

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 30/05/2022 20:27 (SGT)
Date of Accident 27/05/2022 19:57 (SGT)
Exact Location of Accident Orchard Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ2277U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UNI-TAT ICE & MARKETING PTE LTD
Company Reg No 1XXXXX736C
Email Address chiakc@iceman.com.sg
Mobile Phone No (Phone) +65-67448484
Alternative Phone No (Office) +65-67448484

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU700R 12FT WIDE CAB 5T
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number B 400001498 MKF
Cover Note Number -

DRIVER

Name of Driver LI SHENG JUN
NRIC No GXXXX101P

Date Of Birth	14/02/1979
Occupation	Outdoor
Date Of Driving Pass	07/08/2012
Driving experience	9 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94572761
Alt. Phone Number	-
Email Address	chiakc@iceman.com.sg
Address	51 UBI AVE 1
Address complement	#01-26 PAYA UBI INDUSTRIAL PARK
Postcode	408933
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	Collision - Head to Rear
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SNE713J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PAMELA ANN TEO MIN YEE
NRIC No	SXXXX639C
Contact Number	(Phone) +65-98988470
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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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

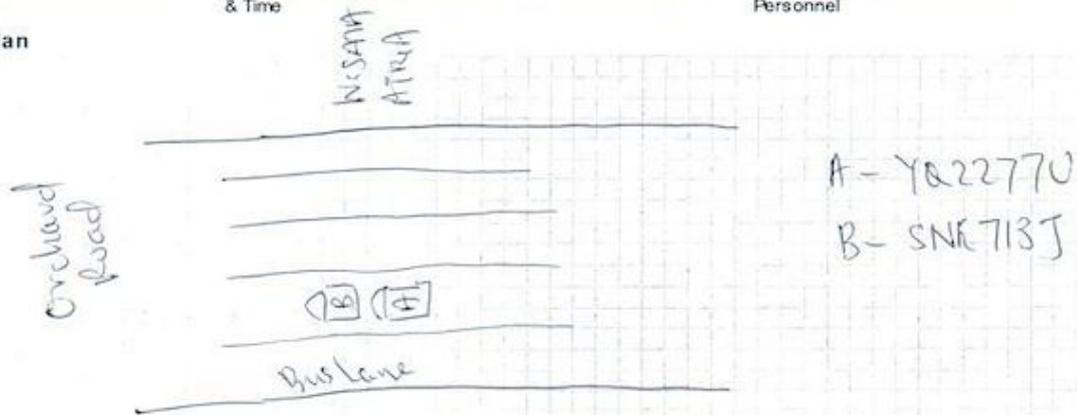
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Li Sheng Jun

Shym 20/05/22

Sketch Plan



Describe Circumstances of the Accident

On 27/5/2022 I was Driving YQ2277U at 1957 hours, along Orchard Road.

At that time there were many vehicles on the Orchard Road, there was a traffic jam along that road.

The vehicle in front of me SNE 713J, Honda SUV suddenly braked her vehicle.

I also braked my lorry but the vehicle move forward and I knock the vehicle SNE 713J rear windscreen.

Initially the driver of SNE 713J wanted a private settlement to resolve the case but she wanted me to transfer to her bank account \$2000.

I am only a driver, I do not have so much money.

There was no damage to my lorry YQ2277U.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Li Sheng Jun

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

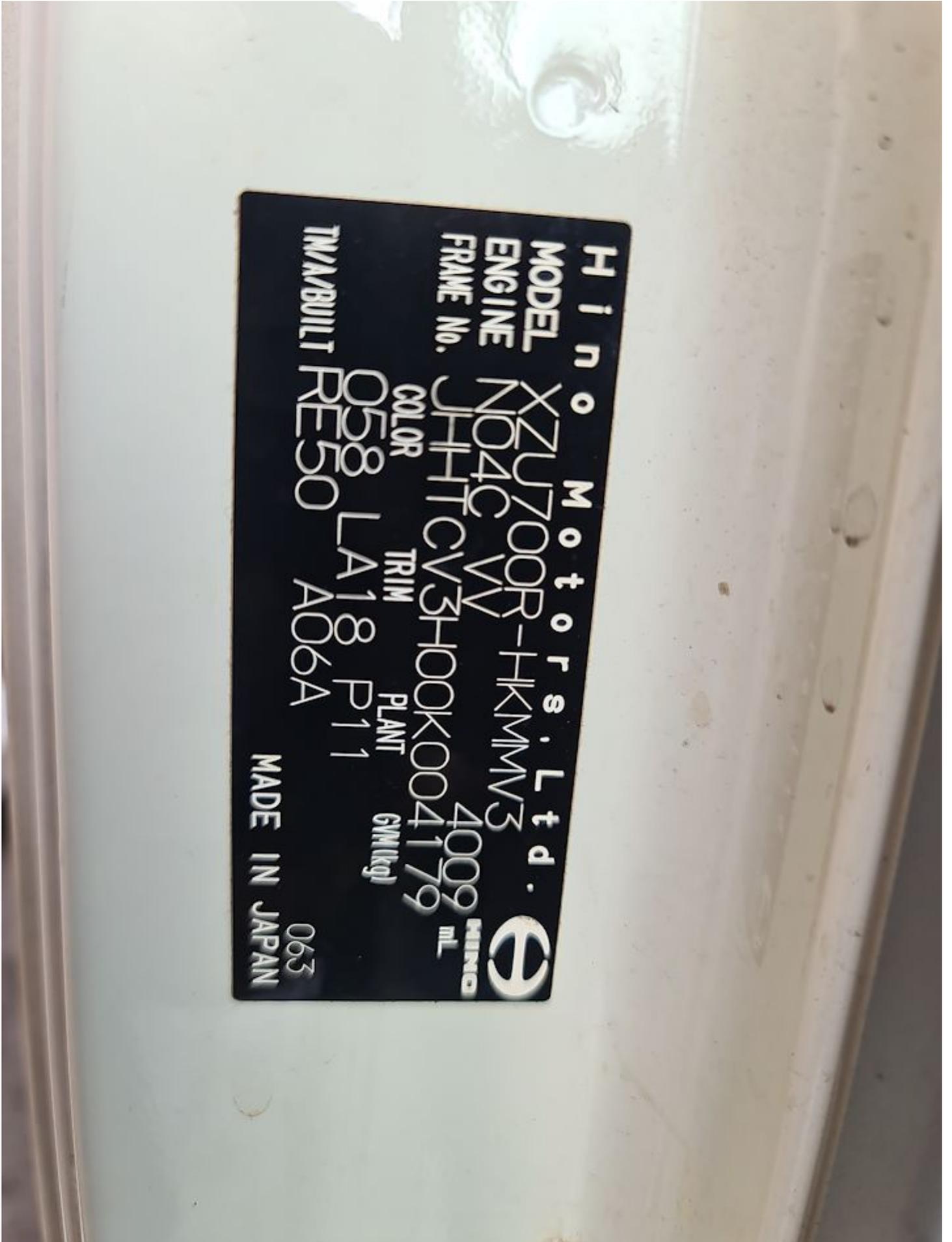
shym 30/05/22

Witnessed by Reporting Centre Personnel









H i n o M o t o r s . L t d .
MODEL XZU700R-HKMMV3
ENGINE NO4C VV
FRAME No. JHHTCV3H00K004179
COLOR 058 LA18 P11
TRIM A06A
TMA/BUILT RESO
4009 ml
HINO
MADE IN JAPAN
063

