

# 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 .....	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

Vehicle Registration Number .....	YP5951S
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### 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 .....	Mitsubishi
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 Registration 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

Name of Driver .....	MAYAVEL MUTHAIYA
Passport No/FIN .....	G8483075K
Date Of Birth .....	25/04/1980
Occupation .....	Outdoor
Driving Pass Date .....	19/01/2010
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	14 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90528546
Alt. Phone Number .....	-
Email Address .....	ppemclaims@gmail.com
Address .....	2 TANJONG PENJURU CRESCENT #06-02
Address complement .....	-
Postcode .....	608968
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 .....	Raining
Road Surface .....	Wet

#### 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
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 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.

#### 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 .....	SKW9910M
Vehicle Manufacturer .....	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**

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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 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

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**

A - YP5951S

B - SKW9910M

PUNGGOL FIELD X PUNGGOL RD

## Describe Circumstances of the Accident

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## 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





















































