

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 02/03/2021 14:42 (SGT)
Date of Accident 01/03/2021 09:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information 15 BENOI ROAD (KEPPEL SHIPYARD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE3896B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KIM HOCK CORPORATION PTE LTD
Company Reg No 200304939C
Email Address MAIL@KIMHOCK.COM.SG
Mobile Phone No (Phone) +65-81575621
Alternative Phone No (Home) +65-81575621

VEHICLE PARTICULARS

Manufacturer Volvo
Model Fmx410
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? Yes
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Great American Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MOMVC000008180-01-000
Cover Note Number -

DRIVER

Name of Driver WONG AI CHIANG
NRIC No S7508281I
Date Of Birth 19/03/1975
Occupation Outdoor

Date Of Driving Pass	30/08/2005
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81575621
Alt. Phone Number	-
Email Address	ACWONG75@HOTMAIL.COM
Address	180 YUN SHENG ROAAD #08-109
Address complement	-
Postcode	610180
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	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AMINUL
Gender	Male

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

REFEF TO ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

- As per attached -

Describe Circumstances of the Accident

As per attached.

Declaration

We declare the foregoing particulars are true in every respect.



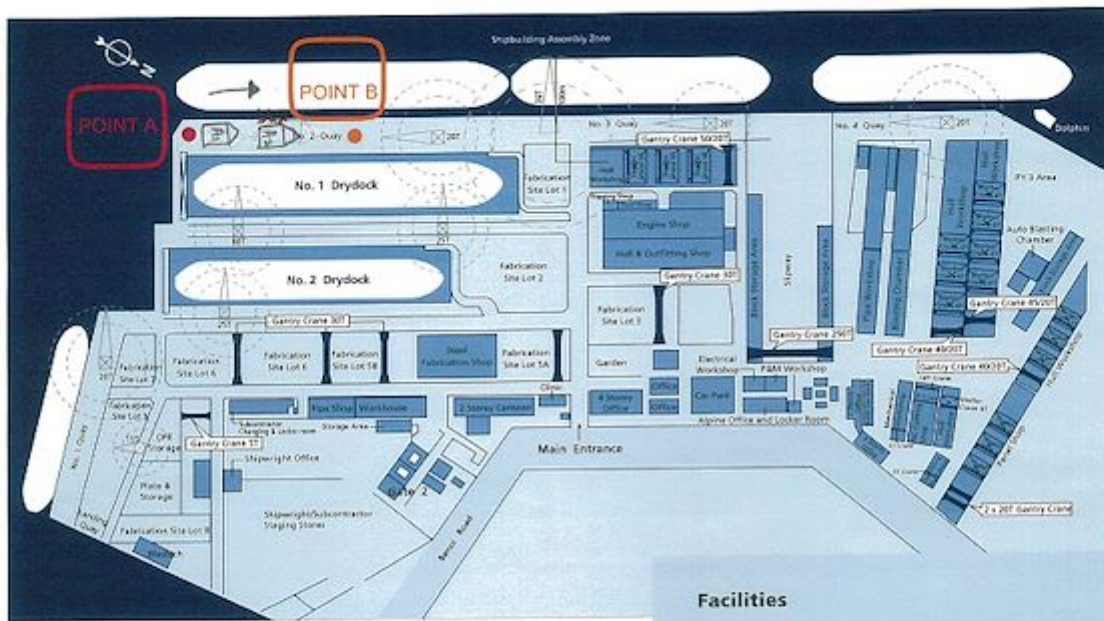
Policyholder's Signature / Date &
Time

June

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



Witnessed by Reporting Centre
Personnel



Keppel Shipyard

Keppel Shipyard Limited
(A member of the Keppel Group)
Benoi Yard
15 Benoi Road Singapore 629888
Tel: (65) 6861 6622
Fax: (65) 6861 4393
E-mail: ks@keppelshipyard.com
Website: www.keppelshipyard.com

Keppel Singmarine Limited
15 Benoi Road Singapore 629888
Tel: (65) 6861 6622
Fax: (65) 6862 1792
E-mail: singmarine@keppelsingmarine.com
Website: www.keppelsingmarine.com

Facilities

Yard Size	350,000 m ²	
Berthage	1,163 m	
Drydocks	Capacity	Length x Breadth
No. 1 Drydock	300,000 dwt	350 m x 60 m
No. 2 Drydock	170,000 dwt	300 m x 60 m
Slipway	230 m x 70 m	
Mooring Quay	Length x Depth	
No. 1 Quay	217 m x 7 m	
No. 2 Quay	352 m x 10 m	
No. 3 Quay	270 m x 8 m	
No. 4 Quay	224 m x 7 m	
Landing Quay	100 m x 5 m	
Dock & Wharf Cranes		
	1 x 80 tonnes	
	2 x 25 tonnes	
	4 x 20 tonnes	
	1 x 15 tonnes	
	1 x 36 tonnes	
Gantry Cranes		
	1 x 250 tonnes	
	1 x 50 tonnes	
	1 x 45 tonnes	
	1 x 40 tonnes	
	5 x 30 tonnes	
	2 x 20 tonnes	

Describe Circumstances of the Accident

1. On 1 Mar 2021, I drove my lorry (XE3896B) with my lorry attendant (Aminul) to enter Keppel Shipyard (15 Benoi Road) for steel scrap collection. I've entered the yard around 9.00am and report to the site in charge, Mr. Amzad. I was then escorted to Quay 2 (Q2) along with the Keppel forklift driver, Mr Hisysam (10 tons) to assist on the collection. We were escorted to the end of Q2 (point A) to collect the steel scrap. I then hook down the open top container on my Multilift brand hooklift to the ground for the forklift to load in the steel scrap. After complete loading, I've checked the bin surrounding and hook up the open top container loaded with the steel scrap onto the lorry. Once the open top container is secured and locked at the hooklift, we drove out of the area. I was again escorted and lead by the Keppel forklift. As I was driving slowly (<10 km/hr) passing the construction area, suddenly my vehicle tilted to right and it overturn to the right side. I immediately switched off the engine, both my lorry attendant (Aminul) and myself climb out of the cabin from the passenger door. After we get out, we notice that the ground concrete slab had cracked and given way thereby causing my vehicle to sink overturn to right-hand side.
2. We immediately walked away from the accident site and standby at a distance together with my escort awaiting for Keppel Health & Safety (HSE) team to attend to accident site.
3. Thereafter the Keppel HSE team assess the accident site and recovered my vehicle by the Keppel Shipyard crane. I surveyed and found some damages on the right-hand side of the vehicle. Diesel tank deformed, rear right-hand mudguard deformed, right hand side fender deformed. Hook lift misaligned. Front tyres cracked and rear tyres flat. And Rear axle brake slightly jammed.
4. No-one was injured.
5. Our mechanic inspected the vehicle and released the jammed the brake and I drove the lorry back to company – 10 Benoi Road.

Third Party Details:

Motor Vehicle No.	: NA
Driver Name	: NA
NRIC/Fin No.	: NA
Contact no.	: NA
















Collection Point A



ACCIDENT LOCATION B & PHOTO of ACCIDENT







After Lorry Recovered Site Conditions



OVERALL LORRY CONDITIONS









