

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 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 First Submission	20/07/2024 12:28 (SGT)
Reported by	Actual Driver
Date of Accident	19/07/2024 15:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	BEFORE BALESTIER EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YR1358X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Company Reg No	2XXXXX635R
Email Address	ppemclaims@gmail.com
Mobile Phone No	(Phone) +65-87233003
Alternative Phone No	(Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	150 6AT
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2755

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MFL0005549_04

DRIVER

Name of Driver	ROZAIDEE BIN KELLION
NRIC No	SXXXX351E
Date Of Birth	30/11/1966
Occupation	Outdoor

Driving Pass Date 08/10/2004
 Driving experience 19 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-88737633
 Alt. Phone Number -
 Email Address ppmclaims@gmail.com
 Address BLK 452B SENGKENG WEST WAY #05-397
 Address complement -
 Postcode 792452
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 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
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

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 19-07-24 AT ABOUT 1500 HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER (YR1358X) ALONG CTE ENROUTE FROM SENGKANG TOWARDS RAFFLES BOULEVARD. AS I WAS DRIVING IN THE SECOND LANE, A VEHICLE AHEAD OF ME CHANGED LANE ABRUPTLY SO I CAME TO A STOP TO AVOID COLLISION. HENCE, VEHICLE B (SH8425M) COLLIDED ONTO THE REAR OF MY VEHICLE. I SUSTAINED PAIN IN MY NECK AND BACK AREA DUE TO THIS ACCIDENT.

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 SH8425M
 Vehicle Manufacturer Hyundai
 Vehicle Model Ae ioniq
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi

Name of Driver	-
Contact Number	(Phone) +65-96639679
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ROZAIDEE BIN KELLION
Gender	Male
Phone No	(Phone) +65-88737633
Address	BLK 452B SENGKENG WEST WAY #05-397
Address Complement	-
Post Code	792452
Approximate Age Years Old	57
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	YR1358X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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 center 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 based outside of Singapore, for one or more of the above Purposes.

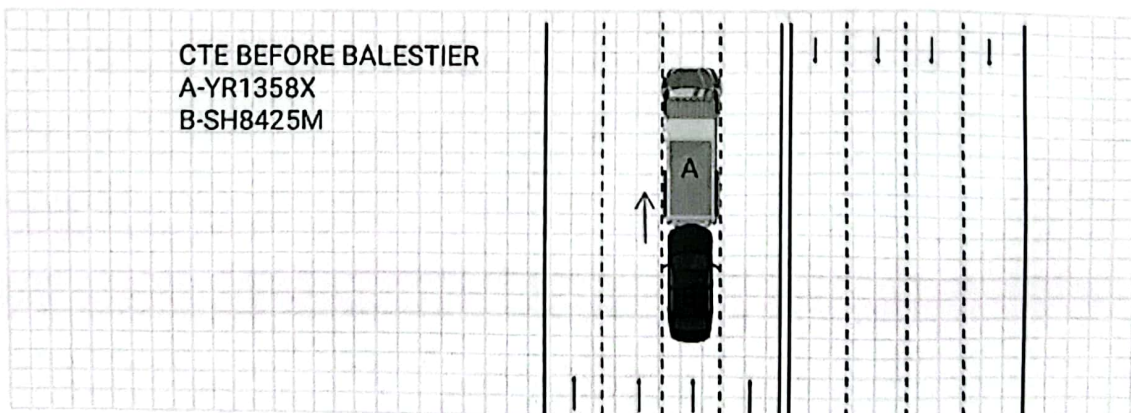
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

19-07-24/1845 HRS



Describe Circumstances of the Accident

ON 19-07-24 AT ABOUT 1500 HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER (YR1358X) ALONG CTE ENROUTE FROM SENGKANG TOWARDS RAFFLES BOULEVARD. AS I WAS DRIVING IN THE SECOND LANE, A VEHICLE AHEAD OF ME CHANGED LANE ABRUPTLY SO I CAME TO A STOP TO AVOID COLLISION. HENCE, VEHICLE B (SH8425M) COLLIDED ONTO THE REAR OF MY VEHICLE. I SUSTAINED PAIN IN MY NECK AND BACK AREA DUE TO THIS ACCIDENT.

Declaration

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

Policyholder's Signature / Date &
Time

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

19-07-24/1845 HRS



Witnessed by Reporting Centre
Personnel