

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 14/06/2021 12:47 (SGT)
Date of Accident 12/06/2021 04:50 (SGT)
Exact Location of Accident 33 Harbour Dr, Singapore 117606
Additional Location Information PSA PPT TF4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE3813R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TOLL LOGISTICS (ASIA) LIMITED
Company Reg No 1XXXXX934C
Email Address jingyou.lai@tollgroup.com
Mobile Phone No (Phone) +65-97543012
Alternative Phone No +65-87250828

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Mb actros
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
Transmission Auto
CC 11946

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-20096760MFCV/23
Cover Note Number -

DRIVER

Name of Driver JIANG CHUNCHAO
Passport No/FIN GXXXX659U

Date Of Birth	15/06/1988
Occupation	Outdoor
Date Of Driving Pass	23/05/2018
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87250828
Alt. Phone Number	-
Email Address	jingyou.lai@tollgroup.com
Address	BLK 254 SERANGOON CENTRAL #01-221
Address complement	-
Postcode	550254
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 Property
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?	No
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

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

SKETCH PLAN**IMPORTANT NOTICE**

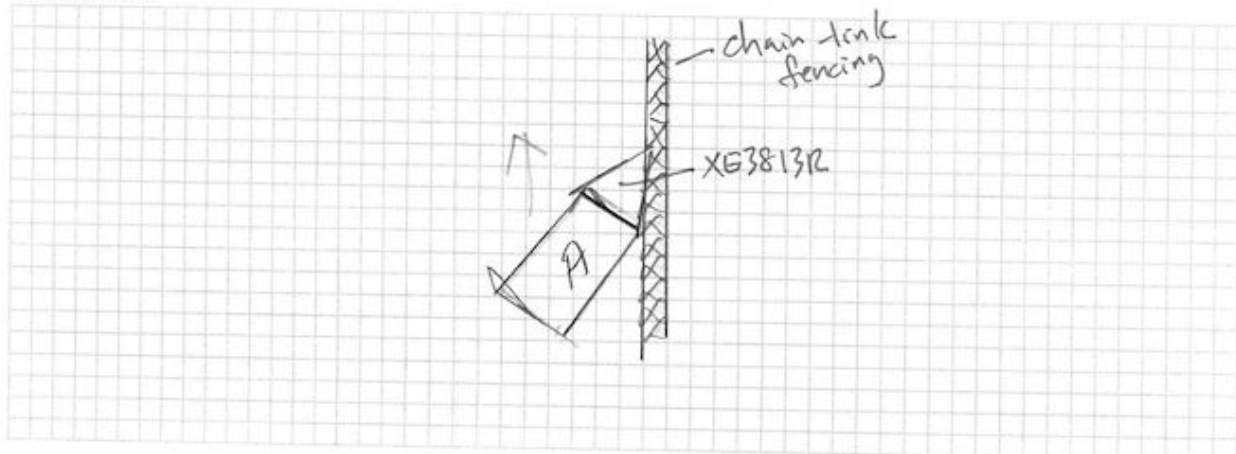
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' 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

姜春朝 14.6.2021 9:30
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Driver Jiang Chun Chao was proceeding to PPT TR4 to offload the containers. He hit into the fencing while aligning the vehicle. No injury in this incident. Damaged to prime mover right hand side, scratches on front bumper and headlamp cover broken. Damaged to PSA chain-link fencing.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

姜春朝 14.6.2021 9:30

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

Witnessed by Reporting Centre Personnel











