

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	24/08/2021 14:30 (SGT)
Date of Accident	23/08/2021 20:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS JUNCTION TUAS ROUNDABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF704Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	APM GLOBAL PTE LTD
Company Reg No	201412775N
Email Address	leon@apmglobal.com.sg
Mobile Phone No	(Phone) +65-97826781
Alternative Phone No	+65-97826781

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117337448-01
Cover Note Number	10/06/2021 TO 09/06/2022

DRIVER

Name of Driver	LIU PEIYONG
Work Permit No	G5092495K

Date Of Birth	19/02/1988
Occupation	Outdoor
Date Of Driving Pass	27/03/2014
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +93-97826781
Alt. Phone Number	-
Email Address	leon@apmglobal.com.sg
Address	BLK 212 JURONG EAST ST 21 #07-293 (S) 600212
Address complement	-
Postcode	-
Is the driver the policy holder?	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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HE ZHIXIANG
Gender	Male

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

REFER WITH ATTACHED.

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	SH8055Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 2

CONFIDENTIAL INFORMATION
 This information is confidential and should not be disclosed to the public.

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LIU PEIYONG
 Gender Male
 Phone No (Phone) +65-97826781
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBF704Y
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person HE ZHIXIANG
 Gender -
 Phone No (Phone) +65-84575169
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBF704Y
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

information gathered in the same accident
concerning the accident for my personal
use only (not to be used for any other
purpose) and to assist in the investigation
of the accident and to assist in the
prosecution of any criminal proceedings
arising out of the accident.

SKETCH PLAN

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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.



[Signature]

Policyholder's Signature / Date & Time

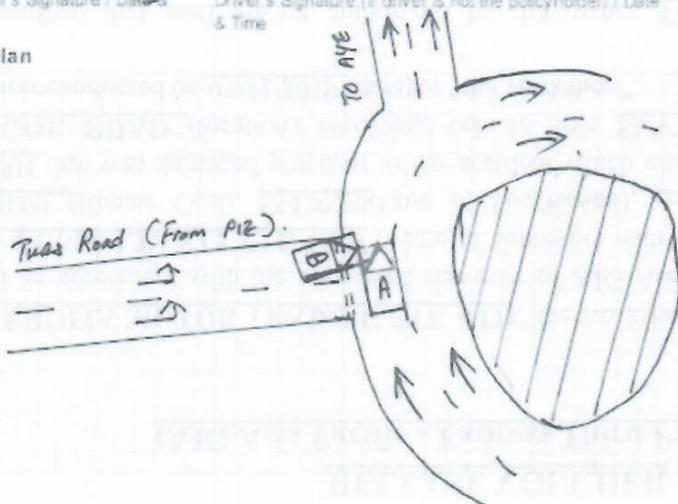
[Signature]

24/8/21

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) GBF 704 Y.
(B) SH 8055 Y

Describe Circumstances of the Accident

On 23/08/2021 at @ 2:00 hrs, I was travelling in my vehicle (GBF 704Y) in the round about of Tuas road on the left lane before the entrance to AYE. Suddenly, a taxi (SH 8055Y) from Tuas Road dashed out to the round about without stopping and collided onto the left front side of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect



[Signature] *Lupliyog*

11.30 am

24/8/21

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

