

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 08/02/2022 18:00 (SGT)
Date of Accident 07/02/2022 19:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG 681 SIMS AVE EAST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC7735C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UNION ENERGY PTE LTD
Company Reg No 2XXXXX207Z
Email Address lohdewei@uniongas.com.sg
Mobile Phone No (Phone) +65-63626666
Alternative Phone No (Office) +65-63626666

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 MS First Capital Insurance Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number D-22098775MFCV/15
Cover Note Number -

DRIVER

Name of Driver LOH DE WEI
NRIC No SXXXX122F

Date Of Birth	12/11/1983
Occupation	Outdoor
Date Of Driving Pass	26/12/2007
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87192858
Alt. Phone Number	-
Email Address	lohdewei@uniongas.com.sg
Address	BLK 613 BEDOK RESERVOIR RD
Address complement	#05-1178
Postcode	470613
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	Side Swipe
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE AMENDED ATTACHED STATEMENT AND POLICE REPORT : G/20220223/7074.

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	SMZ6108T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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) -

WITNESS DETAILS

WITNESS 1

Name JOHN TAY
Phone (Phone) +65-92999922
Email -

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.



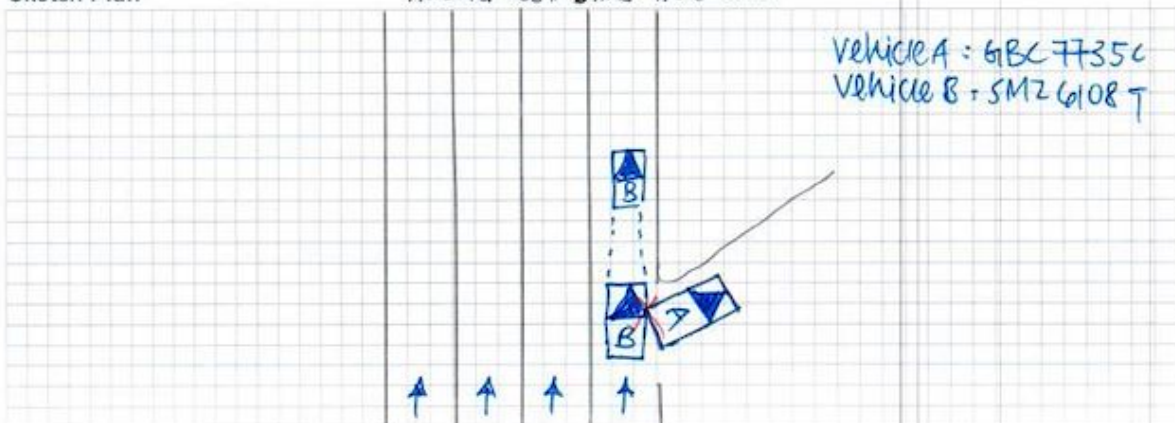
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ALONG 681 SIML AVE EAST



Describe Circumstances of the Accident

On the stated date and time, I vehicle A was parked stationary on the stated venue. Suddenly, I heard a loud sound. I came out to check and realised that vehicle B had collided onto the left rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Shym 08/02/22























**SINGAPORE
POLICE FORCE**



G/20220223/7074

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POLICE REPORT (NP299)

Report No. G/20220223/7074

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 23/02/2022 16:13	Vide Report No.	Station Diary No.
Name Of Informant LOH DE WEI	Address 613 BEDOK RESERVOIR ROAD #05-1178 SINGAPORE 470613	
ID Type / ID No. NRIC NO / S8337122F	Contact No. Home/Office:	Mobile: 90889089
Nationality SINGAPORE CITIZEN	Email Address juventusloh@hotmail.com	
Occupation Sales and marketing manager	Sex Male	Age 38
Institution/School Name	Date of Birth 12/11/1983	Race Chinese
Date/Time Of Incident 07/02/2022 19:55 - 07/02/2022 20:05	Location Of Incident 613 BEDOK RESERVOIR ROAD #05-1178 SINGAPORE 470613	

Brief details.

ON THE STATED DATE AND TIME, I VEHICLE A (GBC 7735 V) WAS PARKED STATIONARY ON THE STATED VENUE. SUDDENLY, I HEARD A LOUD SOUND. I THEN CAME OUT TO CHECK AND REALISED THAT IT WAS VEHICLE B (SMZ 6108 T) WHO HAVE COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

I WOULD WISH TO STATE THAT NO ONE WAS IN THE VEHICLE DURING THE TIME OF ACCIDENT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/02/2022 16:13
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220223/7074

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220223/7074

AS I WAS PRESSING THE DOORBELL OF AN APARTMENT. THE OWNER OF THE APARTMENT
COULD BE MY WITNESS THAT I WASNT IN MY VEHICLE. DETAILS OF WITNESS AS FOLLOWS :

NAME : JOHN KAW

CONTACT NUMBER : 9299 9922

ADDRESS : 681 CHANGI RD S(419960)

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/02/2022 16:13
Officer In-Charge Of Case:	Classification Of Case:



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN092228000A Vehicle Registration No: GBC7735C
 Name (as shown in NRIC): Loh De Wei NRIC/FIN/Passport No: SP337122F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 613 Bedok Reservoir Road #05-1178 Singapore 1470613
 Contact (Tel): — Mobile No.: 8719 2858
 Email Address: LOHDEWEI@UNIONGAS.COM.SG
 Date of Accident: 07/02/2022 Time of Accident: 1940 hrs
 Place of Accident: Along 681 Sln Ave East
 Insurance Company: First Capital

(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:

① Amend statement :

ON THE STATED DATE AND TIME, I VEHICLE A (GBC 7735 V) WAS PARKED STATIONARY ON THE STATED VENUE. SUDDENLY, I HEARD A LOUD SOUND. I THEN CAME OUT TO CHECK AND REALISED THAT IT WAS VEHICLE B (SMZ 6108 T) WHO HAVE COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

I WOULD WISH TO STATE THAT NO ONE WAS IN THE VEHICLE DURING THE TIME OF ACCIDENT AS I WAS PRESSING THE DOORBELL OF AN APARTMENT. THE OWNER OF THE APARTMENT COULD BE MY WITNESS THAT I WASNT IN MY VEHICLE. DETAILS OF WITNESS AS FOLLOWS :

NAME : JOHN TAY

CONTACT NUMBER : 9299 9922

ADDRESS : 681 CHANGI RD S(419960)

② was the accident reported to the police?
yes.

* attach police Report to AIA *

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 28/2/2022