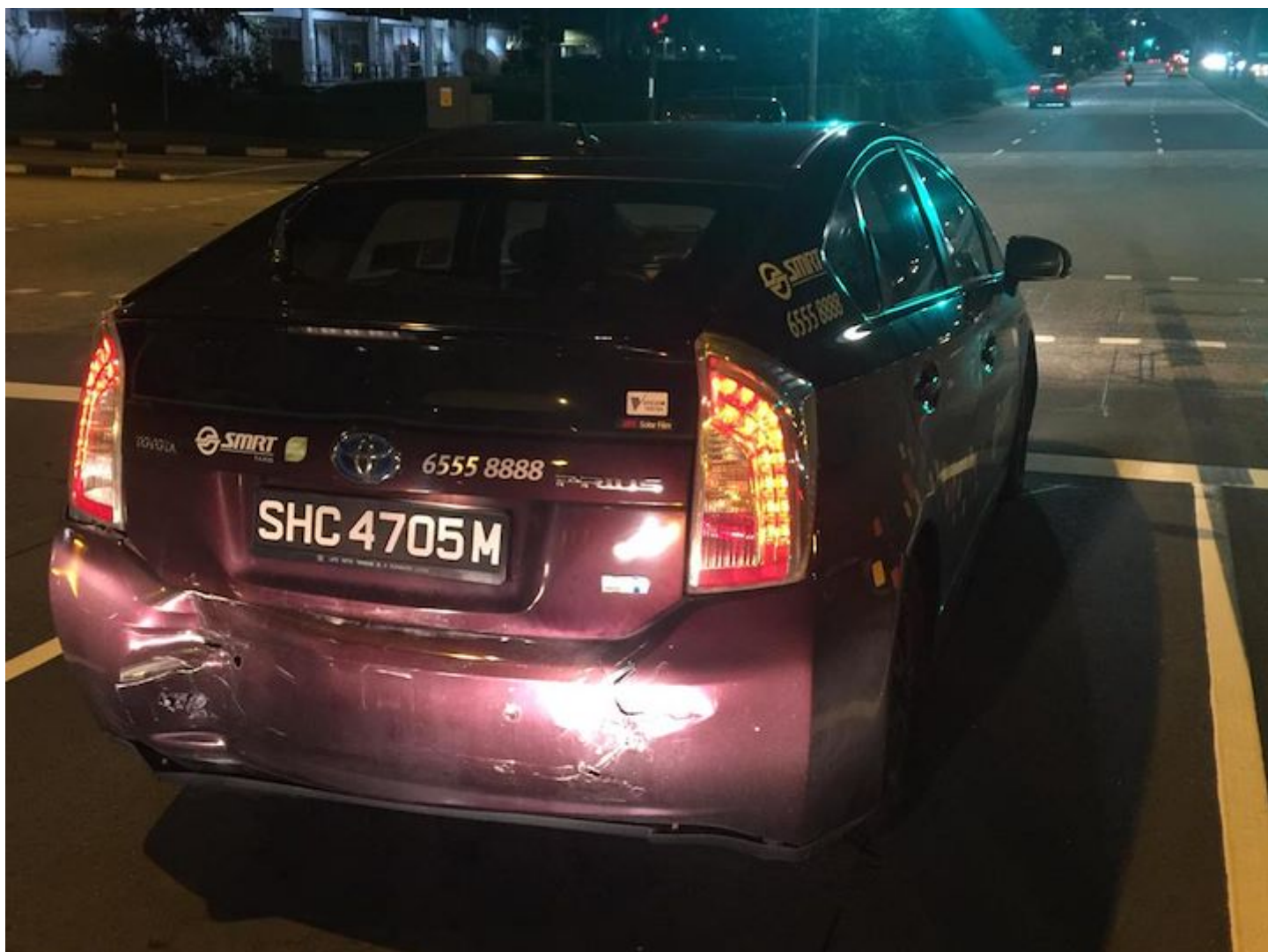


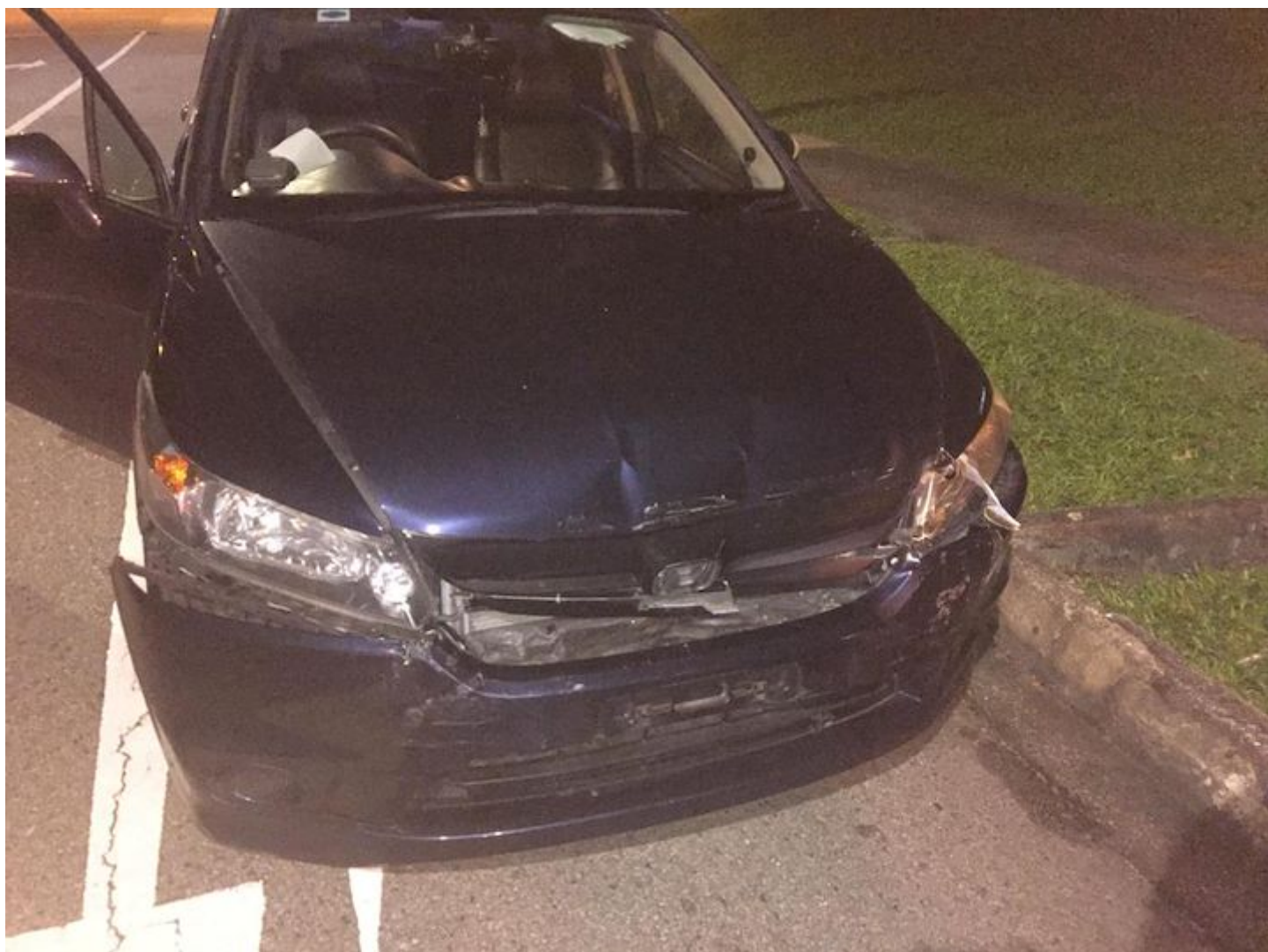












Date : 01-07-2021

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Yong Sin Ming (Yang Shengming)
 NRIC/FIN S7408206H, our employee / employee of UTERMAY
Pte. Ltd. to drive our in/vehicle no. SGX 7768 M
 and to file the accident report (Third Party claims/Own Damage Claims/Reporting
 Only) which occurred on (date) 30/6/21 @ (time) 2300hrs
 along (location) Junction of Yishun Ave 2 / Ind' Park A.

* Relationship between Insured and driver's company: _____.

Thank you.

Regards,




* SIGN & STAMP at the above *

Name of Owner : UTERMAY PTE LTD

NRIC / ROC : 201207084K

Contact No : 6246 1231

Email : utermay@hotmail.com / accounts@utermay.com