

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 27/04/2022 12:48 (SGT)
Date of Accident 26/04/2022 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF ANG MO KIO AVE 5 & AVE 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN319L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UPRIGHT DELIVERY SERVICES
Company Reg No 53055261B
Email Address ngteckdee@icloud.com
Mobile Phone No (Phone) +65-94590012
Alternative Phone No +65-94590012

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model FE83BE6SRDEA
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 2977

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNW00044922102
Cover Note Number 20/05/21 - 19/05/22

DRIVER

Name of Driver NG TECK DEE
NRIC No S1771775H

Date Of Birth	02/01/1966
Occupation	Outdoor
Date Of Driving Pass	02/11/1989
Driving experience	32 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94590012
Alt. Phone Number	-
Email Address	ngteckdee@icloud.com
Address	BLK 34 BEDOK SOUTH AVE 2 #08-379
Address complement	-
Postcode	460034
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SELF EMPLOYED
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ASSISTANT
Gender	Male

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

REFER ATTACHED

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	SLL8280A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

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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' law firms/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' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

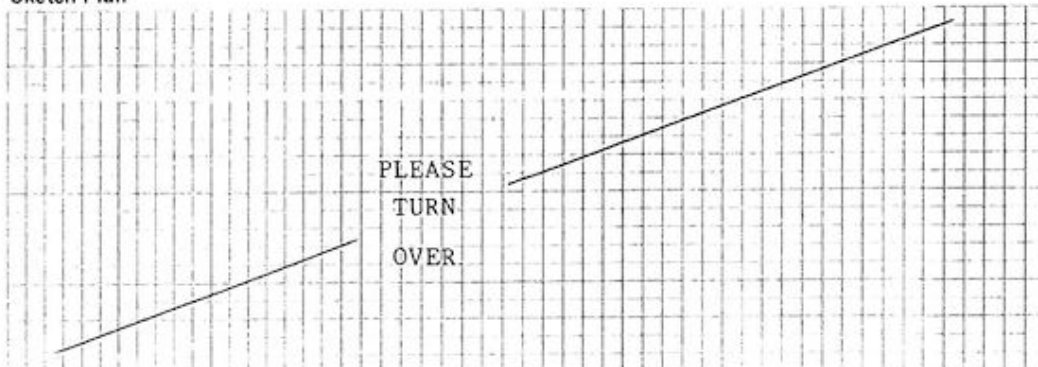
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

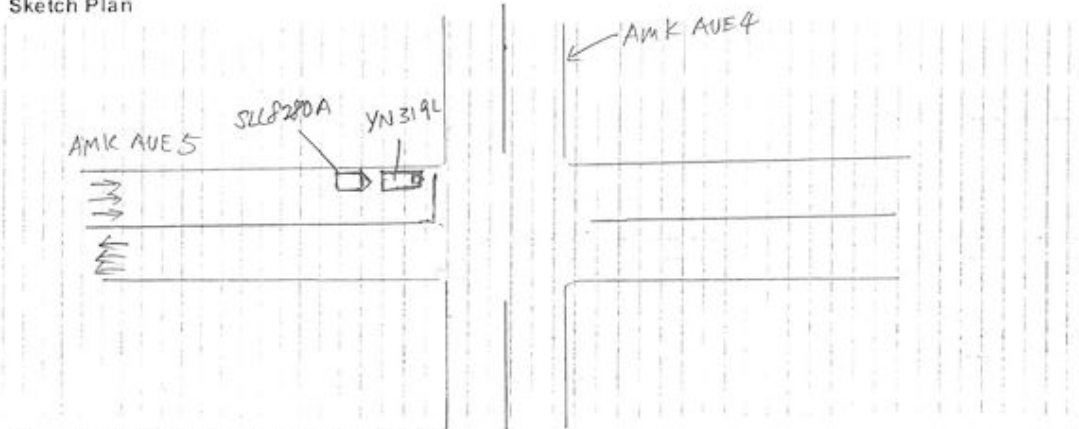
Witnessed by Reporting Centre Personnel

Sketch Plan



PLEASE
TURN
OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop in front traffic junction, and I accidentally put to reverse gear so cause my vehicle slightly hit onto behind vehicle (SLL8280A) and cause slightly damage.

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.

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.:

() Claim Own Policy () Claim Third Party (✓) Reporting Only
() Claim OD/TP at other workshop ()

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BIZ CHECK

COMPANY NAME: UPRIGHT DELIVERY SERVICES
 REGISTRATION NO.: 53055261B

SINGAPORE
 COMMERCIAL
 CREDIT BUREAU

REQUEST DATE	REQUEST NO.	CLIENT'S A/C REF.	REMARKS
26/04/2022 15:20:20	ONL220260246		

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY BUSINESS PROFILE INFORMATION

ACRA
 ACCOUNTING AND CORPORATE
 REGULATORY AUTHORITY

REGISTRY

REGISTRATION DATE	21/10/2005
COMMENCEMENT DATE	19/10/2005
NAME EFFECTIVE DATE	21/10/2005
COMPANY TYPE / CONSTITUTION	SOLE PROPRIETOR
REGISTERED ADDRESS	34 BEDOK SOUTH AVENUE 2, 08 - 379 460034 SINGAPORE
CHANGE ADDRESS DATE	05/03/2019
COMPANY STATUS	LIVE
STATUS EFFECTIVE DATE	04/10/2017
REGISTERED ACTIVITIES	1. 49232 - MOVING SERVICES (DELIVERY SERVICES) 2. --- (-)
EXPIRY DATE	21/10/2022
RENEWAL DATE	06/10/2018

The information from ACRA is updated 1 day from the date of request.

GST

GST REGISTRATION NUMBER	N/A
GST REGISTERED FROM	N/A
GST REGISTERED TO	N/A
GST STATUS	N/A

(GST information is as per D&B's database. Whilst every effort has been made to ensure that the information is complete & up-to-date, D&B Singapore shall not be liable of any damage or loss that may be caused as a result of any error, omission or reliance on the information.)

CHANGE OF BUSINESS NAME

PREVIOUS NAME	EFFECTIVE DATE
Nil	

The information from ACRA is updated 1 day from the date of request.

OFFICER(S)/ OWNER(S)

OFFICER NAME/ ADDRESS/ CHANGE ADDRESS DATE	IDENTITY NO. / PA REG. NO.	POSITION	APPOINTMENT DATE / DISQUALIFIED DATE	CESSATION DATE	NATIONALITY/ COUNTRY OF INCORPORATION
NG TECK DEE 34 BEDOK SOUTH AVENUE 2, 08	S1771775H	OWNER	18/10/2005 -	-	SINGAPORE CITIZEN

Created on: Apr 26, 2022 3:20 PM

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- 379 - 460034, SINGAPORE 12/06/2016					
NG TECK DEE 34 BEDOK SOUTH AVENUE 2, 08 - 379 - 460034, SINGAPORE 12/06/2016	S1771775H	MANAGER	18/10/2005 -	03/01/2016	SINGAPORE CITIZEN

The information from ACRA is updated 1 day from the date of request.

* Disqualified from acting as a director. However, he/she has obtained the Leave of the Court/Approval from the Official Assignee to act as a director.

SEARCH BY FINANCIAL SECTORS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	0	0	1	1	0	0	0	0	0	0	0	0

The number of times the above subject has been searched using SCCB.

SEARCH BY NON-FINANCIAL SECTORS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	0	0	1	0	0	0	0	0	0	0	0	0

The number of times the above subject has been searched using SCCB.

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