ASS. REC. BY: Tay JUM - MEF: C33/CDC 21	101346/71893
ASSIC	GNMENT
Date	Veh No: 98K 5850 Z. Yr Regn: 2020, Syp.
From: Date:	Type: M.Car / M. Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
Estimated Cost:  OD / TD / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
	Máke: Toyota Dyna 150 c.c 2482
To Inspect Vehicle No:	Colour Solver A/C: Insured / Std / NI / NA
at Workshop m/s	Sp.Reading Sp.Reading T/Radio; Insured / Std / NI / NA
of	Eng/No:
Insured:	C/NO: STFH 7354 X 0 K=215330
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt
Claims No.  Sum insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: MIN STRIM / STD A/RIM or
	Tyre Size: F:
(Policy Condition)	R: (5+ /C/2
Remark: The veh had commenced Its N/S O/S	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	Toyo / Yoko or
Bal. or Market Value:	Front B/Ral Vb mm
IDAC Accident Rport: Consistent? : Yes or No .	R/Bal.   I/Ral f.// mm
GIA / PR Seen: Consistent? : Yes or No	UBal. C mm D.O.I. 1-1/1/2103 pm -
Est, Repairs: days Res.: Yes or No	Survey help at 5 L Muto
Lum Sum: % 3 Val.: Yes or No	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Whitele: IN/O	01/ 11000:
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	·
Date/Time, File Pass to? : Prell. Report	Days Of Repair:  Survey Fee:
; Final Report	Resurvey No. of Trip: Survey Fee: Transportation:
Date/Time, File Return to?	d Fee: site Insp (\$)_s+Rs_si
2)	Interview (\$ ) Photos
Con-A-Faussel 1	Tech. Invs (\$ ) others
Represent to the Lump Sum / LE.E. (T	Meetend (\$
Courtes where the many	YOTAL

SP0U21B60001 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 06/11/2021 09:50 (SGT) SUBMITTED BY: Lim Xu Wen Wayne VERSION: 1 (06/11/2021 09:50 (SGT))





# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

 Please report <u>correctly</u> the details of the accident to spece up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 policy 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.

centre and to copies of the report being made available aforesaid. 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the

## ACCIDENT STATEMENT

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

06/11/2021 09:50 (SGT) 05/11/2021 12:58 (SGT) 8B Admirally St, Singapore 759969 MULTISTOREY CARPARK RAMP Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBK5850Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

UBZ SYSTEM PTE LTD 201216889D LIMEI@UBZ.COM.SG (Phone) +65-81630922 +65-81630922

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Employment

Toyota

Dyna

No - Claiming third party Commercial vehicle

Auto 2982

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

AIG Asia Pacific Insurance Pte. Ltd. Comprehensive

No

2070137395-01

LIM REN YEE (LIN RENYI) S73318\$8J



Page 1 of 10

Date Of Birth	10/09/1973	
Occupation	Outdoor	
Date Of Driving Pass	30/09/1993	
Driving experience	28 YEARS AND 2 MONTHS	
Gender	Male	
Mobile Number	(Phone) +65-96307434	
Alt. Phone Number	-	
Email Address	LIMEI@UBZ.COM.SG	
Address	BLK 296 YISHUN STREET 20 #09-19	
Address complement	-	
Postcode	760296	
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		
Verifice registration realities of other verifical owners by	-	
Insurance Company of Other Vehicle Owned by Driver	-	
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GENERAL INFORMATION OF THE ACCIDENT		
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Type of Accident	Side Swipe	
Weather Conditions	Clear	
Road Surface	Dry	
Road Sulface	Bry	
ATUES AUSOSIAITION		
OTHER INFORMATION		
14	No.	
Was any foreign vehicle involved in the accident?	No	
Number of vehicles involved in the accident Was anybody injured in the Accident?	2	
	No	
Was any injured conveyed to hospital by ambulance?	- V	
Was any other vehicle or property damaged?	Yes	
Number of Passengers (Including Driver)	1	
Has the driver been approached by unknown person(s)	No	
soliciting/offering accident claims assistance?	110	
DETAILS OF POLICE ACTION		
	No.	
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?	-	
CIRCUMSTANCES OF ACCIDENT		
I WAS GOING UP THE MULTISTOREY CAPPARK RAMP. VEH	IB WAS GOING DOWN THE RAMP AND CUT INTO MY LAN	E. VEH
B HIT THE SIDE OF MY LORRY.		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
Was there any audio recorded?	No	
The main any arms in the second of the secon		
DETAILS OF OTHE	R VEHICLE PROPERTY 1	
Vehicle Registration Number	YP6405X	
Vehicle Manufacturer		
Vehicle Model	.	
Vehicle Variant		
Vehicle Colour	-	
Vehicle Category	Commercial vehicle	
VOLUME COLOROTY	Section of the second of the s	

Commercial vehicle

Vehicle Category

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)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims proces
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful pisrepresentation 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by mo;
- (iv) administering my claims (including the making 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' law yers/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 law yers/law (irms), which may be sited outside of ≸ingapore, for dife or more of the above Purposes.

Reg. No 2012168890

Sketch Plan

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

& Time

9.4pm

Witnessed by Reporting Centre

Parsonnel

A- GBK 5850 Z

8- YP 6405X

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We dec	dare the for	egoing particula	ars are true i	n every	respect.							
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must be	ADEC TO MAIN	against your ov n the stipulated	timeframe f	from the	e day/of or	ccurrence. Kin	gay chec	x with you	I MSUIGI TOI IT		1	
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72	-	ature / Date &		Signati	ire If drive	er is not the po	dyhok	er) / Date	Witnesse Personne		porting	Centre
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