

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
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UDRIVE AUTOMOBILE
Company Reg No	901L
Email Address	
Mobile Phone No	
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	S 753G
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) +65-9
Alt. Phone Number	-
Email Address	-
Address	
Address complement	
Postcode	
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. I have reported correctly the details of the accident to the police.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation is a breach of my policy and may result in my insurance company's revocation of policy liability.
4. The issue and acceptance of this Form by insurance companies is not a waiver of liability on the part of the insurance company.
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 be made available upon application by interested parties.
7. My lodgement of this report to the insurers is voluntarily consented 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)
 - a. I understand, acknowledge, agree and consent that:
 - i. The insurers, 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 conveyed by my insurer collectively the "Personal Information" and disclose and transfer such Personal Information to all other who have insured vehicles involved in this accident (all insurers) who have insured vehicles involved in this accident (all insurers) referred to as the "Insurers". The Insurers, law firms, law firms, the Ministry, Agency of Singapore and any relevant work and agency authority (such as the police) for the purposes of:
 - (i) assessing, handling and/or dealing with my claim including the settlement of the claim and any necessary investigations relating to my claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my instructions or responding to my enquiries by me;
 - (iv) administering my claim including the making of correspondence, statements, invoices, reports or replies to me which could involve disclosure of certain personal data about me to third parties (other than the Insurers) as well as in the external use of my personal data; and/or
 - (v) complying with applicable law, in administering or processing handling (including dealing with my claim) collectively the "Purposes".
 - ii. The Insurers, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - iii. My Personal Information may also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents including their law firms/law firms, who may be based outside of Singapore, for one or more of the above Purposes.

PIE
CToward Changi Airport



Andrew

Policyholder's Signature (Write A, B or C)
Sketch Plan

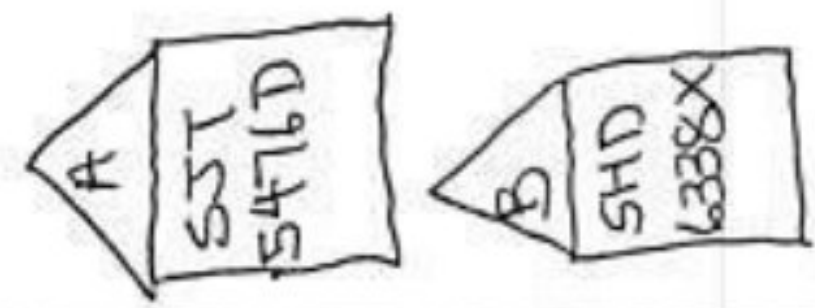
Driver's Signature (If driver is not the policyholder, write A or B)

A) SST 5476D
B) SHD 6338X

Witnessed by Reporting Company Personnel

25/04/2023

Braddell Road
Exit 10



* Going towards PIE Changi Airport

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.



Indrawati

Policyholder's Signature Date & Time

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

Witnessed by: *[Signature]* 25/04/2023
Sgt. [Name]















U Drive Automobile
552B Macpherson Road
Singapore (368229)
Co. Reg. 53396901L

HIRER's PARTICULARS I/We Lee Choon Hou I/C No: S 53G
If different From Section 1 of _____ Tel No: _____

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 Redg. 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>B/K</u>		天数 Days @ \$	
Tel No: _____		星期 Weeks @ \$	
驾驶驾照 Dr/License No: I/C No: _____		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. Redg. 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	
*Note: A repossession fee of \$100.00 will be charged on repossess vehicles		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
加額費用 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.

Remarks: _____



Andrew 13 June 2022

Signature of Hirer 承租者签名