

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 11/05/2022 16:56 (SGT)
Date of Accident 16/04/2022 13:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information TOWARDS 333 KRETA AYER STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL6708R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UNITED PARCEL SERVICE SINGAPORE PTE LTD
Company Reg No 198801949D
Email Address mroslan@ups.com
Mobile Phone No (Phone) +65-81339046
Alternative Phone No (Office) +65-81339046

VEHICLE PARTICULARS

Manufacturer Citroen
Model ELECTRIC DISPATCH
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? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 7990000126
Cover Note Number -

DRIVER

Name of Driver ABDUL RAHIM BIN HAMID
NRIC No S6804528B

Date Of Birth	27/01/1968
Occupation	Outdoor
Date Of Driving Pass	03/07/2001
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81339081
Alt. Phone Number	-
Email Address	nuurain4528@gmail.com
Address	217 TAMPINES STREET 23
Address complement	#02-07
Postcode	520217
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	Collided into Property
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)	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

PLEASE REFER TO ATTACHED REPORT

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	GBG6469G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	1

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' law yers/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' 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 firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

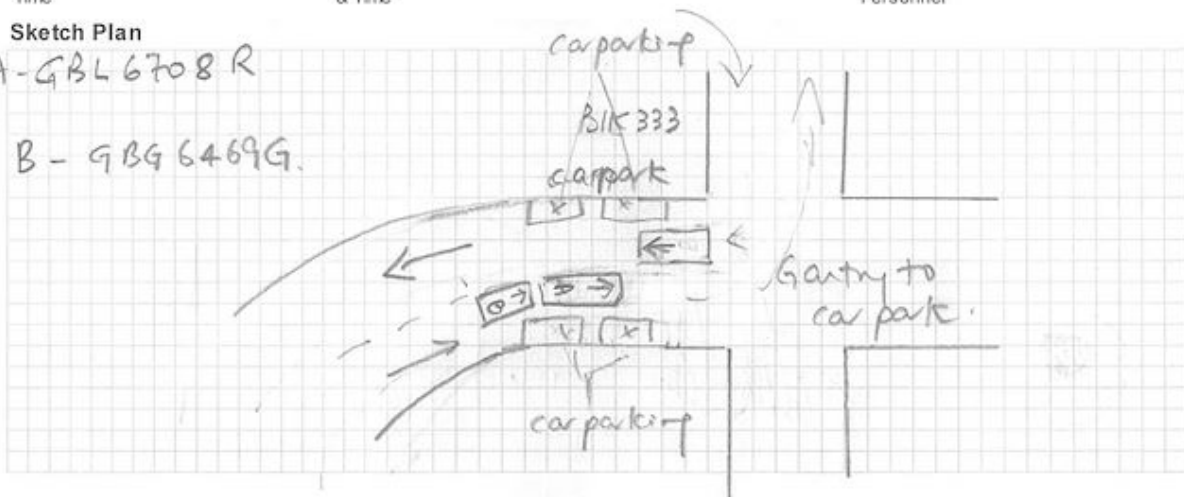
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A - GBL 6708 R

B - GBG 6469 G



As per attached.

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



11/5/22
15:30



Witnessed by Reporting Centre
Personnel

Abd Rahim Bin Hamid's Statement

On 16 April 2022 1320pm, I went to Blk 4 Sago Lane for my delivery. After my delivery, I drove my package van towards Blk 333 Kreta Ayer Street to exit the carpark. When I was at the carpark, there were cars illegally parking on both sides resulting in a single lane passable. Then suddenly one car entered the carpark and was facing me head-on. So I decided to reverse slowly. While reversing, suddenly my right foot slipped from the brake pedal. I quickly recovered to step on the brake but it was too late and I hit the van (GBG 6469G) behind. I stopped my package van, engaged the parking brake, turn on the hazard lights and got off the vehicle to check the condition of damage to both vehicles. There was no damage to UPS package van (GBL 6708R). The 3rd party vehicle front bumper was slightly dislodged.

I apologized to the 3rd party driver and I offered to a private settlement with him (which was agreed by him) so we can move both vehicles to clear up the traffic. We both exchanged mobile number and I left the scene.



17403.

Abd Rahim Bin Hamid

11 May 2022















CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY ONLY

Name of Individual Policyholder : UNITED PARCEL SERVICE SINGAPORE PTE LTD

Master Policy No./Policy No. : 7990000126 / 1220002962

Period of Insurance : 02 Jan 2022 To 01 Jan 2023

Engine No. : 105TCM0006809

Chassis No. : VF7V1ZKXZMZ096392

Vehicle No. : GBL6708R

Endorsement No. :

Issued Date : 12 Mar 2022 00:36

ABOUT THE COVER

Make/Model : CITROEN Electric Dispatch

Engine Capacity/Tonnage : 1 CC

Sum Insured : NA

First Year of Registration : 2022

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PAF : NA

Person or Classes of Persons Entitled to Drive* :

a) Any person who is driving on the Policyholder's order or with their permission.
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition : All Age Condition

Mileage Condition :

Limitation as to use* :

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Limit of Liability: US\$1,000,000 per Occurrence

Premium rate @ US\$438.75 (equivalent to S\$591.70) per vehicle

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030080000

AON SINGAPORE PTE LTD

2 SHENTON WAY #26-01 SGX CENTRE 1

SINGAPORE 068804

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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