

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	20/05/2022 19:15 (SGT)
Date of Accident	19/05/2022 21:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PSA Pasir Panjang Terminal Gate 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE4366H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GKE EXPRESS LOGISTICS PTE LTD
Company Reg No	1XXXXX225R
Email Address	songqi@gkegroup.com.sg
Mobile Phone No	(Phone) +65-63088717
Alternative Phone No	(Office) +65-63088717

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P410LA4X2MSZ
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	12742

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	GA581649/1
Cover Note Number	-

DRIVER

Name of Driver	Tanasegaran A/L David
Passport No/FIN	FXXXX753T

Date Of Birth 11/04/1972
 Occupation Outdoor
 Date Of Driving Pass 19/07/2016
 Driving experience 5 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-88367247
 Alt. Phone Number
 Email Address
 Address songqi@gkegroup.com.sg
 Address complement 39, Benoi Road
 Postcode
 Is the driver the policyholder? 627725
 If No, Relationship of the Driver with the Insured No
 Does Driver Own Other Vehicles? Employee
 Vehicle Registration Number of Other Vehicle Owned by Driver No
 Insurance Company of Other Vehicle Owned by Driver

complement
 ice Company
 e Of Damage
 ls of proper
 Of Passer

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions Hit and run / Vandalism / Damaged whilst parked
 Road Surface Clear
 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 vehicle 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

On 19/5/2022 around 21:48 hours, I was driving company vehicle XE4366H with trailer TRD5690R went to PSA Pasir Panjang Terminal Gate 4 for loading container. There were 2 lanes. I was following queue on left lane wished to turn left. Suddenly, the vehicle in front reversed and his trailer hit onto my vehicle front side.

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 XE6378K
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category Commercial vehicle
 Name of Driver
 Contact Number

plement
Company Name
Of Damage
s of property damaged in accident
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' 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 based 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:

[Signature]

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

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

SKETCH PLAN



(A) XE4366H with
TRD5690R

(B) XE6378L with
TRD8311A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/8/22 around 21:48 hours. I was driving company vehicle XE4366H with trailer TRD5690R went to PSA Pasir Panjang Terminal Gate for loading container. There were 2 lanes. I was following queue on left lane wished to turn left. Suddenly, the vehicle in front reversed and his trailer hit onto my vehicle front side.

DECLARATION

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

Policy No. 01316
Date & Time

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

Reporting Centre Personnel's signature
Name
NRIC/ID No.