

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	27/05/2024 11:30 (SGT)
Reported by	Actual Driver
Date of Accident	25/05/2024 15:15 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	(SLE) BEFORE CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9685U
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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	Toyota
Model	Hiace
Variant	-
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	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

Name of Driver	PALANIKUMAR VIGNESH
Passport No/FIN	G8757514X
Date Of Birth	11/06/1997
Occupation	Outdoor
Driving Pass Date	31/03/2020
Driving License Pass Class	-
Driving License Validity	-
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82693046
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	288 COMPASSVALE CRESCENT #02-357
Address complement	-
Postcode	542288
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 25/05/2024 AT ABOUT 1515HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER GBD9685U ENROUTE FROM PASIR RIS TO WOODLANDS FOR WORK PURPOSES. WHILE DRIVING ALONG TPE (SLE) BEFORE CTE IN LANE 2 THE VEHICLES INFRONT JAM BRAKE AND I REACTED BY JAM BRAKING TOO BUT DID NOT MANAGE TO STOP IN TIME AS THE FLOOR WAS WET AND MY VEHICLE HAD SKIDDED FROM THE BRAKING. THE FRONT OF MY VEHICLE HIT ONTO THE REAR OF VEHICLE (B) BEARING REGISTRATION NUMBER YQ7387C. THE FRONT OF VEHICLE (B) HAS ALSO HIT ONTO THE REAR OF VEHICLE (C) BEARING REGISTRATION NUMBER GBH5524G. NOBODY WAS INJURED.

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	YQ7387C
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AUNG KYAW HTET
NRIC No	G6294542M
Contact Number	(Phone) +65-83124959
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH5524G
Vehicle Manufacturer	Mitsubishi
Vehicle Model	L200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHELLA NADAR JOE
NRIC No	G8114576N
Contact Number	(Phone) +65-97274847
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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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.

P. Vignesh

20/05/2024

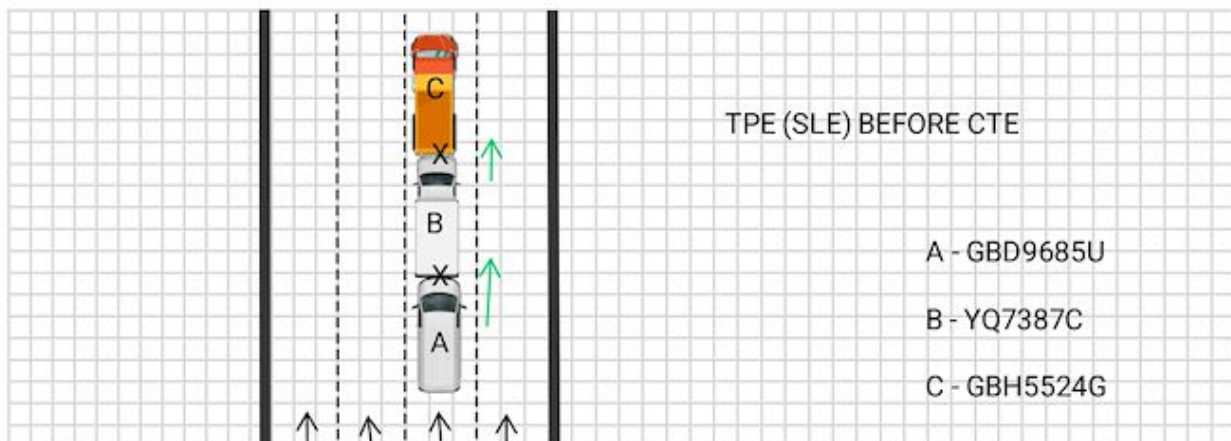
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

25/05/2024 1700HRS



Describe Circumstances of the Accident

ON 25/05/2024 AT ABOUT 1515HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER GBD9685U ENROUTE FROM PASIR RIS TO WOODLANDS FOR WORK PURPOSES. WHILE DRIVING ALONG TPE (SLE) BEFORE CTE IN LANE 2 THE VEHICLES INFRONT JAM BRAKE AND I REACTED BY JAM BRAKING TOO BUT DID NOT MANAGE TO STOP IN TIME AS THE FLOOR WAS WET AND MY VEHICLE HAD SKIDDED FROM THE BRAKING. THE FRONT OF MY VEHICLE HIT ONTO THE REAR OF VEHICLE (B) BEARING REGISTRATION NUMBER YQ7387C. THE FRONT OF VEHICLE (B) HAS ALSO HIT ONTO THE REAR OF VEHICLE (C) BEARING REGISTRATION NUMBER GBH5524G. NOBODY WAS INJURED.

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
25/05/2024 1700HRS

Witnessed by Reporting Centre Personnel

