

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 Report	26/02/2019 14:41
Date Of Accident	25/02/2019 11:40
Exact Location Of Accident	#02-01,18 TAMPINES INDUSTRIAL CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7115B
Insured/Policyholder	
Name Of Registered Owner	HUP TAT TRANSPORT PTE LTD
Co Reg No	-
Email Address	JAMESLOW@SINGNET.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96833388

Vehicle Particulars

Manufacturer	VOLVO
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000000204-02-000
Cover Note Number	

Driver

Name of Driver	RAMALINGAM AYILRAJ
Passport No/FIN	G2248864W
Date Of Birth	27/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98855032
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	73 UBI RD 1 #09-58 BIZHUB OXLEY
Postcode	408731
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WANTED TO PARK MY CONTENA AT UNIT NO #02-01, 18 TAMPINES INDUSTRIAL CRESCENT. BEFORE I REACH THE PLACE TO PARKED MY CONTENA, MY VEH HAD HIT ONTO THE SPRINKLER HEAD DUE TO THE SPRINKLER HEAD TOO LOW THAN THE WATER CAME OUT FROM THE PIPE BUT WHEN MY VEH PASSED BY AT 1ST FLOOR THERE WAS NO PROBLEM.

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	
Vehicle Make/Model/Colour	
Details Of Properties	SPRINKLER HEAD
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

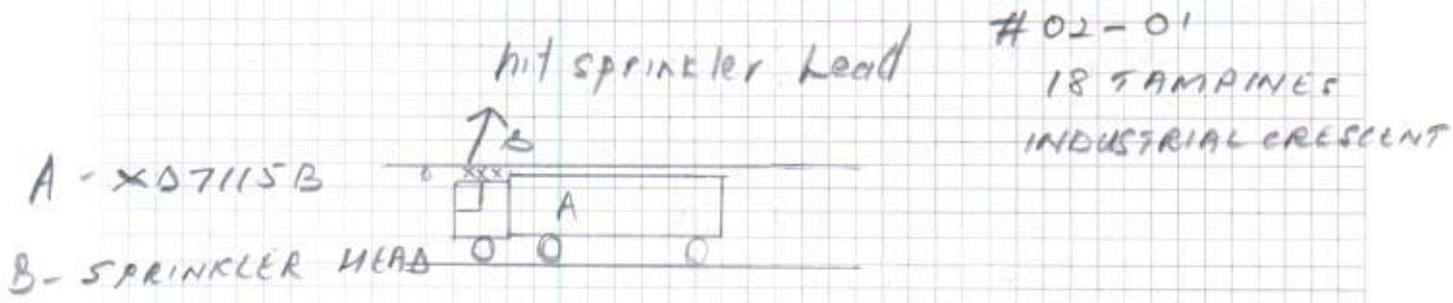
[Handwritten Signature]

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

[Handwritten Signature] 26/02/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 26/02/19

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

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 250 CC	07 Oct 2014
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	07 Oct 2014
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	01 Mar 2016

02248864W S / No. 9000245533

License No. G2248864W

JP 420A

VISIT PASS
Immigration Regulations

Name: **RAMALINGAM AYILRAJ**

Date of Birth: **27-05-1977** Sex: **M** Nationality: **INDIAN**

FIN: **G2248864W** Date of Issue: **16-10-2017** Date of Expiry: **16-10-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **G 2248864W**

Name: **RAMALINGAM AYILRAJ**

Birth Date: **27 May 1977**

Issue Date: **07 Oct 2014**

Valid Till: **06 Oct 2019**

002352745H

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **HUP TAT TRANSPORT PTE. LTD.**

Sector: **SERVICE**

Name: **RAMALINGAM AYILRAJ**

Occupation: **DRIVER, PRIME MOVER**

S Pass No.: **0 36009187**

Date of Application: **15-09-2017**

Date of Issue: **16-10-2017**

Date of Expiry: **16-10-2019**

0 36009187

L8386895

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number : MOMVC000000204-02-000 Cover : Commercial Vehicle (Comprehensive)
Policyholder Name : Hup Tat Transport Pte Ltd Chassis Number : YV2AG10A6DA739040
NCD Entitlement : 20% Fleet Discount Engine Number : D13375090
Hire Purchase : MALAYAN BANKING BERHAD Registration Number : XD7115B
Period of Insurance : From 05/03/2018 (00:00) To 04/03/2019 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

a) Any person who is driving on the Policyholder's order or with their permission
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

- a) Use in connection with Policyholder's business
b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business

This Policy does not cover:

- a) Use for Hire and Reward
b) Use for racing, pace making, reliability trial or speed testing

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

Excess (Section 1) : SGD 2,500.00
Excess (Section 2) : SGD 1,500.00
Windscreen Excess : SGD 300.00
Additional Excess : Please refer overleaf

Driver Details

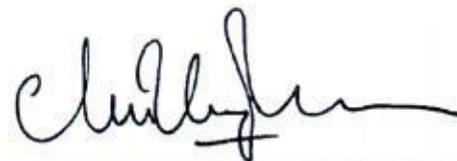
Named Driver 01 : Any persons who is driving on the policyholder's order or with their permission

Name of Intermediary : Capstone Insurance Agency Pte Ltd

Date of Issue : 06/03/2018

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of
Great American Insurance Company



Authorised Signatory

m/ow

TRUCKING INSTRUCTIONS(EXPORT)

Job ID	Your Billing Ref	Vessel Name	Voyage
EX-148-0046	-	OOCL HOUSTON	146S
Delivery Location		Vessel ETA	
#02-01, 18 TAMPINES INDUSTRIAL CRESCENT, 528605 (ESG TAMPINES INDUSTRIAL CRESCENT)		2019-02-28	
PIC Information		Carrier Name	
ESG TAMPINES INDUSTRIAL CRESCENT -		COSCO LINE	
Export Location		CBR	Product Ref No
SKY DEPOT - 1 BUROH CRESCENT		CCSU6165004130	CCSU6165004130
Truck to		Shipper Name	
2019-02-25 16:00		DSV AIR & SEA	

Notes

HAULIO PIC: BEN, M: +65 98837331
DELIVERY DATE -MONDAY 25/02 BEFORE 4PM
TRUCK OUT: 26/12
ETA SIN: 28-02-2019 21:00 HRS
ETD SIN: 02-03-2019 04:00 HRS
BERTH: CT

BEAU 4609970

CONTAINER DETAILS

#	Cntr Type	Weight	Cntr No.	Seal No.
1	40' HC	24 - 35T		
2	40' HC	24 - 35T		