

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 17/06/2021 11:57 (SGT)
Date of Accident 16/06/2021 10:20 (SGT)
Exact Location of Accident Sims Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD3960P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner YONG GARMENTS MANUFACTURING CO PTE LTD
Company Reg No 1XXXXX606R
Email Address liuaikou00@gmail.com
Mobile Phone No (Phone) +65-82918821
Alternative Phone No (Office) +65-62835053

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 2982

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM110145381505
Cover Note Number -

DRIVER

Name of Driver LIU AIKOU
Passport No/FIN GXXXX994Q

Date Of Birth	06/08/1983
Occupation	Outdoor
Date Of Driving Pass	23/10/2019
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82918821
Alt. Phone Number	-
Email Address	liuaikou00@gmail.com
Address	97 GEYLANG BAHRU
Address complement	-
Postcode	-
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

WHILE I TRAVELLING ALONG SIMS AVENUE. I SAW TRAFFIC LIGHT FROM YELLOW CHANGE TO RED. I SLOW DOWN MY VEHICLE PREPARE TO STOP AND SUDDENLY VEHICLE B BEHIND ME COULD NOT STOP IN TIME AND HIT ONTO MY REAR.

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	GBE3468P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	DONG ZHI SHUAI
Passport No/FIN	GXXXX762K
Contact Number	(Phone) +65-91878604

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

Veh A: 4BD3960P
Veh B: 4BE3468P

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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.

** 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.



Policyholder's Signature
Date & Time:

[Handwritten Signature]

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

17/6/2021
10:25 AM

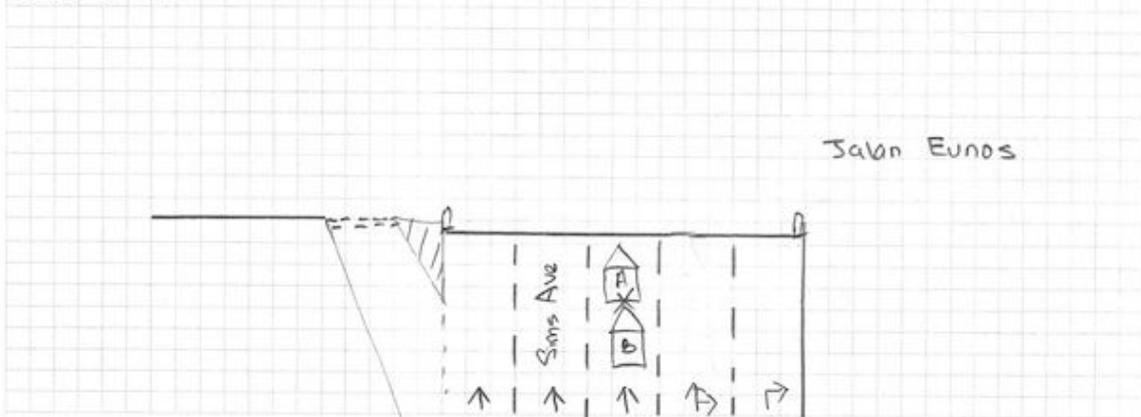
[Handwritten Signature] 17/06/2021

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

SKETCH PLAN

Veh A: GBD3960P

Veh B: GBE3468P

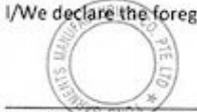


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I travelling along Sims Avenue , I saw traffic light from
 yellow change to red . I slow down my vehicle prepare to stop and suddenly
 Vehicle B behind me could not stop in time and hit onto my rear .

DECLARATION

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



Policyholder's Signature
 Date & Time:

[Handwritten Signature]

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

17/6/2021
 10:25 AM

[Handwritten Signature] 17/06/2021

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













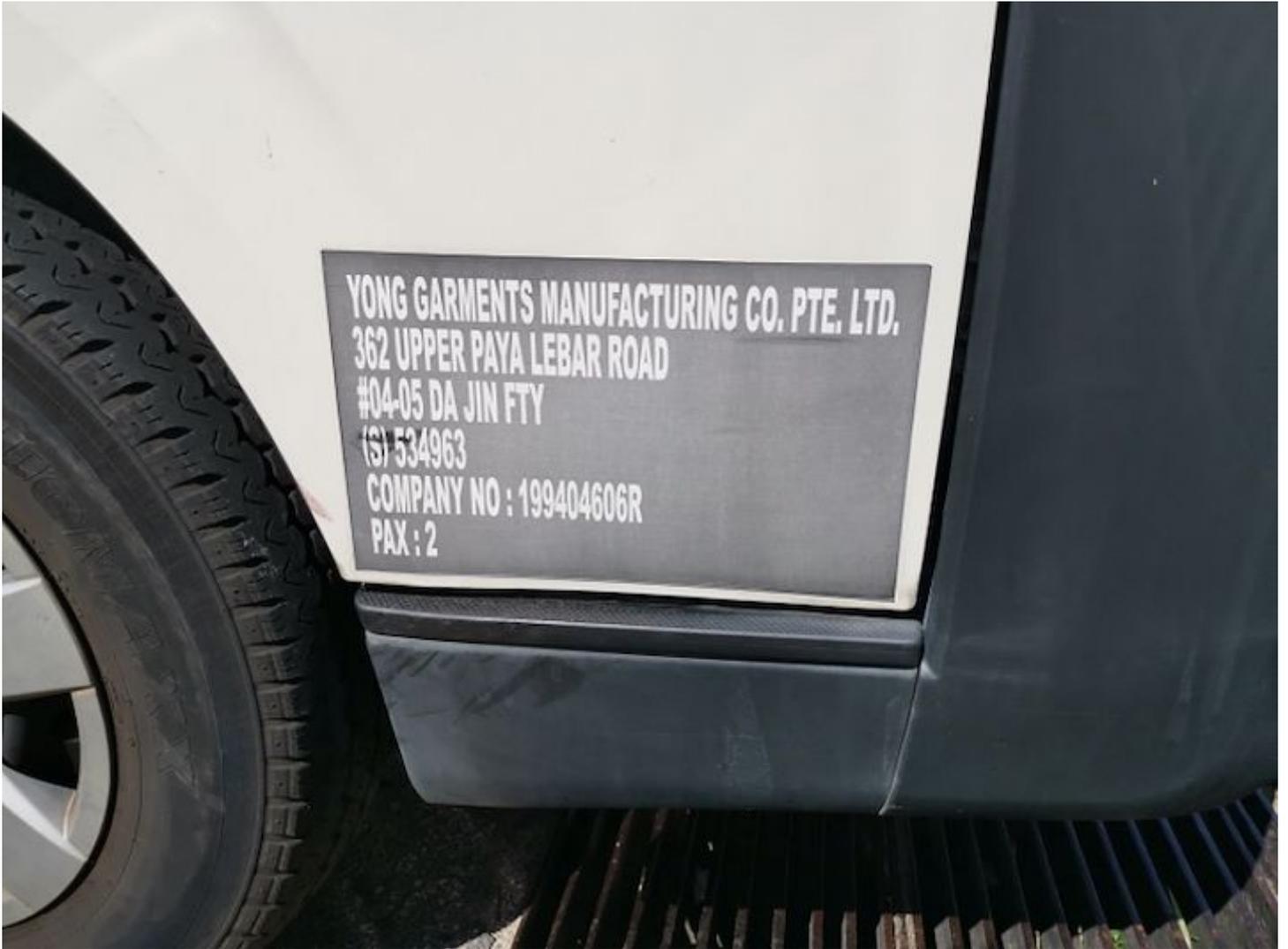












YONG GARMENTS MANUFACTURING CO. PTE. LTD.
362 UPPER PAYA LEBAR ROAD
#04-05 DA JIN FTY
(S) 534963
COMPANY NO : 199404606R
PAX : 2









