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 witholding 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 3. A

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 contains the forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that contains the forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that contains the forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the contains t

end 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

20/05/2022 19:15 (SGT) 19/05/2022 21:48 (SGT) Singapore PSA Pasir Panjang Terminal Gate 4 Singapore

DETAILS OF OWN VEHICLE

XE4366H Vehicle Registration Number

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Scania Manufacturer P410LA4X2MSZ Model Variant Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Commercial vehicle Vehicle Category Auto Transmission 12742

INSURANCE COMPANY

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

DRIVER

CC

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

Accident report SA1G225K0005

Page 1 of 17

Date Of Birth	11/04/1972 Outdoor 19/07/2016
Occupation	Outdoor
Date Of Driving Pass	19/07/2016
Driving experience	5 VEARS AND 10 MONTHS
Gender	Male (Phone) +65-88367247
Mobile Number	(Phone) +65-88367247
Alt. Phone Number	-
Email Address	songqi@gkegroup.com.sg
Address	39, Benoi Road
Address complement Postcode	
Postcode Is the driver the policyholder?	627725
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	No
Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	•
o micd by briver	•
GENERAL INFORMATION OF THE ACCIDENT	
THE ACCIDENT	
Type of Accident	
Monther	Hit and run (Mandall and R
Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear
Trees outlace	Dry
OTHER WAS ASSESSED.	Jiy .
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	부모님 이 사람이 시간에 그리고 이 그 그리고 있다.
TO T	No
The arrivation of the arrivants	2
and and conveyed to nospital by ambulance	No
and only relief of Dibbetty damaged	Yes
The state of the s	1
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
- 2 Will of Folice Action	
Was the accident senset. It is to be	
Was notice of intended Process tions of	No
Was notice of intended Prosecution given? If yes, against whom?	No
if yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
OIL TO SING TARGES OF ACCIDENT	
On 19/5/2022 array of 24 40 to	
On 19/5/2022 around 21:48 hours, I was driving company vehicle? Gate 4 for loading container. There were 2 lanes. I was following q reversed and his trailer hit onto my vehicle front side.	XE4366H with trailer TRD5690R went to PSA Pasir Panjang Terminal
reversed and his trailer hit onto my vehicle front side.	dede on left lane wished to turn left. Suddenly, the vehicle in front
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	• 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver Contact Number	
Contact Number	#11100 보이트 나이는 그 그 모든 이 사람들이 없다.

Company Name
Of Damage
s of property damaged in accident
Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please record correctly the details of the accident to speed up the claims process
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- 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 The report will be forwarded by the losurers 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 inheritant.
- 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 aveilable aforesoid.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 hastrers' lawyers/law firms, the Menetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - b) processing the roling 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,
 - (in) carrying out and/or dealing with my instructions or responding to any enquiries by Tie;
 - (iv) admin stering 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, bandling 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/low 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 discussed 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.
 - (1) 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



Policybolder's Signature Date & Time: D. .

Oriver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No. SKETCH PLAN

	(A) XE 4366H with				
B	1808311A				

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 1	19/8/22	around	21:41	hours	. 1	was	driving	омрану
vehicl	le XE4	366 H	with to	railer T	R056	90R	went	to PSA
Pasiv	Panjang	Termin	al Gat	e for	londi	ng .	ontainer	. There id to tur und
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DECLARAT	104		-			nedyce • Aprillion or defending		

Driver's fignature (If ariver is not the policyhelder) Date & Tire

NRIC/FIN No.