

# 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 .....	21/06/2024 14:17 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	20/06/2024 16:45 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBH650H
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### 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 .....	Nissan
Model .....	Cabstar
Variant .....	3.0 5M/T ABS 2DR 2WD EURO 5
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? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2953

### INSURANCE COMPANY

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

### DRIVER

Name of Driver .....	GAZI HARIDOY
Passport No/FIN .....	GXXXX072N
Date Of Birth .....	14/12/1992
Occupation .....	Outdoor

Driving Pass Date .....	14/07/2017
Driving experience .....	6 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83869103
Alt. Phone Number .....	-
Email Address .....	ppemclaims@gmail.com
Address .....	22 KENG TECK AVE
Address complement .....	-
Postcode .....	628921
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 .....	Fire, explosion or lightning
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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
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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 20 JUNE AT ABOUT 1645HRS I WAS DRIVING VECHILE A BEARING REGISTRATION NUMBER GBH650H ALONG PIE TO TUAS FOR WORKING PURPOSE, WHILE DRIVING ON THIRD LANE SUDDENLY MY VEHICLE ENGINE TURN OFF AUTOMATICALLY THEN I SLOWLY DRIVE TO LAST LANE TO CHECK THE PROBLEMS. WHENEVER GETTING OUT FROM THE VEHICLE I FOUND FIRE FROM REAR OF THE VEHICLE A. NOBODY WAS INJURED DURING THE 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 .....	FIRE
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	-
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**

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 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 involvedisclosure 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

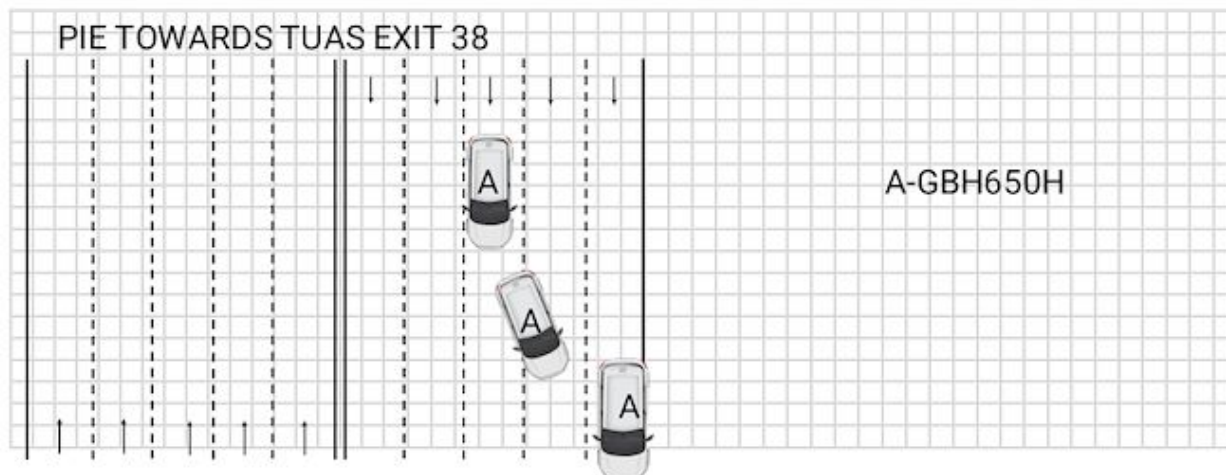
Sketch Plan

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

20 JUNE 2024  
2115HRS

Witnessed by Reporting Centre Personnel

ARAVINDAN



## Describe Circumstances of the Accident

ON 20 JUNE AT ABOUT 1645HRS I WAS DRIVING VECHILE A BEARING REGISTRATION NUMBER GBH650H ALONG PIE TO TUAS FOR WORKING PURPOSE, WHILE DRIVING ON THIRD LANE SUDDENLY MY VEHICLE ENGINE TURN OFF AUTOMATICALLY THEN I SLOWLY DRIVE TO LAST LANE TO CHECK THE PROBLEMS. WHENEVER GETTING OUT FROM THE VEHICLE I FOUND FIRE FROM REAR OF THE VEHICLE A. NOBODY WAS INJURED DURING THE ACCIDENT

## Declaration

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

20 JUNE 2024  
2115HRS



Witnessed by Reporting Centre Personnel

































**SINGAPORE  
POLICE FORCE**



T/20240621/7071

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20240621/7071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2024 15:56		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Gazi hridoy			Address: 22 Singapore #05-04 22 Kian Teck avenue SINGAPORE 628918		
ID Type / ID No.: FIN NO / G6984072N			Contact No.: Home/Office:                      Mobile: 83869103		
Nationality: BANGLADESHI			Email: gazihridoy1992@gmail.com		
Sex: Male	Age: 31	Date of Birth: 14/12/1992	Type of Informant: Lorry fire		
Race: Bangladeshi			Language: English		
Occupation: Lorry driver			Driving Licence Information: Class:                      Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2024 16:45	Type of Location: Straight Road
Location:  JURONG WEST STREET 81				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Vehicle caught fire				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH 650H	Lorry	NISSAN	CABSTAR	Silver	Caught Fire	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20240621/7071

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20240621/7071

CONTINUATION OF REPORT

Lorry fire			
Name	GAZI HRIDOY		ID No. G6984072N
Related Vehicle	NIL		Contact No. 83869103
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

I was driving along the PIE heading towards Tuas. After passing the Jalan Bahar entry, I realised there was smoke coming out from my engine. I quickly filter out from the 3rd lane into the emergency lane. I parked by the road side and quickly get out of my vehicle to make a police report.

The incident happened in between the entry of Jalan Bahar and Pioneer Exit along the PIE



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20240621/7071

3 of 3

Report No. T/20240621/7071

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
21/06/2024 15:56

Classification Of Case:





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0G246L000K Vehicle Registration No: GBH650H  
 Name (as shown in NRIC): PAN PACIFIC VAN & TRUCK LEASING PTE LTD NRIC/FIN/Passport No: 201511635R  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 8 CHANG CHARN ROAD #04-01 LINK (THM) BUILDING Singapore (159637)  
 Contact (Tel): 62840827 Mobile No.: 87233003 - ACCIDENT HOTLINE  
 Email Address: \_\_\_\_\_  
 Date of Accident: 20/06/2024 Time of Accident: 1645HRS  
 Place of Accident: PIE  
 Insurance Company: INDIA INTERNATIONAL INSURANCE PTE LTD

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACHED POLICE REPORT.

  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

  
 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 22.06.2024

