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 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	03/06/2022 18:09 (SGT)
Date of Accident	02/06/2022 10:00 (SGT)
Exact Location of Accident	Tuas South Ave 7, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2424S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HAI LECK ENGINEERING (PRIVATE) LTD
Company Reg No	1XXXXX998D
Email Address	melvin_tan@haileck.com
Mobile Phone No	(Phone) +65-96148196
Alternative Phone No	(Office) +65-81468466

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	HIGH ROOF COMMUTER TURBO AUTO
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110166501903
Cover Note Number	-

DRIVER

Name of Driver	SAFIEE BIN SUKAR
NRIC No	SXXXX430F

Date Of Birth	02/01/1968
Occupation	Outdoor
Date Of Driving Pass	27/06/1988
Driving experience	34 YEARS
Gender	Male
Mobile Number	(Phone) +65-92440207
Alt. Phone Number	-
Email Address	logistics@haileck.com
Address	BLK 20 TELOK BLANGAH CRESCENT #02-86
Address complement	-
Postcode	090020
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	Collision - Head to Rear
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 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 02/06/2022 @ ABT 1000HRS. I WAS DRIVING ALONG TUAS SOUTH AVE 7 ON THE LEFT MOST LANE. WHEN DRIVING, SUDDENLY VEHICLE B (XE6044Z) WHICH IS IN FRONT OF ME STOP & PARK THE VEHICLE AT THE ROAD SIDE. AS IT WAS TOO SUDDEN, I DO NOT HAVE ENOUGH TIME TO REACT, I THEN KNOCKED ONTO THE SAID VEHICLE AT REAR. NO ONE WAS INJURED IN THIS ACCIDENT. THAT'S ALL.

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	XE6044Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ABDUL HALIL BIN OSMAN
NRIC No	SXXXX984J

Contact Number	(Phone) +65-86525784
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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7. 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 available aforesaid.
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.

   (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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

TECK ENGINEERING (PRIVATE) LIMITED

Policyholder's Signature
Date & Time: 03/06/22

01.06.22
Driver's Signature
(If driver is not the policyholder) 14:15
Date & Time:

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

GIARMC SketchPlan form_V3

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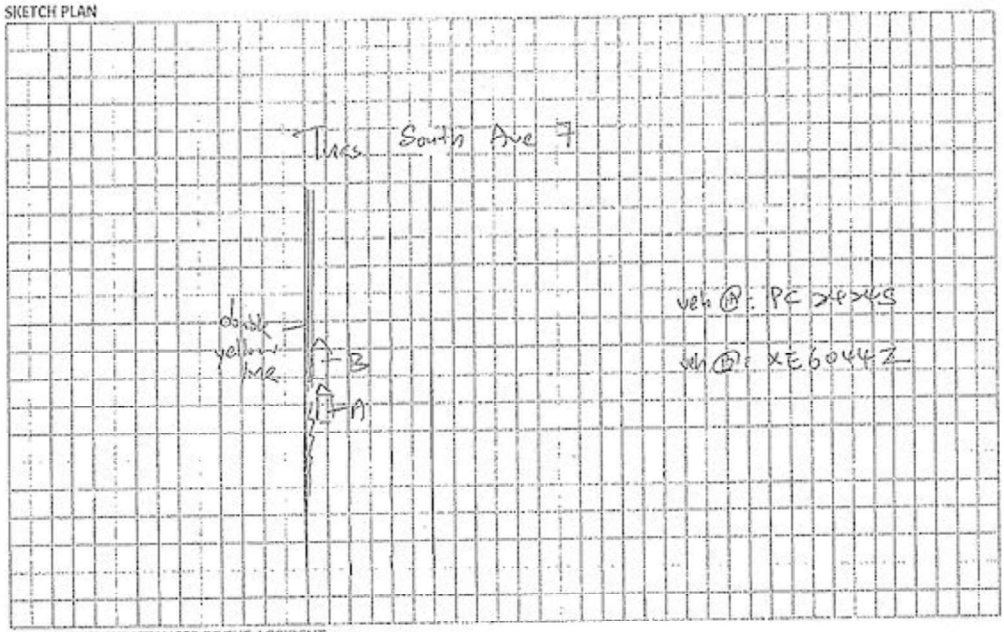
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/06/2022 @ abt 1000hrs

Refer to attachment.

☑ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop
☐ For record purpose

Policy No. DHOM1101665019O3

Insurer U01 (C) Veh.No. PC2425Z

DECLARATION

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

Policyholder's Signature
Date & Time: 02/06/22

Driver's Signature
(If driver is not the policyholder) 14:15
Date & Time: 01.06.22

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

GIARMC SketchPlanForm_V3

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INCIDENT INTERVIEW STATEMENT OF INJURED / WITNESS

Contractor:	Hai Leck E&C Pte Ltd	Project:	Nil
Statement of:	Safiee Bin Sukar (EC2890)	Date of Birth:	JAN 02/1968
Trade / Designation:	Driver	NRIC / Permit No:	S —0430 F
Date / Time of Statement:	02 June 22 / 1500hrs	Interpreted By:	Not necessary
		Recorded By:	HSEM Marhafis

Date & Time of accident: 02/06/22 **Location:** Tuas South Avenue 7

Total no. of persons involved (witnesses + injured persons): 0

No. of years / months with - 1. Company: 10 years

2. Current Project: Driver for Mechanical Dept at 47 TVC

Direct Superior / In-charge: Sankar

Machinery / Tools involved: Passenger Van

Description:

I just finished sending workers to 40 Workshop. My Supervisor Sankar told me to do. I was driving along Tuas South Avenue 7 alone, at lane 3. Then in front of me I saw a trailer But he got hazard light on. To me I cannot assume he is parking. Because a lot of vehicle at This stretch of the road put on hazard light then suddenly move off. So I stick to my lane, Waiting for him to accelerate and I actually expect him to change to middle lane. When I get Nearer to him, I then realize he is actually not going to move. But it's too late already. The road I think is about 70km/hr. I also driving I think around that speed, 69 to 70 km/hr Like that. Everything happen very fast. I know my mistake I never slow down. I should not guess or Assume he was going to move off or change lane. I also know by right if I want to overtake I must overtake by right. My mistake I know. But I am relieve I did not get hurt. That is all I have to say.

(Use additional sheets if necessary)

Signature of Interviewee	Signature of Recorder	Signature of Interpreter Certifying above statement is correct
03.05.22		–