

## 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 .....	09/01/2025 10:45 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	07/12/2024 21:45 (SGT)
Exact Location of Accident .....	Bedok North Ave 2, Singapore
Additional Location Information .....	TOWARDS BEDOK NORTH RD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBE4944A
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	PAN PACIFIC VAN & TRUCKS 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 .....	Nissan
Model .....	Nv350
Variant .....	PANEL VAN 2.5 5MT 5DR EURO V
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 .....	2488
Vehicle Fuel .....	Diesel
First Registration Date .....	-
Chassis no .....	JN1MC2E26Z0005375
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 .....	GOVINDHASAMY SANTHOSH
Passport No/FIN .....	M4468276U
Date Of Birth .....	14/09/1998
Occupation .....	Outdoor
Driving Pass Date .....	20/01/2021
Driving License Pass Class .....	Foreign driving license
Driving License Validity .....	Valid
Driving experience .....	3 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83137855
Alt. Phone Number .....	-
Email Address .....	ppemclaims@gmail.com
Address .....	BLK 272 TAMPINES STREET 22 #01-22
Address complement .....	-
Postcode .....	520272
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? .....	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 07122024 AT ABOUT 2145HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (GBE4944A) ALONG BEDOK NORTH ANENUE 2 EN-ROUTE FROM AMBER RD TOWARDS TAMPINES RD BACK TO HOME, WHILE I WAS TURNING RIGHT TOWARDS BEDOK NORTH RD WHEN VEHICLE B BEARING REGISTRATION NUMBER (SMR7448Y) WHICH WAS AHEAD OF MY VEHICLE SUDDENLY JAM BRAKE STOPPED I COULD NOT REACT IN TIME AND REAR ENDED ONTO VEHICLE B REAR PORTION. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

#### 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 .....	SMR7448Y
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	NOTE 1.2 CVT
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	REAR PORTION
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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. 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 &amp; Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

08/01/2025 – 19:00HRS



## Describe Circumstances of the Accident

ON 07122024 AT ABOUT 2145HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (GBE4944A) ALONG BEDOK NORTH AVENUE 2 EN-ROUTE FROM AMBER RD TOWARDS TAMPINES RD BACK TO HOME, WHILE I WAS TURNING RIGHT TOWARDS BEDOK NORTH RD WHEN VEHICLE B BEARING REGISTRATION NUMBER (SMR7448Y) WHICH WAS AHEAD OF MY VEHICLE SUDDENLY JAM BRAKE STOPPED I COULD NOT REACT IN TIME AND REAR ENDED ONTO VEHICLE B REAR PORTION. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

## 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



08/01/2025 - 19:00HRS































**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66SS0020G / GST Reg. No.: M400017735

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

### ADDENDUM

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

Original Report No : SJ0G25190002 Vehicle Registration No: GBE4944A  
 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 ( )  
 Contact (Tel) : 62840827 Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 07/12/2024 Time of Accident : 21:45  
 Place of Accident : Bedok North Ave 2,  
 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:

TO UPDATE ACCIDENT MONTH AND YEAR

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Policyholder / Driver's Signature  
 Date:



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





