

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 Actual 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 22/10/2022 00:11 (SGT)
Reported by Driver
Date of Accident 20/10/2022 18:00 (SGT)
Exact Location of Accident Benoi Sector, Singapore
Additional Location Information ALONG BENOI SECTOR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD3235P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UBTS PTE LTD
Company Reg No 198103195N
Email Address ginatay@ubts.com.sg
Mobile Phone No (Phone) +65-96796678
Alternative Phone No (Office) +65-62298373

VEHICLE PARTICULARS

Manufacturer Hino
Model SH1EEKA
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 0

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number P1192733

DRIVER

Name of Driver PAN QINGDONG
Work Permit No G6691017U
Date Of Birth 06/10/1982
Occupation Outdoor

Date Of Driving Pass	23/07/2010
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96796678
Alt. Phone Number	-
Email Address	ginatay@ubts.com.sg
Address	Na
Address complement	Na
Postcode	Na
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20221020/2091 LODGED AT HONG KAH NORTH NPP

Brief Details

On the above mentioned date, time and location. I am driving my trailer (V1, XD3235P) at the most left lane of the 2 lane road toward AYE and wanted to make a U-turn to the opposite direction lane, I checked my around including my blind spot and did not see any vehicle and proceeded to make a U-turn, While making the U-turn, I saw a motorcycle (V2 FBL89H) turn out from the building and turning right to my initial lane and I came to a stop. V2 then collided onto the right rear side of V1. I alighted and make a check and V2's rider informed of left knee area pain. V2's called for the police. Police and ambulance then came to scene. V2's rider was conveyed. Traffic police has seized my in-car-camera SD card and informed me to lodge a traffic accident report. I wished to state that I am not injured.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL89H
Vehicle Manufacturer	Ktm
Vehicle Model	200 DUKE
Vehicle Variant	-
Vehicle Colour	Orange
Vehicle Category	Motorcycle
Name of Driver	Ong Gim Yam
NRIC No	S7505713Z
Contact Number	-
Address	Na
Address complement	Na
Postcode	Na
Insurance Company Name	-
Nature Of Damage	Na
Details of property damaged in accident	Na
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG GIM YAM
Gender	-
Phone No	-
Address	Na
Address Complement	Na
Post Code	Na
Approximate Age Years Old	-
Injuries Sustained	Pain on the left knee
Injured person in which vehicle?	FBL89H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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 Officer
Muhammad Sumardi Bin Mohd Affandi

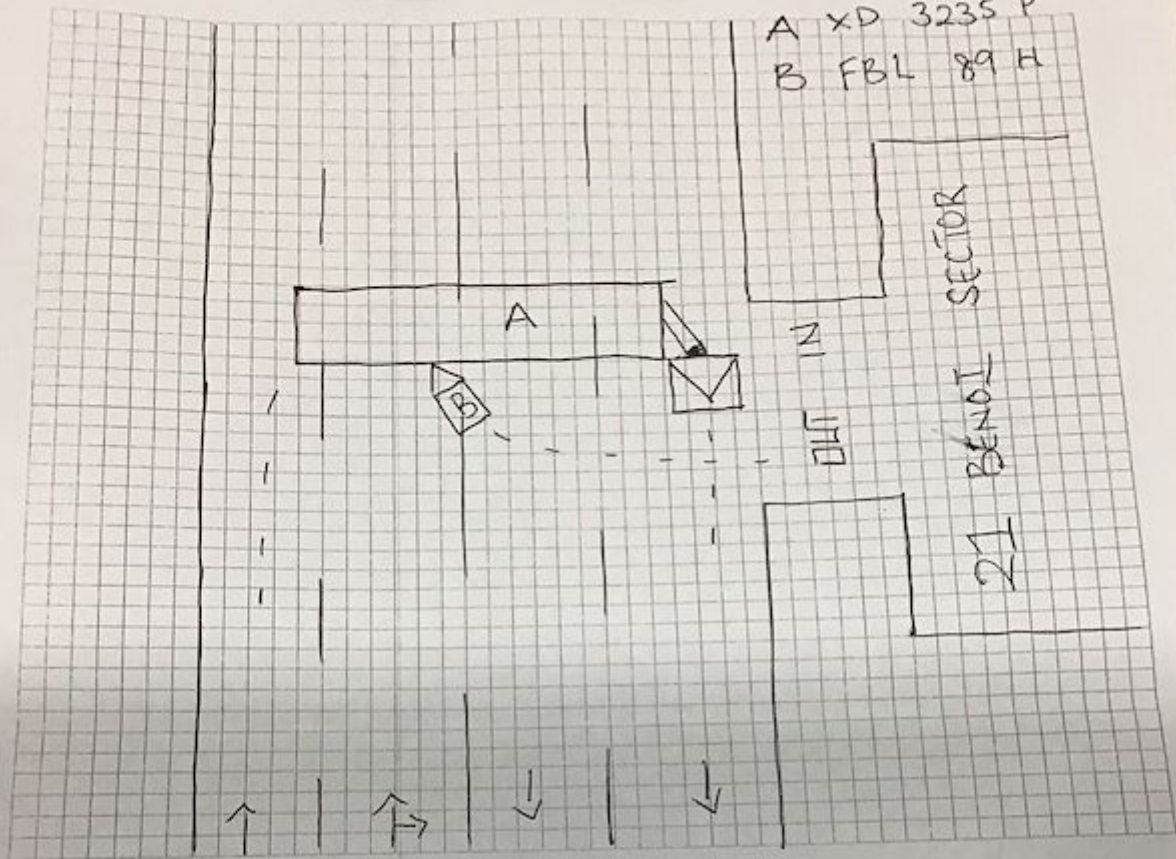
Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT DIAGRAM

Ver. 30042021



A XD 3235 P
B FBL 89 H

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER

MUHAMMAD SUMARDI BIN MOHD AFFANDI

Policyholder's Signature
Date & Time:

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

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

Describe Circumstances of the Accident

Refer as police reports (T/20221020/2091)

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 Officer
Muhammad Sumardi Bin Mohd Affandi
Witnessed by Reporting Centre
Personnel


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20221020/2091

1 of 3

Report No: T/20221020/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
20/10/2022 20:19

Vide Report No.:
J/20221020/0114

Station Diary No.:
39

Informant's Particulars

Name of Informant: PAN QINGDONG		Address: 406 BUKIT BATOK WEST AVENUE 7 #15-40 SINGAPORE 650406	
ID Type / ID No.: FIN NO / G6691017U		Contact No.: Home/Office: Mobile: 96796678	
Nationality: CHINESE		Email:	
Sex: Male	Age: 40	Date of Birth: 06/10/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ENGINEERING.		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/10/2022 18:00	Type of Location: Straight Road
Location: BENOI SECTOR				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL89H	Motorcycle			Orange	Slightly Damaged	0
XD3235P	TRAILER	HINO		White	No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





















BLACKSHARK 2 PRO
AI DUAL CAMERA







BLACKSHARK 2 PRO
AI DUAL CAMERA


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ID Type / ID No.: FIN NO / G6691017U		Contact No.: Home/Office: Mobile: 96796678	
Nationality: CHINESE		Email:	
Sex: Male	Age: 40	Date of Birth: 06/10/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ENGINEERING.		Driving Licence Information: Class: 3,4 Date of Expiry:	

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Report No. T/20221020/2091

CONTINUATION OF REPORT

Rider			
Name	ONG GIM YAM		ID No. S7505713Z
Related Vehicle	FBL89H (Motorcycle)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	PAN QINGDONG		ID No. G6691017U
Related Vehicle	XD3235P (TRAILER)		Contact No. 96796678
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

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T/20221020/2091

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Report No. T/20221020/2091

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J /

SGT 3 TAN HUAY HOCK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/10/2022 20:19

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT JOFILIANO BIN MOHAMED
ALI

Contact No.: 65476960

Classification Of Case:

NP168