

## 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	17/10/2020 12:41
Date Of Accident	16/10/2020 16:05
Exact Location Of Accident	100 JALAN SULTAN LOADING & UNLOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9635D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UNITED PARCEL SERVICE SINGAPORE PTE LTD
Co Reg No	1XXXXX949D
Email Address	MEZUWAN@UPS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-87988016

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5 DR MANUAL
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	THIRD PARTY
Fleet Policy	YES
Policy Number	999993858
Cover Note Number	02/01/2020 TO 01/01/2021

### Driver

Name of Driver	SHAMSUDIN MOHD CHIN
NRIC No	GXXXX355U
Date Of Birth	01/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	19/03/2013
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87988016
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	22 CHANGI SOUTH AVENUE 2, #06-00, UPS HOUSE, SINGAPORE 486064
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	COLLIDED INTO PROPERTY
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?	YES
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 with 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	SGH5520H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	SHAMSUDIN MOHD CHIN
------	---------------------

Approximate Age	
Injuries Sustain	TRUECARE CLINIC - 1DAYS MC
Injured person in which vehicle?	GBF9635D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan Pg. 1

### 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:

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



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

## Accident Sketch Plan Pg. 1

### SKETCH PLAN

Please find attached

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please find attached.

### DECLARATION

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

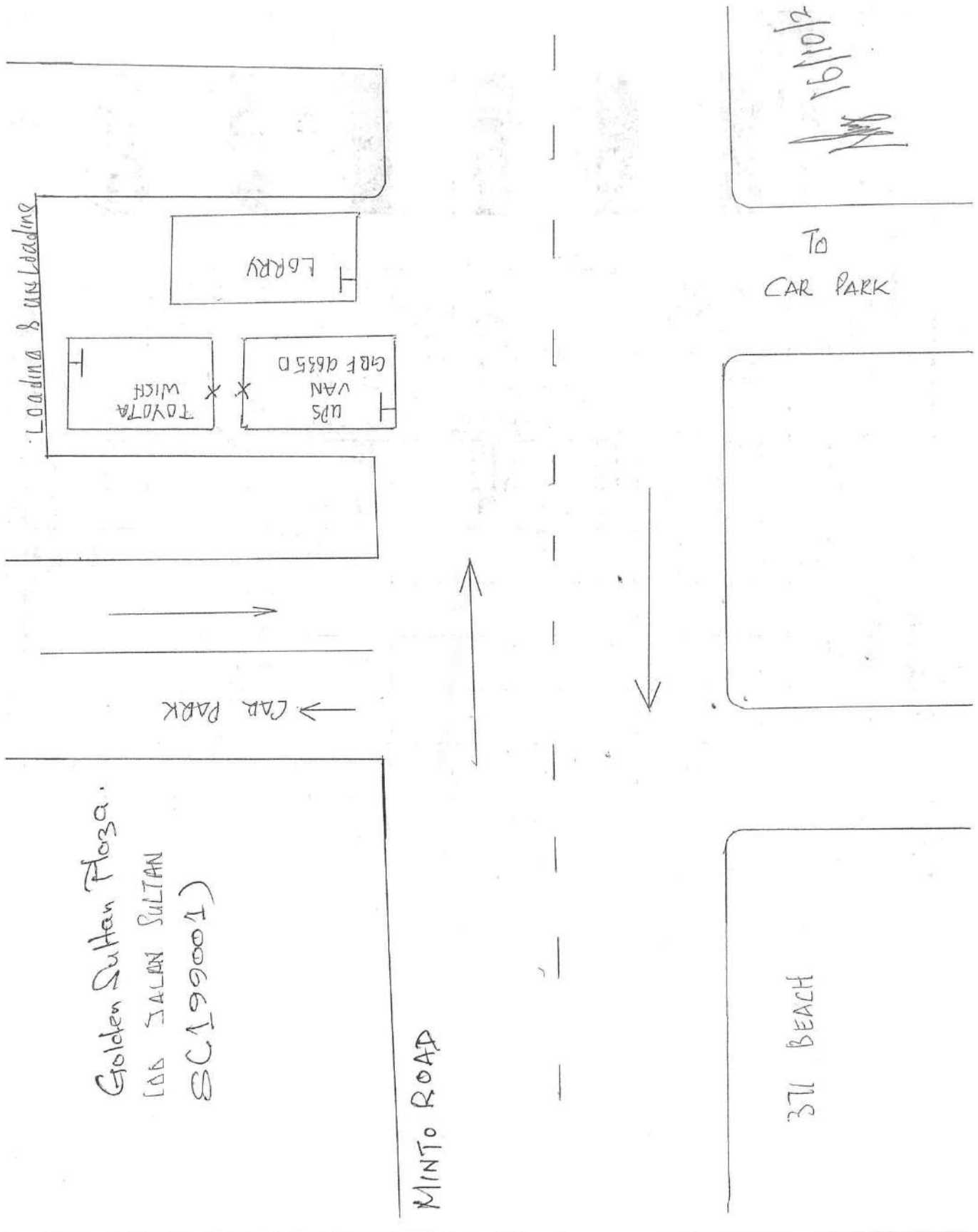


Policyholder's Signature  
Date & Time:

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



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

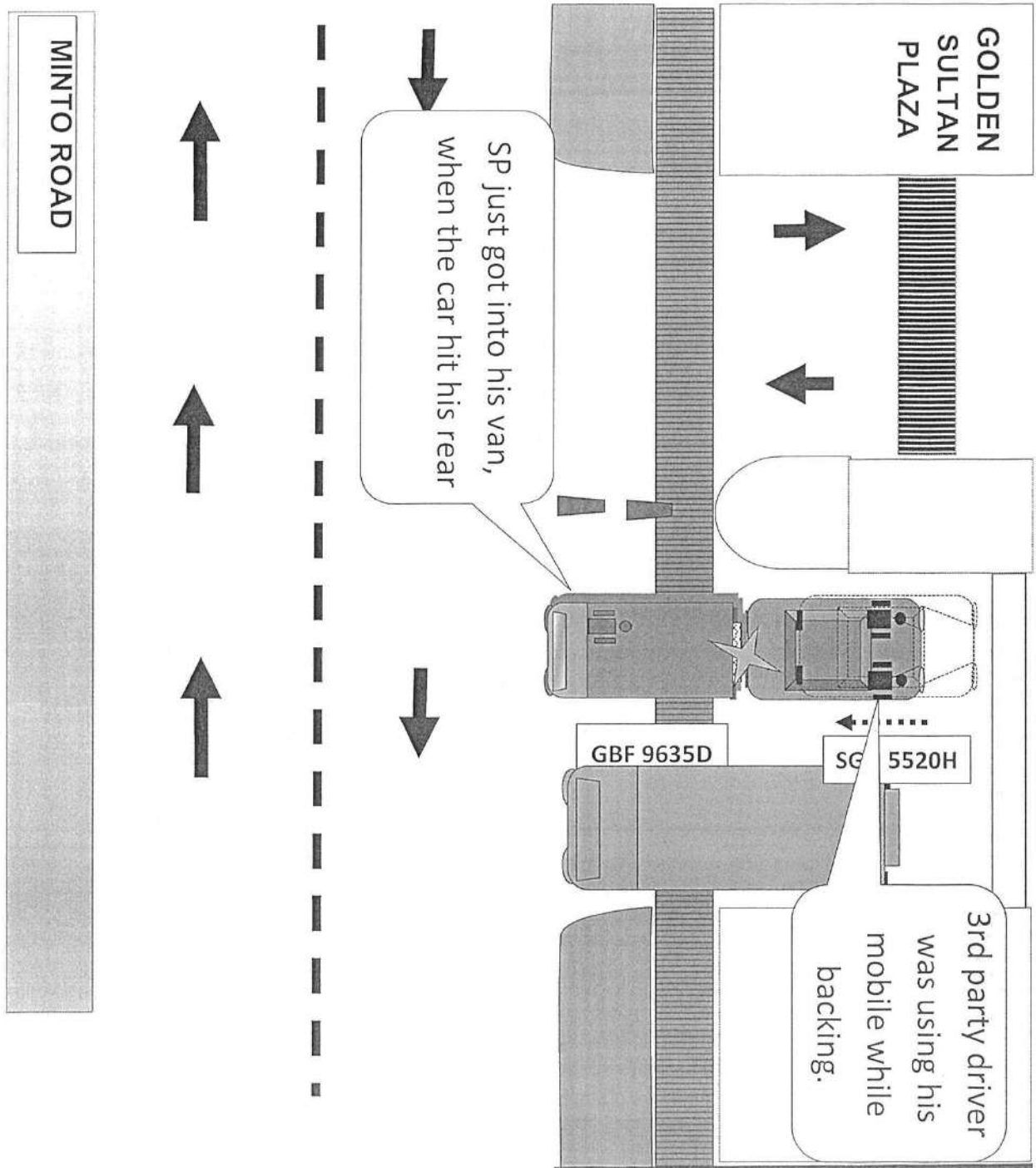


ON 16<sup>th</sup> Oct 2020 at about 1605hrs, I back my vehicle at 100 Jalan Sultan loading/unloading bag to the rear of the Saloon Car SGH 5520H. ALL of the parking lots was full and the security guard instructed me to parked it there beside the lorry. After I parked my vehicle, I put to neutral, pulled handbrake and switch off my vehicle, I get down from my vehicle and proceed to the rear of my vehicle to allocate the parcel that supposed to deliver on the area. the owner of the vehicle SGH 5520H came back and informed me that he is going out. So I went up to my vehicle to shift. Before I even start my vehicle, I heard a loud bang behind my vehicle. I get down to check and I saw SGH 5520H reverse and hit on my vehicle. I go over to the driver and the driver told me he was distracted by his phone to make a call while reversing. there after 3rd party driver refuse to exchange Particular, they wanted to do private settlement, but was rejected by me, and contacted Supervisor chris at 1610hrs. Supervisor Ian and Ezuwan went down

at about 1720hrs to investigate and take over the vehicle. there was no injury involved and no electronic device used by me

 16/10/20





## Driving License Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G2167355U**  
Name: **SHAMSUDIN MOHD CHIN**

Birth Date: **01 Jun 1977**  
Issue Date: **15 Mar 2018**  
Valid Till: **18/03/2023**

002783117G

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

Employer:  
**UNITED PARCEL SERVICE SINGAPORE PTE LTD**

Name:  
**SHAMSUDIN MOHD CHIN**

Work Permit No.: **4 04336371** Sector: **SERVICE**

K1032455

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	19 Mar 2013
Class 4A	Omnibuses	02 May 2013

NP 428A

Licence No: G2167355U

**VISIT PASS**  
Immigration Regulations

Name:  
**SHAMSUDIN MOHD CHIN**

FIN:  
**G2167355U**

Date of Birth: **01-06-1977** Sex: **M**

Nationality:  
**MALAYSIAN**

Download SGWorkPass App to check status

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



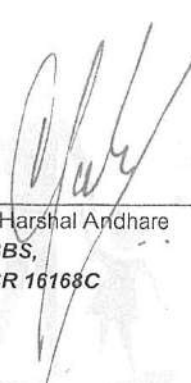
☐ Rangoon Road  
☐ Eastpoint Mall

Patient: SHAMSUDIN MOHD CHIN  
IC: G2167355U  
ID: 08999


Date : 16 October 2020  
MC: #11023

### Medical Certificate

This is to certify that the patient is Unfit for Duty from 17 October 2020 to 17 October 2020 for 1 days.

  
Dr Harshal Andhare  
MBBS,  
MCR 16168C

Note: This medical certificate is not valid for absence from court.

Dr. Harshal Andhare  
MCR 16168C MBBS  
 TrueCare Clinic

 TrueCare Clinic  
#01-09/10/11, Eastpoint Mall  
3 Simei Street 6, Singapore 528833  
Phone: +65 8300 0101

📍 #01-06 Rangoon88, 88 Rangoon Road, Singapore 218374 Phone: +65 6299 8880  
📍 #01-09/10/11 Eastpoint Mall, 3 Simei Street 6, Singapore 528833 Phone: +65 8300 0101

[www.truecareclinic.sg](http://www.truecareclinic.sg)



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, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.300

THIRD PARTY COMMERCIAL MOTOR  
 CERTIFICATE NO. 999993858/100857420-00000

OWN DAMAGE EXCESS      S\$0.00  
 WINDSCREEN EXCESS      N/A  
(for policies with effect from 1st November 2002)  
 SUM INSURED      S\$0.00  
 INSURING WITH COE/PARF      NO

- |   |   |
|---|---|
| 1) VEHICLE REGISTRATION NO.   | GBF9635D                                |
| 2) NAME OF INSURED  | UNITED PARCEL SERVICE SINGAPORE PTE LTD |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT<br>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

SSPJFO

Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





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