

# 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 Submission .....	03/04/2021 08:25 (SGT)
Date of Accident .....	01/04/2021 11:05 (SGT)
Exact Location of Accident .....	Ubi Rd 1, Singapore
Additional Location Information .....	UBI ROAD JUNCTION EXIT TO KPE (ECP)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBD2630Z
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	BEIFANG HERBS SUPPLIER PTE LTD
Company Reg No .....	199705146C
Email Address .....	finance@beifangherbs.com
Mobile Phone No .....	(Phone) +65-87789129
Alternative Phone No .....	(Office) +65-68461925

### 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 .....	Manual
CC .....	1461

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SI20V09281/VCV/R03
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LI TUJIN
Passport No/FIN .....	G3853284M

Date Of Birth .....	21/10/1987
Occupation .....	Outdoor
Date Of Driving Pass .....	06/10/2020
Driving experience .....	6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87789129
Alt. Phone Number .....	-
Email Address .....	finance@beifangherbs.com
Address .....	18 JOO SENG ROAD
Address complement .....	#13-151
Postcode .....	360018
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material 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

#### 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

MY VEHICLE WAS STATIONARY AT UBI ROAD JUNCTION EXITING TO KPE (ECP). TRAFFIC WAS CONGESTED ON KPE (ECP). WHILE WAITING FOR THE FRONT TRAFFIC TO CLEAR, SUDDENLY I FELT A HARD IMPACT, VEHICLE B DIDN'T STOPPED AND COLLIDED INTO THE REAR OF MY VEHICLE.  
NO ONE IS INJURED AND WE EXCHANGED OUR PARTICULARS. I'M FILING THIS REPORT FOR THIRD PARTY CLAIM.

#### 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 .....	SLG4158Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LOW KUM WENG
NRIC No .....	S7236472D

Contact Number .....	(Phone) +65-91892138
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	FRONT
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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:

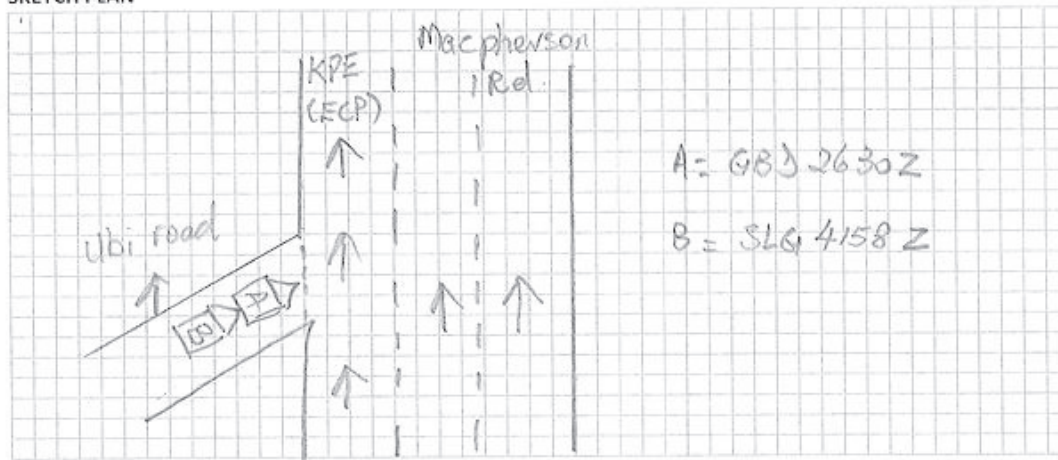
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

北方药业有限公司  
BEIFANG HERBS SUPPLIER PTE LTD  
1 Upper Aljunied Link  
#07-01/02 Joo Seng Warehouse  
Policyholder's Signature  
Tel: 6846 1027 Date & Time: Fax: 6846 1027

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

My vehicle was stationary at Ubi road junction existing to KPE (ECP). Traffic was congested on KPE (ECP). While waiting for the front traffic to clear suddenly I felt a big impact, vehicle B didn't stopped and collided into the rear of my vehicle. No one is injured, and we exchange our particulars. I'm filing this report for third party claim.

DECLARATION

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

北方药业有限公司  
BEIFANG HERBS SUPPLIER PTE LTD  
1 Policyholder's Signature  
#07-01100 900 Beng Warehouse  
Singapore 367901  
Tel: 6846 1025 Fax: 6846 1927

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

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



































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SS 2121430001 Vehicle Registration No: GBD2630Z  
 Name(as shown in NRIC) : Li Tujin NRIC/FIN/Passport No : GXXXX 284m  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 19 Joo Seng Road #13-151 Singapore(360018)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 87789129  
 Email Address : france@heifangherbs.com  
 Date of Accident : 1-4-21 Time of Accident : 1105 hrs  
 Place of Accident : UB1 ROAD JUNCTION EXIT TO KPE (CECP)  
 Insurance Company: Liberty

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I want to amend the correct vehicle number  
of policy holder.

Policyholder / Driver's Signature  
 Date:

IDAC - SIN MING  
 STA Inspection Pte Ltd  
 302 Sin Ming Road  
 Singapore 571621  
 Tel: 6454 6279  
 Reporting Centre/Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: