

# 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 ..... 25/04/2023 14:47 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 21/04/2023 13:56 (SGT)  
Exact Location of Accident ..... Braddell Rd, Singapore  
Additional Location Information ..... EXIT 10 (TOWARDS PIE CHANGI AIRPORT)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJT5476D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... UDRIVE AUTOMOBILE  
Company Reg No ..... 5XXXX901L  
Email Address ..... maxber1999@yahoo.com  
Mobile Phone No ..... (Phone) +65-88288428  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
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  
Transmission ..... Auto  
CC ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMHCSNW00019962200

### DRIVER

Name of Driver ..... LEE CHOON HOU  
NRIC No ..... SXXXX753G  
Date Of Birth ..... 28/05/1976  
Occupation ..... Outdoor

Date Of Driving Pass .....	10/03/2003
Driving experience .....	20 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90686916
Alt. Phone Number .....	-
Email Address .....	maxber1999@yahoo.com
Address .....	BLK 554 ANG MO KIO AVENUE 10 #03-2036
Address complement .....	-
Postcode .....	560554
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 .....	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
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

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD6338X
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

- 1. You must report **correctly** the details of the accident to your insurer.
- 2. This Form must be **completed by the Policyholder and/or the Authorized Driver**. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation is a breach of material facts type which insurance contract may **rescind policy liability**.
- 3. The issuance and acceptance of this Form by insurance companies is the **acknowledgement of liability** on the part of the insured.
- 4. **Any false reporting may be referred to the Police for investigation**.
- 5. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) to the relevant GIC for processing and that copies of this report will be **free of charge** made available upon application by interested parties.
- 6. The lodgement of this report to the insurers will **formally consent to the archiving of this report** at the central and to copies of this report being made available aforesaid.
- 7. **Consent under the Personal Data Protection Act (PDPA)**
  - a. I understand, acknowledge, agree and consent that:
    - (1) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and 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 persons who have insured vehicles involved in this accident (all insurers) who have insured vehicles involved in this accident that are referred to as the "Insurers". The Insurers' law (as law from the Monetary Authority of Singapore and any relevant work-related agency authority (such as the police), for the purposes);
    - (2) My insurer, workshop and/or dealing with my claim, including the settlement of the claim, and any necessary investigations relating to the claim;
      - investigating the accident and/or my claim;
      - complying and/or dealing with my instructions or responding to my enquiries by me;
      - in investigating my claim (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to third parties, officers of the same as well as on the external users of my employer's premises) and/or
      - complying with applicable law, if administering, processing, handling and/or dealing with my claim (collectively the "Purpose");
    - (3) My insurer(s) who have insured vehicles involved in this accident and the insurers, my workshop, firm, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and
    - (4) My Personal Information may then be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law (as law from) who may be used outside of Singapore, for one or more of the above Purpose(s).

P1E  
CToward Changi Airport



Andrew

Policyholder's Signature (Name & Title)

Driver's Signature of driver of the policyholder (Name & Title)

Witnessed by Reporting Group (Signature)

Sketch Plan

A) SST 5476D  
B) SHD 6338X

25/04/2013

P1E Changi Airport

Braddell Road  
Exit 10



\*Going towards P1E



Describe Circumstances of the Accident

On 21 April 2023, I was driving toward PIE (toward Changi Airport). The traffic was heavy, the front vehicle slow down, and I also slow down my car to stationary stop for 2-3 second & I heard a hard bang from behind my car

I went down to check my car was hit by vehicle (Trans taxi; SHD 6338X) the taxi hit my car from behind.

Declaration

We declare the foregoing particulars are true in every respect.



*Andrew*

Policyholder's Signature Date & Time

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

Witnessed by Reporting Officer's Signature

*25/04/2023*

















**Udrive Automobile**  
 552B Macpherson Road  
 Singapore (368229)  
 Co. Reg. 53396901L

**HIRER's PARTICULARS** I/we Lee Choon Hou I/C No.: 57615753G  
 If different From Section 1 of \_\_\_\_\_ Tel No: 90686916

Hereby confirm having agreed to hire this day from Udrive Automobile the undermentioned NEW/USED Vehicles at the rental fees as shown below and I agree that I shall be responsible for the first payment of \$2,000.00/\$3,000.00 for any loss and/or damaged caused to the said vehicle and that I shall be responsible to pay Udrive Automobile the value of the vehicle in the event of the Vehicle being CONFISCATED or any loss resulting from THEFT or DESTRUCTION of the said vehicle whether or not such damage or loss is caused by negligence or by any breach by me of the terms and conditions of hire, hereinafter mentioned and printed.

Vehicle Regd. No. 车号 <u>SJT 5476 D</u>	(Diesel / Petrol)		
Section 1 Hirer's And / Or Driver's Particulars 租车者/驾驶员个人记录 0	日期及取车时间 Date & Time Out:	<u>13 June 2022</u>	<u>6pm</u>
Name 名 <u>Lee Choon Hou</u>	日期及还车时间 Date & Time In:	<u>12 June 2023</u>	<u>6pm</u>
Address 地址 <u>B1K 554, Ang Mo Kio Ave 10 #03-2036</u>	天数 Days @ \$		
SE. <u>560557</u>	星期 Weeks @ \$		
驾驶驾照 Dr/License No: I/C No: <u>90686916</u>	月 Months @ \$	<u>\$ 1050</u>	<u>xx</u>
截止日期 Expiry Date: <u>12 June 2023</u>	Date of Birth	总数 Nett-Total	
Replacement Veh. Regd. No.	(Diesel / Petrol)	订金 Deposit	
日期及取车时间 Date & Time Out:		Refund	
日期及还车时间 Date & Time In:		Balance to Pay	
<b>*Note: A repossession fee of \$100.00 will be charged on repossess vehicles</b>		Cash / Cheque	
	出车油箱 Fuel Tank OUT	E	1/8 1/4 3/8 1/2 5/8 3/4 7/8 F
	加额费用 Total Additional Charges		

**NOTICES:** ACCIDENT EXCESS: \$ 3500  
 NO INSURANCE COVER FOR YOUNG (BELOW \_\_\_\_\_), OLD (ABOVE \_\_\_\_\_) AND INEXPERIENCED DRIVERS.

请注意水箱里的水及引擎里的黑油须每天检查

**Please check Radiator Water & Engine Oil Daily.**

半途汽油不足, 遗失锁匙等, 若须服务者另付额外费用。  
 Extra charges are required for those vehicle that run out of petrol, lost of key and etc.

Interest rate of 1.5% will be charged on overdue payments.

**I/We declare that the usage of renting the above mention Vehicle are not to be used for illegal purpose, including offences in connection with thefts, unaccustomed goods, drugs dealings or trafficking or smuggling.**

I/We hereby accept the terms and conditions herein and overleaf which I have read and understood or have read over and explain to me and understood by me. I/We hereby declare that the particulars of the Hirer and license given above are correct in every aspect and that I am the holder of a valid driving license enabling me to drive the above-mentioned vehicle and not disqualified from driving.



Andrew 13 June 2022  
 Signature of Hirer 承租者签名

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_