

## 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 Actual 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 ..... 22/09/2022 14:56 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 22/09/2022 11:48 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPPER BUKIT TIMAH ROAD (NEAR CASHEW MRT)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ6617X

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... UTERMAY PTE LTD  
Company Reg No ..... 201207084k  
Email Address ..... ACCOUNTS@UTERMAY.COM  
Mobile Phone No ..... (Phone) +65-96366866  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Goods vehicle  
Transmission ..... Auto  
CC ..... 2755

#### INSURANCE COMPANY

Name of Insurance Company ..... Great Eastern General Insurance Limited  
Policy Number / Cover Note Number ..... 2022-V5004290-VCV

#### DRIVER

Name of Driver ..... LOW KOK THYE (LIU GUOTAI)  
NRIC No ..... S8108795D  
Date Of Birth ..... 28/03/1981  
Occupation ..... Outdoor

Date Of Driving Pass .....	27/05/2003
Driving experience .....	19 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96366866
Alt. Phone Number .....	-
Email Address .....	ACCOUNTS@UTERMAY.COM
Address .....	671B EDGEFIELD PLAINS #08-527 S822671
Address complement .....	-
Postcode .....	-
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 TO ATTACHED REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKF4298U
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) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LOW KOK THYE (LIU GUOTAI)
Gender .....	Male
Phone No .....	(Phone) +65-96366866
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	YQ6617X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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  5. Any false reporting may be referred to the Police for investigation.
  6. The report will be forwarded by the Insurers of the GIC Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of the report will for a fee be made available upon application by interested parties.
  7. By the completion 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 if needed.
  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 ("GIAS") may be 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 insurers who have insured vehicle(s) involved in this accident and all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' law firm/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 in doing about delivery of the same as well as on the external cover of any physical packages); and/or
    - (v) complying with applicable law in conducting, processing, handling and/or dealing with my claims collectively the "Purposes";
  - (b) all Insurers, who have insured vehicle(s) involved in this accident and the Insurers' law firm/law firms, may, and are entitled to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may, and are processed by any of the Insurers and/or GIAS to dish third party service providers or agents including but not limited to, lawyers, located outside of Singapore, for one or more of the above Purposes.


  
22/9/22

Lee 22/9/22 14.13

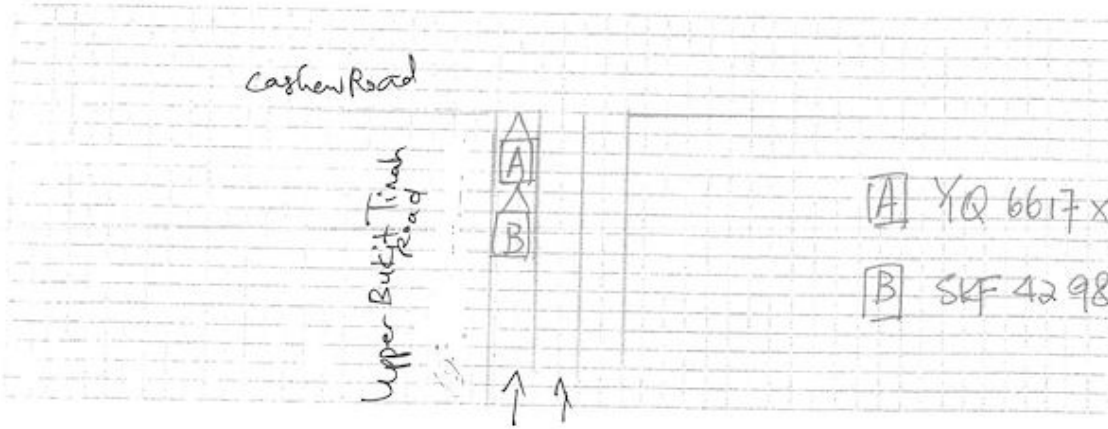


Policyholder's Signature / Date / Time

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

Witnessed by:  / Date / Time  
Personnel: LEK 514 ENG

Sketch Plan



Describe Circumstances of the Accident

I WAS DRIVING ALONG 56 CASHEW TERRACE NEAR  
CASHEW MRT (LAMP POST NO. 190) & STOPPED IN  
FRONT OF TRAFFIC LIGHT WHEN TURN RED.  
SUDDENLY BEHIND VEHICLE NO. SKF4298U  
COULDN'T STOPPED IN TIME & HIT TO MY BACK

Declaration

We declare the foregoing particulars are true in every respect.

 22/9/22

Policyholder's Signature / Date & Time

Lcl 22/9/22 14.13pm

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



Witnessed by Reporting Centre Personnel

LEK SIN ENG











































**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: SKOU 2291N000B Vehicle Registration No: YQ 6617X  
 Name (as shown in NRIC): LOW KOK THYE NRIC/FIN/Passport No: S8108795D  
 ("Vehicle Driver/Policyholder") (\*) Please delete as appropriate  
 Address: 671B EDGEFIELD PLANS #08-527 Singapore (822671)  
 Contact (Tel): 96366866 Mobile No.: 96366866  
 Email Address: ACCOUNTS@UTERWAT.COM MAY 23/12/2022  
 Date of Accident: 22/09/2022 Time of Accident: 1148  
 Place of Accident: UPPER BUKIT TIMAH ROAD (NEAR CASHEN MRT)  
 Insurance Company: GREAT EASTERN GENERAL INSURANCE LIMITED

**(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:

I WOULD LIKE TO AMEND TO 3RD PARTY CLAIMS  
INSTEAD OF REPORTING ONLY.

  
 Policyholder / Actual Driver's Signature  
 Date: 21/12/2022

  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date: 23/12/2022