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 witholding 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 First Submission	21/06/2024 16:08 (SGT)
Reported by	Actual Driver
Date of Accident	20/06/2024 13:50 (SGT)
Exact Location of Accident	Kranji Loop, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3307X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UV RESOURCES PTE LTD
Company Reg No	200614912H
Email Address	ADMIN@UVRESOURCES.SG
Mobile Phone No	(Phone) +65-92227781
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Commercial vehicle
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05020515

DRIVER

Name of Driver	KEVIN SEOW XU JIE
NRIC No	S9901925E
Date Of Birth	22/01/1999
Occupation	Outdoor

Driving Pass Date	13/11/2021
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92227781
Alt. Phone Number	-
Email Address	ADMIN@UVRESOURCES.SG
Address	3 LORONG 5 TOA PAYOH #31-15
Address complement	-
Postcode	319459
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	LU SI YUAN
Gender	Female

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

AS PER STATEMENT.

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	GBF3048M
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KEVIN SEOW XU JIE
Gender	Male
Phone No	(Phone) +65-92227781
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE3307X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LU SI YUAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE3307X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

1. Please refer
2. This Form must be
3. Information provided
insurance company
4. The issue and acceptance
5. Any false reporting
6. This report will be forwarded
Singapore Police Force (SPF) for
7. By the lodgement of this
report being made
8. Consent under the Personal Data Protection Act 2012

I understand and acknowledge that:

(a) My insurer, my workshop, the Singapore Police Force (SPF) and/or any person(s) engaged to collect, use, disclose and/or process my personal data on behalf of my insurer, my workshop and/or the SPF (including but not limited to any vehicle inspection or assessor who may be possessed by my insurer, my workshop and/or the SPF, and any other organisations who have insured vehicles involved in the accident, and their respective agents, collectively referred to as the "Organisations") and any relevant government agency/authority may collect, use, disclose and process my personal data for the following purposes:

(i) processing, handling and administering my insurance claim and/or the claim;

(ii) investigating the accident and/or the claim;

(iii) carrying out and/or defending any investigations or proceedings related to the accident and/or the claim;

(iv) administering my insurance policy, including but not limited to the disclosure of certain personal data to my insurer's reinsurers, agents, brokers, loss adjusters, vendors, service providers, packagers; and/or

(v) complying with applicable laws, regulations, rules, directives, orders, guidelines and requests issued by any relevant government agency/authority,

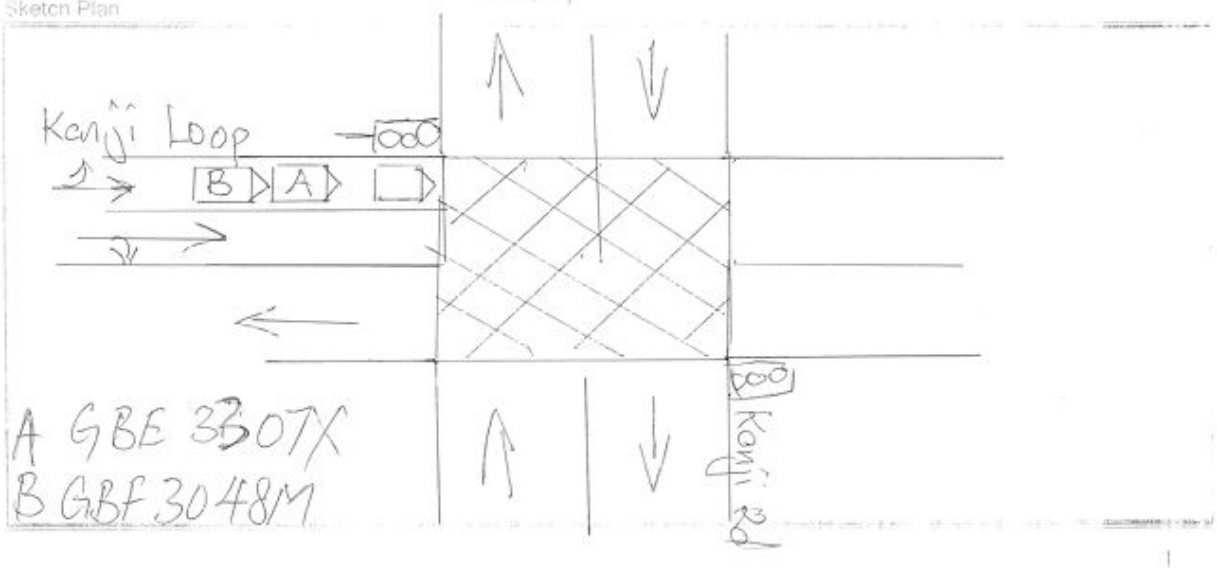
(collectively the "Purposes");

(b) all insurer(s) who have insured vehicles involved in the accident may collect, use, disclose and/or process my personal data for the Purposes;

(c) my Personal Data may be transferred outside Singapore for the Purposes (including their transmission to the Organisations);

21/6/24

Sketch Plan



Describe Circumst...

On Date
20/6/24

Time
1.50 pm

I was driving vicheal A GBE 3307X from Kranji Loop to 30 nos Kranji Loop at junction traffic light of Kranji road. It was red light infront there was a vicheal ~~in front of~~ stop in the traffic junction and I followed to stop the vicheal suddenly vicheal B GBF 3048M hit my vicheal from behide after I went down to take picture and change particulas

Declaration

I/We declare the in...

UV RESOURCES PTE LTD

2/6/24

MODERN AUTOMOTIVE PTE LTD
GST. Reg. No. 200501102H

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

UV RESOURCES PTE. LTD.
246 MACPHERSON ROAD #04-04
BETIME BUILDING SINGAPORE 348578
REG. NO: 200614912-H 1 DRIVER 1 OTHERS

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9