SJ0G24BJ000P / JP Knights Pte Ltd ENTRY DATE & TIME: 19/11/2024 13:25 (SGT) SUBMITTED BY: Flash Reporting VERSION: 1 (19/11/2024 13:25 (SGT))

# **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 this is form by instrained 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 19/11/2024 13:25 (SGT) Reported by **Actual Driver** Date of Accident 19/11/2024 07:55 (SGT) Exact Location of Accident Punggol Fld, Singapore Additional Location Information **TOWARDS PUNGGOL ROAD** Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Mitsubishi

Vehicle Registration Number YP5951S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PAN PACIFIC VAN & TRUCK LEASING PTE LTD Company Reg No 201511635R Email Address ppemclaims@gmail.com Mobile Phone No (Phone) +65-87233003 Alternative Phone No (Office) +65-62840827

#### VEHICLE PARTICULARS

Manufacturer

Model Canter Variant FEB21ER4SDEB (CBU) 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 - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 2998

Vehicle Fuel Diesel First Regisration Date

Chassis no FEB21EA21227

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D19MFL0005549\_05

DRIVER

Driving License Pass Clats Driving License Validity Valid Va	Name of Driver	MAYAVEL MUTHAIYA	
Occupation Outdoor Driving Pass Date 19/01/2010 Driving Pass Date 19/01/2010 Driving License Pass Class 3 Driving License Validity Valid Driving License Validity Valid Driving experience 14 YEARS AND 10 MONTHS Gender Male (Phone) +65-90528546 Att. Phone Number (Phone) +65-90528546 Att. Phone Number - Email Address - Email Address - Address - Address - Address - Address - Driving License Pass Class - Driving License Validity - Driving experience 14 YEARS AND 10 MONTHS Male (Phone) +65-90528546 Att. Phone Number - Email Address - Driving License Validity - Email Address - Driving License Validity - Driving License Validity - Email Address - Driving License Validity - Email Address - Driving License Validity - Drivin	•		
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Gender Mobile Number (Phone) +65-90528546 Alt. Phone Number - Email Address - Complement - Postcode - Is the driver the policyholder? - If No, Relationship of the Driver with the Insured Hirer - Does Driver Own Other Vehicles? - 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 - Weather Conditions - Road Surface -  OTHER INFORMATION  Was any foreign vehicle involved in the accident? - Was any foreign vehicle involved in the accident - Was any other vehicle or property damaged? - Was any other vehicle or property damaged? - Was any other vehicle or property damaged? - Has the driver been approached by unknown person(s) - Soliciting/offering accident claims assistance? - Translator's ID - Translator's plone number - Translator's email -  -  Insurance Company of Other Vehicle Ore -  Postode -  Address -  Address -  Ppemclaims@gmail.com -	•	Valid	
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Address 2 TANJONG PENJURU CRESCENT #06-02 Address complement - Collision - Head to Rear Raining Road Surface Wet OTHER INFORMATION  Was any foreign vehicle involved in the accident 2 Was any object in vehicle involved in the Accident? Was any injured conveyed to hospital by ambulance? Was any injured conveyed to hospital by ambulance? Was any injured conveyed to hospital by ambulance? No Was any foreign experience (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's phone number Translator's phone number Translator's phone number Translator's email   608968 No		-	
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Original language used in the statement			
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DETAILS OF POLICE ACTION	DETAILS OF POLICE ACTION		
Was the accident reported to the police? No	Was the accident reported to the police?	No	
Was notice of intended Prosecution given?			
If yes, against whom?			
CIRCUMSTANCES OF ACCIDENT	CIRCUMSTANCES OF ACCIDENT		
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ON 191124 AT AROUND 0755 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (YP5951S) ALONG PUNGGOL FIELD TOWARDS PUNGGOL ROAD. I WAS EN-ROUTE FROM PUNGGOL FIELD HEADED TOWARDS SUMANG LANE FOR WORK PURPOSES. SUDDENLY, AS I WAS ON THE RIGHT LANE ON THE SLIP ROAD TOWARDS PUNGGOL ROAD, THERE WAS AN IMPACT FROM THE FRONTAL OF VEHICLE A. VEHICLE A COLLIDED HEAD TO REAR OF VEHICLE B BEARING REGISTRATION NUMBER (SKW9910M). DAMAGES WERE FOUND ON THE FRONTAL PORTION OF VEHICLE A AND REAR PORTION OF VEHICLE B. NO INJURIES WERE SUSTAINED AT THE TIME OF ACCIDENT.

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	

ATTACHMENT(S)

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

Vehicle Registration Number Vehicle Manufacturer	SKW9910M Nissan
Vehicle Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	ELAINE
Contact Number	(Phone) +65-82882351
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

### **IMPORTANT NOTICE**

- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
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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 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.
- 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)

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 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.
- (ii) 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.

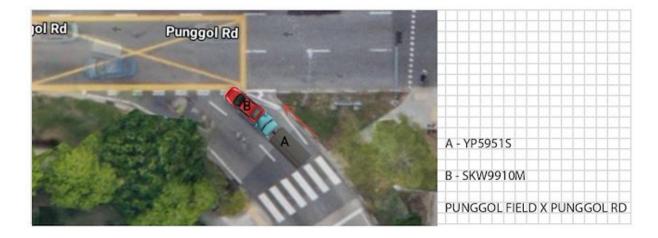
Wira

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time 19/11/2024 - 1030 HRS

Witnessed by Reporting Centre Personnel

#### Sketch Plan



#### Describe Circumstances of the Accident

ON 191124 AT AROUND 0755 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (YP5951S) ALONG PUNGGOL FIELD TOWARDS PUNGGOL ROAD. I WAS EN-ROUTE FROM PUNGGOL FIELD HEADED TOWARDS SUMANG LANE FOR WORK PURPOSES. SUDDENLY, AS I WAS ON THE RIGHT LANE ON THE SLIP ROAD TOWARDS PUNGGOL ROAD, THERE WAS AN IMPACT FROM THE FRONTAL OF VEHICLE A. VEHICLE A COLLIDED HEAD TO REAR OF VEHICLE B BEARING REGISTRATION NUMBER (SKW9910M). DAMAGES WERE FOUND ON THE FRONTAL PORTION OF VEHICLE A AND REAR PORTION OF VEHICLE B. NO INJURIES WERE SUSTAINED AT THE TIME OF 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

Witnessed by Reporting Centre

Personnel















