

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 First Submission	27/08/2024 10:04 (SGT)
Reported by	Actual Driver
Date of Accident	24/08/2024 16:30 (SGT)
Exact Location of Accident	Tuas South Street 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE5127A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HP LOGISTICS & SERVICES PTE. LTD.
Company Reg No	2XXXXX342E
Email Address	hplogisticsandservices@gmail.com
Mobile Phone No	(Phone) +65-80404226
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyz52r
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	Auto
CC	15681
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG23011534

DRIVER

Name of Driver	SUN YINGDONG
Passport No/FIN	GXXXXX257W
Date Of Birth	20/11/1994
Occupation	Outdoor
Driving Pass Date	01/04/2019
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80404226
Alt. Phone Number	-
Email Address	hplogisticsandservices@gmail.com
Address	30 JALAN TARI PIRING JALAN KAYU ESTATE
Address complement	-
Postcode	799183
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 Parked Vehicle
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
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 24/08/2024 AT ABOUT 16:30HRS I WAS PARKED VEHICLE A BEARING REGISTRATION NUMBER (XE5127A) ALONG TUAS SOUTH ST 5 , WENT TO HOME AFTER FINISHING MY PERSONAL WORK , WHEN I CAME BACK TO VEHICLE A I SAW THERE WERE DAMAGE TO VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER (SLN3541U) THAT WAS COMING FROM OPPOSITE DIRECTION LOST CONTROL AND COLLIDED ONTO VEHICLE A FRONT RIGHT SIDE BUMPER PORTION OF VEHICLE A. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SLN3541U
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHENG HAIDONG
NRIC No	SXXXX572E
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**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

HP LOGISTICS & SERVICES PTE LTD
Reg No: 201225342E
100 Peck Seah Street, #08-14
PS 100
Singapore 079333



Policyholder's Signature / Date & Time

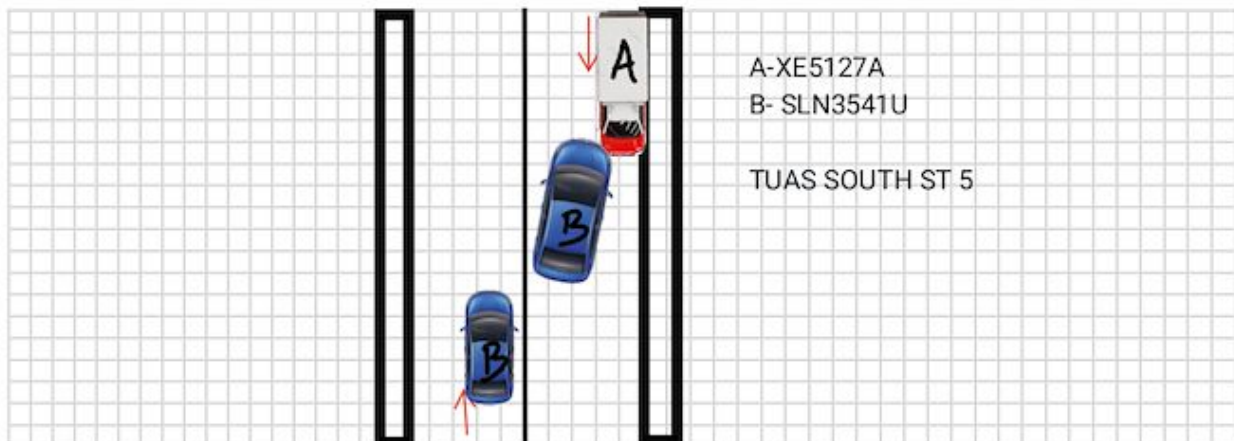
Sketch Plan

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



Witnessed by Reporting Centre Personnel

26/08/2024 -- 17:00HRS



Describe Circumstances of the Accident

ON THE 24/08/2024 AT ABOUT 16:30HRS I WAS PARKED VEHICLE A BEARING REGISTRATION NUMBER (XE5127A) ALONG TUAS SOUTH ST 5 , WENT TO HOME AFTER FINISHING MY PERSONAL WORK , WHEN I CAME BACK TO VEHICLE A I SAW THERE WERE DAMAGE TO VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER (SLN3541U) THAT WAS COMING FROM OPPOSITE DIRECTION LOST CONTROL AND COLLIDED ONTO VEHICLE A FRONT RIGHT SIDE BUMPER PORTION OF VEHICLE A. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

Declaration

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

HP LOGISTICS & SERVICES PTE LTD
Reg No - 201219342E
100 Peck Seah Street, #08-14
PS 108
Singapore 079333



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

26/08/2024 -- 17:00HRS



































