

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 31/05/2023 13:06 (SGT)
Reported by Actual Driver
Date of Accident 23/05/2023 14:30 (SGT)
Exact Location of Accident Sims Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN6938M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UDRIVE AUTOMOBILE
Company Reg No 5XXXX901L
Email Address blacksheep5544@gmail.com
Mobile Phone No (Phone) +65-86782334
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2360

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMHCSNW000042822301

DRIVER

Name of Driver ANG BOON SIEW
Passport No/FIN FXXXX944K
Date Of Birth 24/01/1968
Occupation Outdoor

Date Of Driving Pass	20/02/2018
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86782334
Alt. Phone Number	-
Email Address	blacksheep5544@gmail.com
Address	290S JOO CHIAT ROAD
Address complement	-
Postcode	427542
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?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JUD1938
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230523/2093

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	JUD1938
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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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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.
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 yers/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 yers/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

31/05/2023

Vehicle A: SJN 6938m

Vehicle B: JUD 1938



Sims Avenue

Describe Circumstances of the Accident

Please Refer To Police Report No: 7/20230527/2893.

ANG

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

ANG

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

Witnessed by Reporting Centre Personnel

31/05/2023














**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20230523/2093

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Report No. T/20230523/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2023 18:35		Vide Report No.: G/20230523/0093		Station Diary No.: 96	
Informant's Particulars					
Name of Informant: ANG BOON SIEW			Address: 290S JOO CHIAT ROAD SINGAPORE 427542		
ID Type / ID No.: FIN NO / F8286944K			Contact No.: Home/Office: Mobile: 86782334		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 55	Date of Birth: 24/01/1968	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: CONSTRUCTION			Driving Licence Information: Class: 3C Date of Expiry: 07/03/2028		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/05/2023 14:30	Type of Location: T-Junction
Location: SIMS AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JUD1938 (Not Accurate)	Motorcycle				Seriously Damaged	0
SJN6938M	Car	TOYOTA	ESTIMA	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20230523/2093

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Report No. T/20230523/2093

CONTINUATION OF REPORT

Brief Details:

On 23 May 2023, at about 1430hrs, I was driving along Sims Avenue towards Joo Chiat Road. I came to a stop as the traffic light turned red. I was at the 2nd left lane at the said road, at the T Junction of Sims Avenue and Tanjong Katong Road. Right after I stopped, A motorcycle from behind suddenly crashed onto the rear of my vehicle. I am not injured. I went to check on the rider and spotted him lying down on the road and his head was bleeding. My vehicle rear sustained dents and the rear window shattered. There was a lot of onlookers and subsequently ambulance and traffic police came down. The rider was conveyed to hospital. I have no chance to exchange particulars as he is not in a good condition.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20230523/2093

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Report No. T/20230523/2093

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /
SGT 2 YIP YONG NAN

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
23/05/2023 18:35Officer In Charge Of Case:
TP / GIT /
STAFF SGT KWOK WEI JIE, DANIEL
Contact No.: 89220186

Classification Of Case:

NP168

Co Reg 51196/2011

HIRER'S PARTICULARS T/W: ANG BOON SIEW DR. No: F8286944K
 If different From Section 1 of: 86782334 TIT: 86782334

Heretby 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/\$1,000.00 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>SIN 6938M</u>	(Diesel / Petrol)
Section 1 Hirer's And / Or Driver's Particulars 租车者/驾驶者个人信息	Date & Time Out	<u>10:45am 31/1/21</u>
Name 姓名	Date & Time In	<u>31/1/24</u>
Address 地址	天数 Days @ \$	
SE	星期 Weeks @ \$	
Dr/License No./LIC No.	Tel No.	月 Months @ \$
<u>F8286944K</u>	<u>86782334</u>	<u>\$1800</u>
Expiry Date	Date of Birth	总数 Nett-Total
Replacement Veh. Regd. No.	(Diesel / Petrol)	订金 Deposit
日期及取车时间		Refund
Date & Time Out		Balance to Pay
日期及还车时间		Cash / Cheque
Date & Time In		
*Note: A repossession fee of \$100.00 will be charged on repossession vehicles		
出车油箱 Fuel Tank OUT		
加租费用 Total Additional Charges		

NOTICES: ACCIDENT EXCESS \$ 3500

NO INSURANCE COVER FOR YOUNG (BELOW 21) OLD (ABOVE 65) AND INEXPERIENCED DRIVERS.

请注意水箱里的水及引擎里的机油须每天检查

Please check Radiator Water & Engine Oil Daily.

半速汽油不足, 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: _____

Signature of Hirer ANG 承租者簽