

## 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 EAST ST 11  
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 were involved at the scene.

I wish to state that my front lorry, YQ534R before my rear collision onto it was driving sidely in the middle of the lane overtaking my left side moving to the front junction. Therefore, his illegal way of driving in the middle lane had caused his front side collision with 2 other vehicles.

#### 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**


1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment 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)**

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.

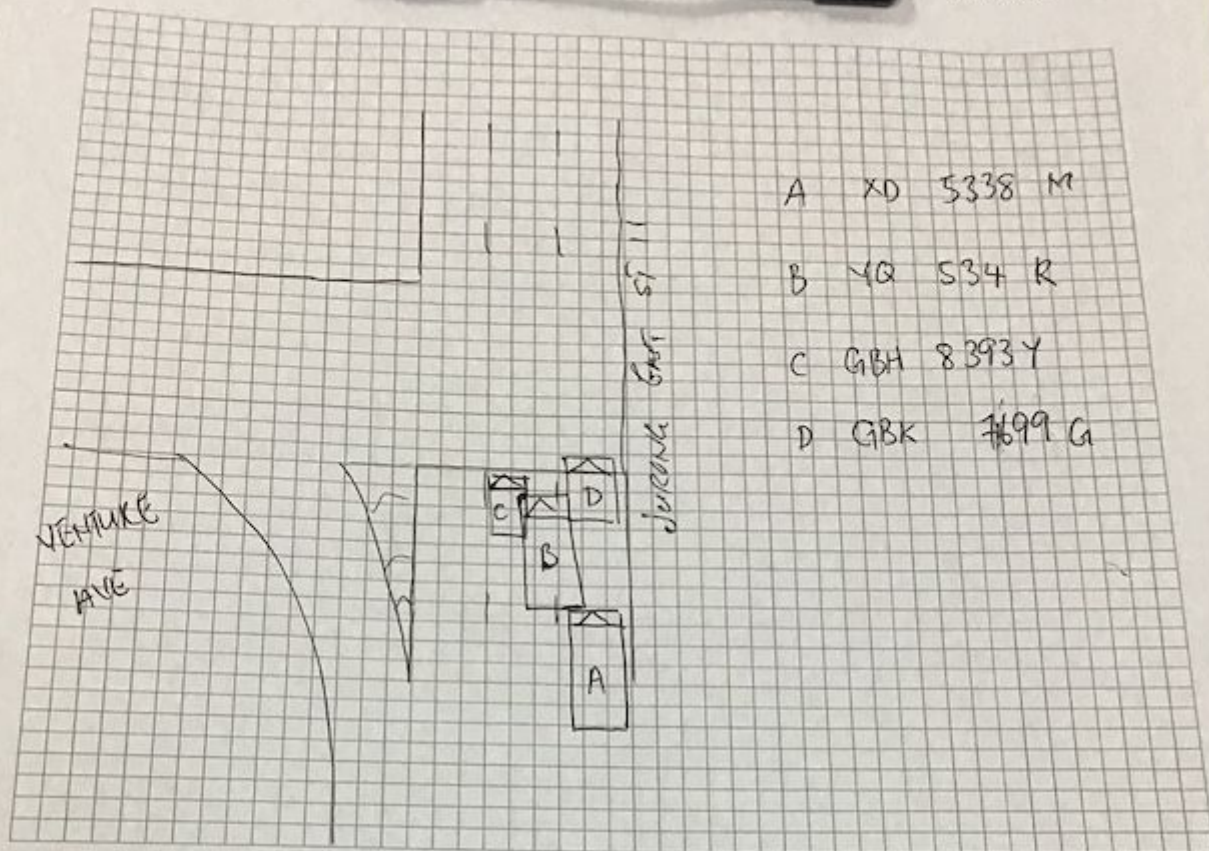
Policyholder's Signature  
Date & Time:

  
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



A XD 5338 M  
B YQ 534 R  
C GBH 8393 Y  
D GBK 7699 G

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



I wish to state that my front lorry, YQ534r before my rear collision onto it was driving sidely in the middle of the lane overtaking my left side moving to the front junction. Therefore, his illegal way of driving in the middle lane had caused his front side collision with 2 other vehicle.

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 3<sup>rd</sup> party vehicle YQ534R right rear side of the vehicle. Due to the impact the 3<sup>rd</sup> 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 were involved at the scene.

I wish to state that my front lorry, YQ534R before my rear collision onto it was driving sidely in the middle of the lane overtaking my left side moving to the front junction.

Therefore, his illegal way of driving in the middle lane had caused his front side collision with 2 other side vehicles.

#### DECLARATION

I/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:

*Yang*

#### VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MUHAMMAD SUMARDI BIN MOHD AFFANDI

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









































**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: SA0A223T000A-02 Vehicle Registration No: XD5338M  
 Name (as shown in NRIC): LIU CHUNYANG NRIC/FIN/Passport No: GXXXX776U  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 83607389  
 Email Address: \_\_\_\_\_  
 Date of Accident: 28/03/2022 Time of Accident: 10:15 (SGT)  
 Place of Accident: JURONG EAST ST 11  
 Insurance Company: AXA INSURANCE SINGAPORE PTE LTD

**(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:

AMEND: typo Error found on Circumstance

\_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

SUSAN  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: F S NEO  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 05/04/2022