

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	28/03/2023 11:20 (SGT)
Reported by	Actual Driver
Date of Accident	27/03/2023 10:40 (SGT)
Exact Location of Accident	Jurong Port Rd, Singapore
Additional Location Information	TOWARDS JURONG WEST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3523L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNION LPG PTE LTD
Company Reg No	2XXXXX093Z
Email Address	wendytan@uniongas.com.sg
Mobile Phone No	(Phone) +65-91898678
Alternative Phone No	(Office) +65-66031787

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-23100446MFCV/9

DRIVER

Name of Driver	XU JINLONG
Passport No/FIN	GXXXX983R
Date Of Birth	28/01/1989
Occupation	Outdoor

Date Of Driving Pass	20/07/2016
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91898678
Alt. Phone Number	-
Email Address	wendytan@uniongas.com.sg
Address	BLK 40 BEO CRESCENT #01-04
Address complement	-
Postcode	160040
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	Raining
Road Surface	Wet

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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

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

ON 27/03/2023 AT ABOUT 1040 HRS, I WAS DTIVING VEHICLE A(GBJ3523L) ALONG JURONG PORT RD . AS I DRIVING VEHICLE AND SLOW DOWN WHEN NEAR TO TRAFFIC LIGHT THEN STOPPED DUE TO TRAFFIC LIGHT TURN . SUDDENLY VEHICLE B (YQ6874U) UNSBLE STOP IN TIME AND COLLIDED ONTO MY VEHICLE . IM HAVING NECK PAIN . EXCHANGE PARTICULARS.

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	YQ6874U
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HOH KWAN HUNG
Passport No/FIN	GXXXX149R
Contact Number	(Phone) +65-86544177
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	XU JINLONG
Gender	Male
Phone No	(Phone) +65-91898678
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	GBJ3523L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

**FLASH ACCIDENT
REPORTING OFFICER**

FRO MING



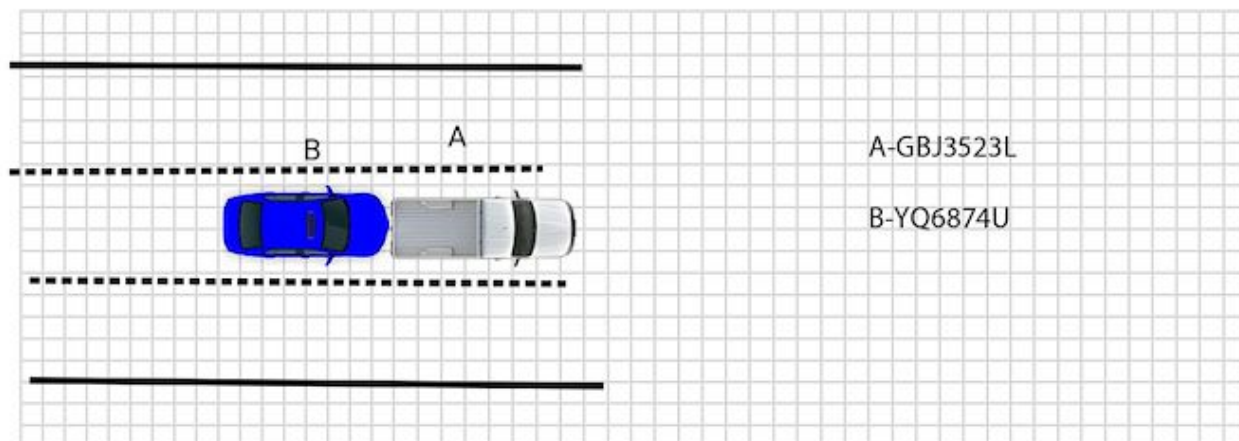
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

27/03/2023-1450HRS



Describe Circumstances of the Accident

ON 27/03/2023 AT ABOUT 1040 HRS, I WAS DRIVING VEHICLE A(GBJ3523L) ALONG JURONG PORT RD . AS I DRIVING VEHICLE AND SLOW DOWN WHEN NEAR TO TRAFFIC LIGHT THEN STOPPED DUE TO TRAFFIC LIGHT TURN . SUDDENLY VEHICLE B (YQ6874U) UNABLE STOP IN TIME AND COLLIDED ONTO MY VEHICLE . IM HAVING NECK PAIN . EXCHANGE PARTICULARS.

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

27/03/2023-1450HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO MING



Witnessed by Reporting Centre Personnel