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 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 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 Date of Accident **Exact Location of Accident** Additional Location Information Jountry/State of Loss

27/11/2021 09:53 (SGT) 26/11/2021 11:45 (SGT) Singapore JUNCTION OF EUNOS AVE 4 AND EUNOS ROAD Singapore

ONPAC

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YP750M

INSURED/POLICYHOLDER

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

Yes UNS (PTE) LTD 201012785M unssg@singnet.com.sg (Phone) +65-68415082 (Office) +65-68426455

VEHICLE PARTICULARS

'anufacturer

Model

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? Vehicle Category

Transmission CC

Mitsubishi

CANTER FEB21ER4SDEB

No - Reporting only Commercial vehicle Manual

2998

INSURANCE COMPANY

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

Lonpac Insurance Bhd Comprehensive Z21VC05008021 24/07/2021 TO 23/07/2022

DRIVER

Name of Driver NRIC No

TAN HOCK CHUAN S0213091B



Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

/as notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

30/01/1952

22/06/1972

49 YEARS AND 5 MONTHS

APT BLK 252 BANGKIT ROAD #11-406 (S) 670252

(Phone) +65-97168823

unssg@singnet.com.sg

Collided into Property

SHU SHENG QIANG

Outdoor

No

No

Clear

Dry

No

No

Yes

2

No

Male

No

No

2

Employee

No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SLK1523B

-

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-

Private car

Accident report SK0L21BR0002

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 Name of Driver
 LIN LIFENG

 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

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- 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 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 the has personal Information may be sited outside of Singapore, for one or more of the above Purposes.

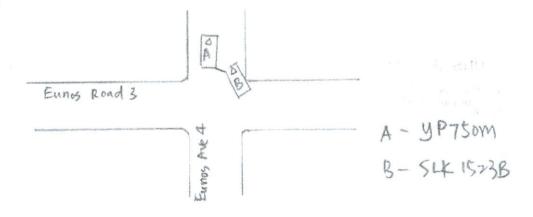
Reg. No: 201012785-M
Blk 1045 Euros Averue 4 #01-126
Singapore 409795
Tel: 6842 6455 Fax: 6842 6968
Email: unssg@singnet.com.sg

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Policyholder's Signature / Date &

Oriver's Signature (If driver is not the policyholder) / Date & Time 26/11/2021 @ 1710HR Witnessed by Reporting Centre Personnel

Sketch Plan



Describe	Circumstances	of the	Accident

ON THE MENTIONED DATE & TIME, I WAS DRIVING VEHICLE YP750M ALONG EUNOS AVE 4. UPON REACHING THE JUNCTION OF EUNOS ROAD 3, SUDDENLY I HEARD A THUD SOUND AND REALISED THAT THE TAIL GATE RH OF MY VEHICLE ACCIDENTALLY OPENED & HIT A PARKED VEHICLE SLK1523B.

UNS (Ple) Ltd

THE NEW 201012785 M 145 Eurios Avenue 4 #0: Struppore 409795 5842 FASS Fay 9842 6966

Insurance Co.: LONPAC

Vehicle no.: YP750M

Date of accident: 26/11/2021

Claim type: REPORTING ONLY

Workshop: N/A

Declaration

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

UNS (Pte) Ltd Reg. No: 201012785-M
Blk 1045 Eunos Avenue 4 #01-126
Singapore 409795
Tel: 6842 6455 Fax: 6842 6968
Email: unssg@singnet.com.sg

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 26/11/2021 @ 1710HR

Witnessed by Reporting Centre





