SK0U2366000D / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 06/06/2023 16:00 (SGT) SUBMITTED BY: LEK YEE KHENG VERSION: 1 (06/06/2023 16:00 (SGT))

# **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 witholding 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 06/06/2023 16:00 (SGT) Reported by **Actual Driver** Date of Accident 03/06/2023 22:00 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG PIE TOWARDS TUAS BEFORE WHITLEY ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number **GBE4090M** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner UNICO DISTRIBUTION SERVICES PTE LTD Company Reg No 199707266N Email Address WF NAI@UNICO.COM.SG Mobile Phone No (Phone) +65-84043890 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model

Hiace Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual 3000

### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100439994-07

#### DRIVER

Name of Driver WANG ZHONGLIANG Passport No/FIN G2420432X Date Of Birth 22/09/1987 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	11/08/2017 5 YEARS AND 10 MONTHS Male (Phone) +65-86578717 - WF_NAI@UNICO.COM.SG BLK 609 JURONG WEST STR 65 #03-550 S6406409 No Employee No
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement  PASSENGER 1  Name  Gender	No 2 No - Yes 2 No SHI CHUNQIU Male
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	GBJ7800K - -

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)	=

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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 aforesald.
- 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;

Co. Reg. No.

- (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/thy) or the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnal (Name as in NRIC/ID cerd)

Sketch Plan

Sam Veh A: GBE 4090M Veh B: GBJ 7800K

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escribe Circumstan	ice of the Accident			
On	above date	4 time, I was	driving my vehid	RA (GBE4090M)
raveling al	ong PIE towar	rds Tuos on third	lake of a 4-lane	s, expressivay.
Somewhere	before Whitley	Ruad RXIA, my	vehicle was norma	I driving than
uddenly v	elyde B C AR	1378001C) Name	from rear and co	ollided onto the
lar portaon	of my who	de.		
130/	oregolog particulars are	true in every respect.	15-10	10 WODA
3 19	* 911	7 8 (g)	15-10 6/6/23	9

Policyholder's Signature / Date & Time

2

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)