

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	21/01/2020 16:08
Date Of Accident	12/01/2020 10:50
Exact Location Of Accident	PSA (TANJONG PAGAR WORKSHOP)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7251R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	TECKBOON.TEE@AETOS.COM.SG
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-63211069

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994313
Cover Note Number	

Driver

Name of Driver	HARITHASAN A/L ARUMUGAM
NRIC No	GXXXX714K
Date Of Birth	31/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2015
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-63211069
Email Address	TECKBOON.TEE@AETOS.COM.SG

Address	-
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	2
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)	0

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

PLEASE REFER TO SKETCH PLAN

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	LFM056
Vehicle Make/Model/Colour	FORK LIFT
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KANG KWEE TIONG
NRIC/Passport Number	SXXXX935J
Contact Number	63211558
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

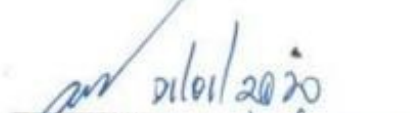
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my work's ¹p 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:

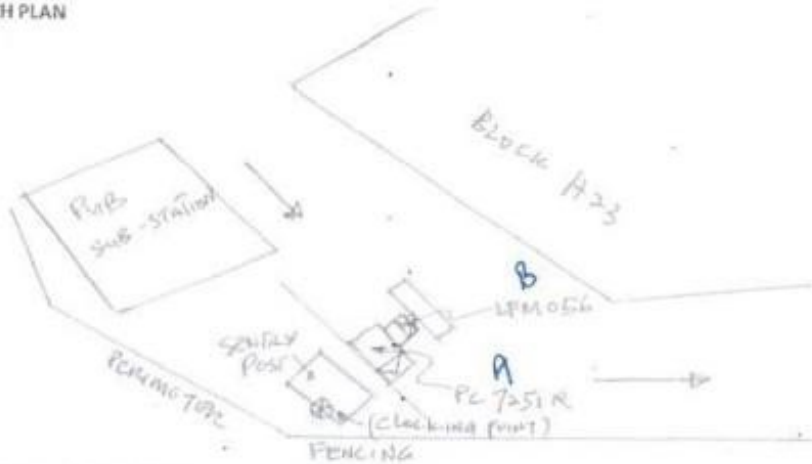

Driver's Signature
(if driver is not the policyholder)
Date & Time: 17-1-2020


Reporting Centre Personnel's Signature
Name: Ross Lim
NRIC/PRN No.:

Sketch Plan #2

PA (14 Hours Workshop)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12th January 2020 I was on day shift (0400-2000 hrs) and detailed to do enforcement rounds covering PSA Corporation port area driving AETOS marked vehicle PC 7251 R. At about 1050 hrs I visited the Tanjung Pagar Terminal Area. On reaching Tanjung Pagar Workshop (TPW) pedestrian gate, I stopped and parked my vehicle (PC 7251 R - AETOS marked van) after confirming there was no movement of hydrant machine nearby the area. There was one hydrant (LFM 056) which was about 65 feet away from vehicle, at Block H23, dot 3 and was not ~~stationary~~ stationary. After parking my vehicle I proceeded to the pedestrian gate on foot to do my clocking rounds. Whilst I was at clock point I heard a loud bang sound came from the direction I parked my vehicle. I immediately checked and found that the hydrant (LFM 056) had knocked on left side of my vehicle whilst reversing after lifting up a 40' container. The impact had caused the following damages to my vehicle (PC 7251 R):

- 1) Dent to left front passenger door
- 2) Dent to left side of the rear body of the van

There was no damage observed on the hydrant (LFM 056) and no one was injured. There was no witnesses on the incident.

DECLARATION

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

[Signature]
Policyholder's Signature

Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 17-1-2020

[Signature] 21/01/2020
Reporting Centre Person's Signature
Name: *[Signature]*
NRC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0090
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S665500200 / GST Reg. No.: M409017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA420010026 Vehicle Registration No: PC7251R
 Name (as shown in NRIC): Goldbell Car Rental Pte. Ltd. NRIC/FIN/Passport No: 200710651D
 (*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address: 10 RAEBURN PARK #02-01 Singapore (088702)
 Contact (Tel): 6603 9398 / 6603 9761 Mobile No.: 8740 6461
 Email Address: accident@gbcr.com.sg
 Date of Accident: 12/01/2020 Time of Accident: 1050hrs
 Place of Accident: PSA Tanjong Pagar Workshop
 Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

We would like to amend from Claiming Third Party to "Reporting Only".



Policyholder / Driver's Signature
 Date:

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