## 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 Actual 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.

- 4. The issue and acceptance 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 27/06/2023 14:17 (SGT) Reported by **Actual Driver** Date of Accident 26/06/2023 11:35 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS TUAS ON 3RD LANE, BEFORE PIONEER RD NORTH **EXIT** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YP8845X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner AAK LOGISTICS SERVICES PTE. LTD. Company Reg No 201325787M **Email Address** peijuan lee@aakls.com Mobile Phone No (Phone) +65-66650190 Alternative Phone No +65-97623134

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Canter Variant FECX1HR4SDEM 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? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00047392302

2998

DRIVER

Name of Driver THANGAVEL DURAI Passport No/FIN G7124285X Date Of Birth 04/02/1972

Occupation Outdoor Date Of Driving Pass 18/12/2012 Driving experience 10 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-84119552 Alt. Phone Number Email Address peijuan\_lee@aakls.com Address BLK 979 JURONG WEST ST 93 #02-321 Address complement Postcode Is the driver the policyholder? Nο 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name HO KWOK HUA Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 26/06/2023 @ ABT 1135HRS. I WAS DRIVING MY COMPANY YP8845X WITH MY COLLEAGUE ALONG PIE TWDS TUAS ON 3RD LANE. UPON APPROACHING BEFORE PIONEER RD NORTH EXIT SUDDENLY VEHICLE B (GBF2909K) KNOCKED ONTO MY LORRY AT RIGHT SIDE. THE IMPACT CAUSING MY LORRY DAMAGE AT RIGHT SIDE. NO ONE WAS INJURED IN THIS ACCIDENT. I AM LODGING THIS REPORT FOR INSURANCE CLAIM PURPOSE. THAT'S ALL.

ATTACHMENT(S)

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

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBF2909K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ASANAR BIN MOHD ALI
-	S1667227J
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

#### 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 Actual Driver.
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.
- 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

PIE twds Tucs before Pronen Rd North Golf

Veh @: YP8845K

veh @: GBF 2909K

26/06/2023 @ est 1135hrs. I was	
h my colleague along PIE touchs Tucs	
fore Proveer Rd North Exit suddenly	vehicle B (GBF 2909 K) knocked
to my long at right side. The	
right side. No one was signed in	this accordent I am lodging
is report for insurance claim purpose.	That's all
	400
	O Claim own policy O Claim third party B Claim OD ATE at other workshop AAK OF or record purpose Policy No. DMCV SNW 000 4 7350
	Insurer China (c) Veh.No. YP 8845

Declaration

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

Policyholder's Signature / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date

SNG AH TEE MOTOR & PANEL SVC PTE LTD

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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# AAK LOGISTICS SERVICES PTE LTD

Blk 153 Bukit Batok Street 11 #03-292 Singapore 650153
Tel: (65) 6665 0190 Fax: (65) 6561 9509
E-mail: admin@aakls.com
Company Registration No.: 201325787M
GST Reg. No.: 201325787M



**biSTATE** 

26th Jun 2023

To: China Taiping Insurance (Singapore) Pte. Ltd.

Dear Sir / Madam,

Re: Accident involving YP8845X and GBF2909K on 26 Jun 2023.

This letter serves to certify that Mr <u>THANGAVEL DURAI</u>, NRIC No. <u>G-7124285-X</u> is currently employed by our company, AAK Logistics Services Pte Ltd as a Driver. He is authorized to drive our company vehicle <u>YP8845X</u>.

Should you require any information, please contact the undersigned at Tel: 6518 4953.

Thank You.

Yours Faithfully Peijuan