

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 Submission 18/12/2020 11:42 (SGT)
Date of Accident 01/11/2020 15:30 (SGT)
Exact Location of Accident 33 Harbour Dr, Singapore 117606
Additional Location Information gate 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE4585S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HT PORTS SERVICES PTE LTD
Company Reg No 2XXXXX440C
Email Address safety@htports.com
Mobile Phone No (Phone) +65-67795050
Alternative Phone No (Office) +65-67795050

VEHICLE PARTICULARS

Manufacturer Man
Model Tgs
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 - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5107713963-01
Cover Note Number -

DRIVER

Name of Driver TAN TIEN HOCK
NRIC No SXXXX097F
Date Of Birth 23/02/1954
Occupation Outdoor

Date Of Driving Pass	11/05/1978
Driving experience	42 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81367985
Alt. Phone Number	-
Email Address	safety@htports.com
Address	BLK 327B SUMANG WALK
Address complement	#03-930
Postcode	822327
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	Side Swipe
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 material 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

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

REFER TO STATEMENT.

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	XD8044R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
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)	1

SKETCH PLAN**IMPORTANT NOTICE**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

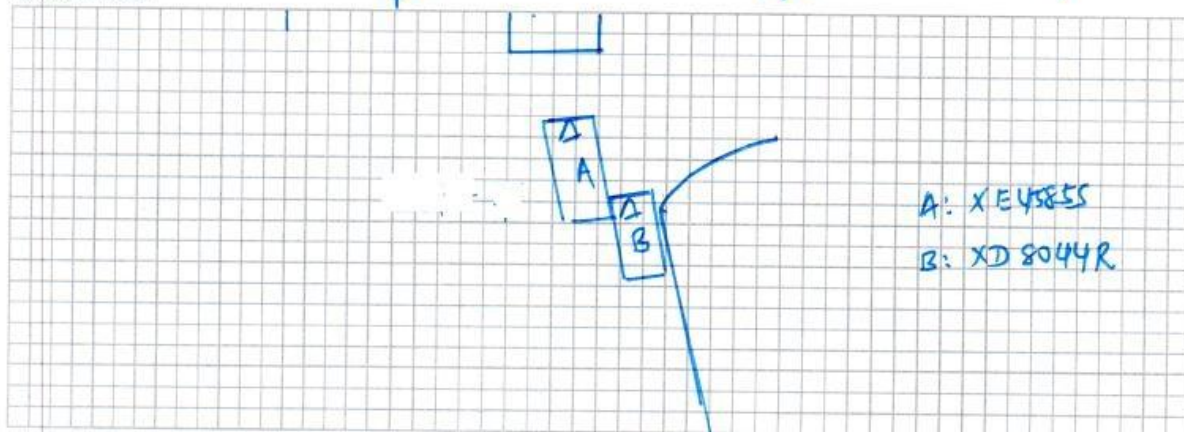
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to attached statement.

We declare the foregoing particulars are true in every respect.



Reporting Ce

Witnessed by Reporting Centre
Personnel



INCIDENT REPORT

(To be completed by the employee)

Location of incident: PSA Pasir Panjang Terminal Gate 4		Employer's Premises? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Job Site? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Date of Incident: 01/11/2020 Time of Incident: 1530hrs
Name of personnel involved: Tan Tien Hock		NRIC: SXXXX097F Contact No: 81367985		Employee <input checked="" type="checkbox"/> Non-Employee <input type="checkbox"/>
Title/Occupation: Prime Mover Driver	Length of service: 0 Years 7 Months	Dept. assigned to: PM Operations		Details of vehicle involved: IPM 852 XD 8044 R (Indon Shipping) IPM 608 XE 4585 S (HTPS) Chassis TRD 5709 Y
Type of incident: IPM 852 INDON SHIPPING squeeze in between IPM 608 HTPS and side kerb and come into contact with IPM608 rear RHS chassis corner casting		Company property <input checked="" type="checkbox"/> Others <input type="checkbox"/>		
Injury: NIL				

Description of Incident:

- What shift are you deployed, date, time and assigned Prime Mover?**
I was deployed for day shift on the 01/11/2020 from 0730hrs – 1930hrs and assigned to IPM 608.
- How many days have you been deployed prior to your last off day?**
I have been deployed for 3 consecutive days and my last off day was on the 29/10/2020.
- Did you have enough rest before deployment?**
Yes. I do have enough rest before deployment.
- Where is your location and where were you proceeding to?**
I was proceeding into gate 4 as I was from Brani Terminal.
- Describe how the accident happen?**
While travelling along the entrance of gate 4, I confirmed within my sight there were no PM's along my travelling path until when I was about to turn I noticed a PM (IPM852) on my RHS between the side kerb and my PM rear chassis. I felt a slight bump and jerking within my PM cabin and only to see IPM852 had already come into contact with my rear RHS chassis corner casting. However, at point of impact I was not able to stop my PM immediately. I only stop ahead when I finally noticed the impact. I contacted my OE and SOC to informed of the incident and waited for further assistance. That is all.
- Are you injured?**
No. I was not injured and do not required any further medical assistance.

Additional Information:

Refer to attached picture

Findings: To be reviewed

Estimated damage cost: To be reviewed

The above statement was read back by the interviewee and he was invited to append his signature after having fully understood its content. Statement was concluded on 02 November 2020.

Interviewed by: Putra NurHidayat Designation: Safety Coordinator	Interviewee's Signature: 	Date of Statement: 02/11/2020
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HTPS



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