

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 30/03/2022 14:39 (SGT)
Date of Accident 28/03/2022 10:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information Jurong West Ave 1, Block 490, Singapore 640490
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD5338M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UBTS PTE LTD
Company Reg No 198103195N
Email Address ginatay@ubts.com
Mobile Phone No (Phone) +65-90055874
Alternative Phone No (Office) +65-62298373

VEHICLE PARTICULARS

Manufacturer Hino
Model Sh1eera
Variant 13L MANUAL ABS TURBO
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number P2067982
Cover Note Number -

DRIVER

Name of Driver LIU CHUNYANG
Work Permit No G8313776U

Date Of Birth	17/02/1984
Occupation	Outdoor
Date Of Driving Pass	20/01/2009
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83607389
Alt. Phone Number	-
Email Address	ginatay@ubts.com
Address	Na
Address complement	Na
Postcode	Na
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	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

I XD5338M was driving along Jurong east st 11 on the most right lane. While I was slowing down towards the traffic light, my vehicle hit onto the 3rd party YQ534R right rear side of the vehicle. Due to the impact the 3rd party vehicle hit onto GBH8393Y and GBK7699G while it was stationary. I managed to take some photos and exchange particulars with all the drivers . No injuries was involved at the scene.

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	YQ534R
Vehicle Manufacturer	Hino
Vehicle Model	FG8JR1A 16 TON MT
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	LOW KIM TECK
NRIC No	S2197895G

Contact Number	(Phone) +65-91623684
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBK7699G
Vehicle Manufacturer	Toyota
Vehicle Model	HIACE DX 2.8 AUTO
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	RUDY
Contact Number	(Phone) +65-92228109
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBH8393Y
Vehicle Manufacturer	Toyota
Vehicle Model	DYNA 150 5MT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN YEE HIAN
NRIC No	S7415890J
Contact Number	(Phone) +65-96885310
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**


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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.

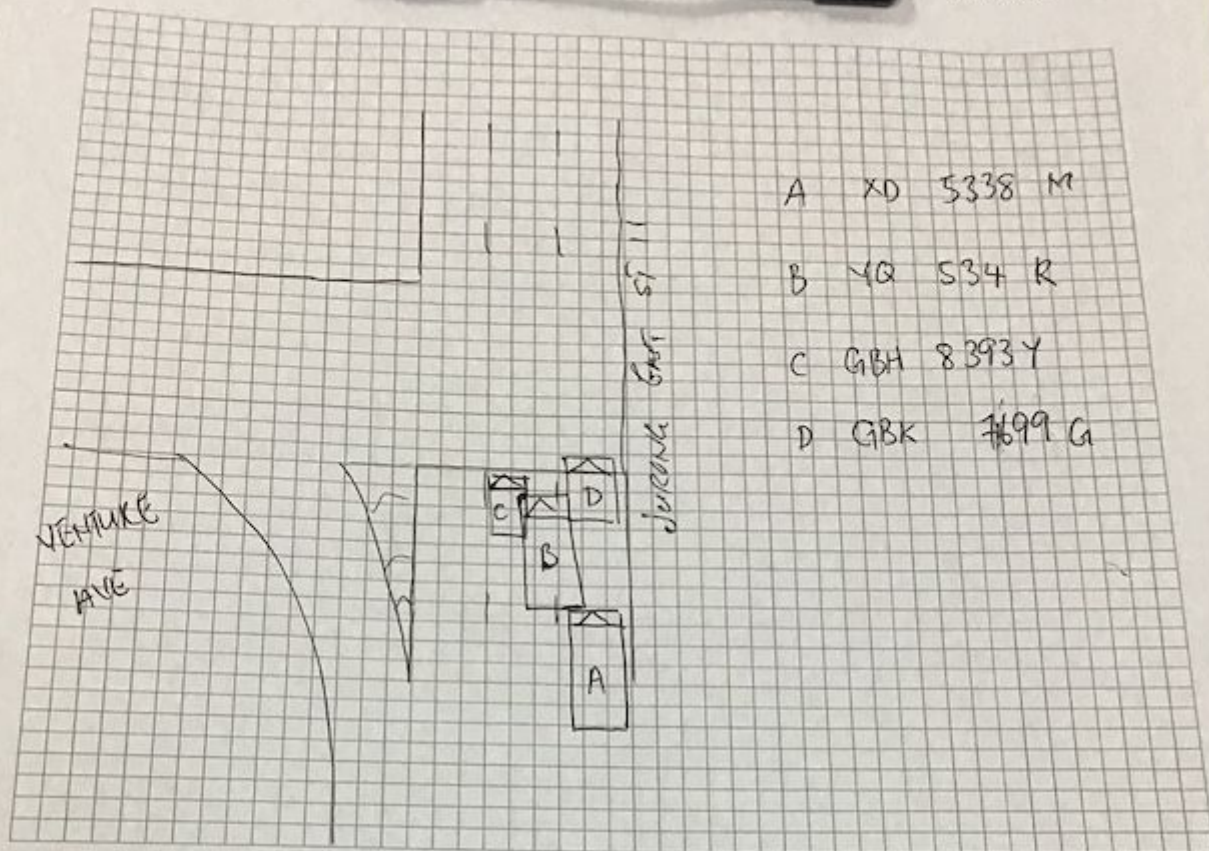
Policyholder's Signature
Date & Time:


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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. 30042021



Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Yang G83137760

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I XD5338M was driving along Jurong east st 11 on the most right lane. While I was slowing down towards the traffic light, my vehicle hit onto the 3rd party YQ534R right rear side of the vehicle. Due to the impact the 3rd party vehicle hit onto GBH8393Y and GBK7699G while it was stationary. I managed to take some photos and exchange particulars with all the drivers . No injuries was involved at the scene.

DECLARATION

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

Policyholder's Signature
Date & Time:

Yang

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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























