

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	17/03/2020 12:52
Date Of Accident	13/03/2020 14:00
Exact Location Of Accident	3 JALAN MEMBINA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1495D
Insured/Policyholder	
Name Of Registered Owner	UNITED PARCEL SERVICE SINGAPORE PTE LTD
Co Reg No	198801949D
Email Address	MEZUWAN@UPS.COM
Mobile Phone No	
Alternative Phone No	Office-87988016

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999993858/100777556-00000
Cover Note Number	

Driver

Name of Driver	YANG LILI
NRIC No	G7857243X
Date Of Birth	24/08/1983
Occupation	INDOOR
Date Of Driving Pass	05/01/2013
Driving Experience	7 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98254933
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	22 CHANGI SOUTH AVE 2
Postcode	486064
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

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

REFER TO ATTACH.

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	FBK3722Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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: 16/5

Driver's Signature

(If driver is not the policyholder)

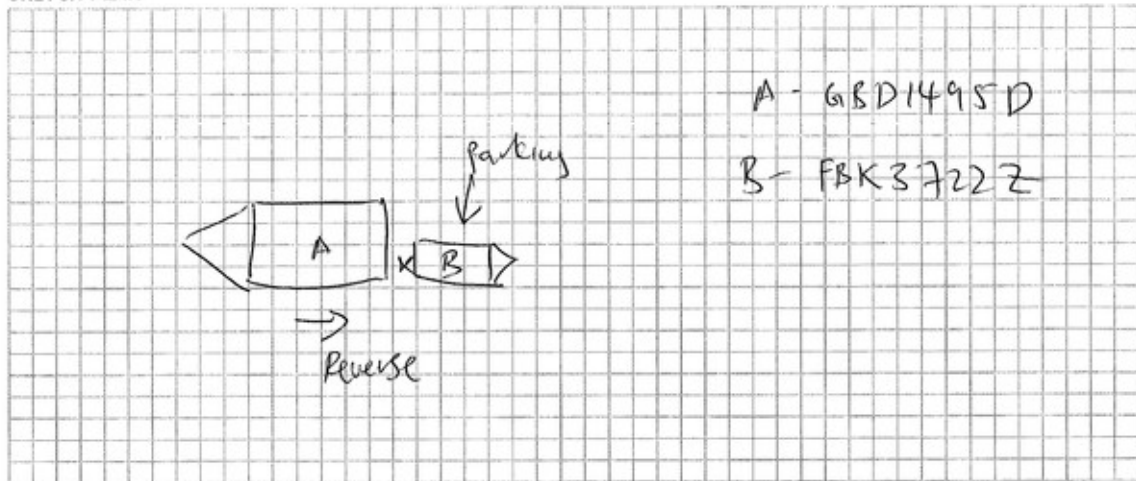
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



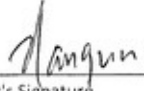
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please find attached.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 16/3


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

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

On 13 March 2019, around 13:45 hrs, Yang Lili drove her van (GBD 1495 D) arrived at customer location (1 Jln Membina) for making delivery of a parcel. She parallel parked the vehicle at the first visitor parking lot, then she went for delivery. After the delivery was made, she returned to vehicle and attempted to leave customer place. She noticed there was road shoulder in front of the parking lot, therefore she decided to back the vehicle for a short distance before she could drive off from the lot. She did check her rear view mirror before she proceeded to back, but no sign of danger was noticed. Her vehicle then collided with a parked motorbike (FBK 3722 Z), right behind her vehicle. The bike was illegally parked at motor car lot, and it was at the blind spot of the mirror. This collision caused her van dented on the rear cargo door, dent and scratches on the left side of the bike due to falling. She waited for the bike owner to return to the scene at around 14:00 hrs. There was no injury and no witness at the scene. She then informed the accident to supervisor on the same night after got back to center 20:00 hrs

Reason of late reporting is due to we have not receive CI from our insurance agent AON

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
UNITED PARCEL SERVICE SINGAPORE PTE LTD

Name
YANG LILI

Work Permit No.
0 57255943

Sector
SERVICE

K0803805

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
G7857243X

Name
YANG LILI

Birth Date: **24 Aug 1983**
Issue Date: **30 Dec 2017**
Valid Till: **04/01/2023**

002758934A

**Usage for Insurance Motor Accident Reporting
and Claims Purposes Only**

Vehicle no: G1BD 1495D

Date of Accident: 13/03/2020

VISIT PASS
Immigration Regulations

Name
YANG LILI

FIN
G8254933

Date of Birth
24-08-1983

Sex
F

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	05 Jan 2013
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	05 Jan 2013

NETS-C4
98254933
G1BD 1495D

Licence No: **G7857243X**

NP 428A



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.300

THIRD PARTY COMMERCIAL MOTOR	OWN DAMAGE EXCESS	SS\$0.00
CERTIFICATE NO. 999993858/100777556-00000	WINDSCREEN EXCESS	N/A
	(for policies with effect from 1st November 2002)	
	SUM INSURED	SS\$0.00
	INSURING WITH COE/PARF	NO
1) VEHICLE REGISTRATION NO.	GBD1495D	
2) NAME OF INSURED	UNITED PARCEL SERVICE SINGAPORE PTE LTD	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	2 Jan 2020	
4) DATE OF EXPIRY OF INSURANCE	1 Jan 2021	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *		
Any person who is driving on the Insured's order or with their permission.		
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.		
6) LIMITATION AS TO USE *		
1) Use in connection with the Insured's business.		
2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.		
3) Use for social, domestic or pleasure purposes.		
The Policy does not cover		
a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.		
b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.		
LOSS OF USE NOT INCLUDED		
* NAMED DRIVER N/A		
HIRE PURCHASE COMPANY NA		
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 12 Mar 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

030080-580
AON SINGAPORE PTE LTD
2 SHENTON WAY
#26-01 SGX CENTRE 1
SINGAPORE 068804



Authorised Representative

ORIGINAL

SSP/JFO

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

