

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 Authorised 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 Report	09/05/2019 09:27
Date Of Accident	08/05/2019 11:35
Exact Location Of Accident	CONGENT LOGISTICS HUB LVL5 - LVL6 CARPARK RAMP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5633K
Insured/Policyholder	
Name Of Registered Owner	UBTS PTE LTD
Co Reg No	198103195N
Email Address	GINATAY@UBTS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62298373

Vehicle Particulars

Manufacturer	HINO
Model	SH1EERA-12.9 D ABS TURBO (M)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1192220
Cover Note Number	

Driver

Name of Driver	TANG JINGHU
Passport No/FIN	G2536407X
Date Of Birth	09/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86516719
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	N/A
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD9385A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TOH PECK ANN
NRIC/Passport Number	S1724345D
Contact Number	90252846
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

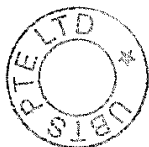
SKETCH PLAN

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 Authorised 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. The 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 lodgment 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' lawyers/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' lawyers/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/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN

AS Per Attachment

Ⓐ XD5633K
TRB 5670J

Ⓑ XD938TA

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per Attachment

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

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

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other works hop _____
- ☐ For record purpose

Policy No. _____
Insurer _____ Veh.No. _____

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



MOTOR ACCIDENT STATEMENT

Driver & Vehicle Details a) Full Name: <u>TANG JUNG HU</u> b) <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Non-Employee c) NRIC/ FIN No: <u>G 25 36407 X</u> d) Department / Manager: <u>OPS / Chen TP</u> e) Vehicle No: <u>XD5633K</u> Chassis No: <u>TRB5670J</u> f) <input checked="" type="checkbox"/> Company <input type="checkbox"/> Leased/Hired: g) <input checked="" type="checkbox"/> Prime Mover <input type="checkbox"/> Lorry/w Crane <input type="checkbox"/> Bus/ Van <input checked="" type="checkbox"/> Others: <u>FRATER Trailer.</u>		Accident Details h) Date of Accident: <u>08/05/2019</u> (dd/mm/yyyy) i) Time of Accident: <u>1135</u> am/pm j) Address of Accident: <u>Agent 1- Logistic Hub Ramp LG-L6.</u> k) Condition of Road: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> After Rain. l) Weather: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Sunny <input type="checkbox"/> Rain <input type="checkbox"/>	
Other Vehicle Details m) Vehicle Description: <u>Prime Mover + Trailer</u> n) Vehicle No/s: <u>XD 9385A</u> o) Driver Name/s: <u>TOM PEUK ANN</u>		p) Property Damage / Injured Details (if any): <input checked="" type="checkbox"/> Own vehicle damaged <input type="checkbox"/> Other vehicle damaged <input type="checkbox"/> Others: <u>Trailer tyre damaged.</u> <input type="checkbox"/> Injury:	
q) Describe how the accident happen? <p>On this day, I was driving with empty container for return trip at the building ramp from level 5 to 6. When suddenly I heard a loud bang and stopped to check. The T/P had hit onto my trailer right rear tyre. We exchanged particulars. Nobody was injured. Here to say that the front vehicle and I were driving slow at safe distance. Whereas the T/P was trying to overtake me but failed as he crashed onto my trailer while trying to avoid oncoming vehicle from the right lane.</p>			
r) Sketch the accident indicating own vehicle and others involved in accident 			
s) Video footage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No:			
Interviewed by <u>Ferk Setiaman</u> Handphone no: <u>88680911</u>		Driver Signature <u>[Signature]</u> Handphone no: <u>86516719</u>	
Date of Statement recorded <u>3.30pm 8/5/19.</u>			

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

