

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 03/07/2024 15:31 (SGT)
Reported by Actual Driver
Date of Accident 01/07/2024 17:45 (SGT)
Exact Location of Accident Alexandra Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH7530A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Company Reg No 2XXXXX635R
Email Address ppmclaims@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
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2488

INSURANCE COMPANY

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

DRIVER

Name of Driver MAS WAN BIN MD ZIN
NRIC No SXXXX244F
Date Of Birth 07/07/1969
Occupation Outdoor

Driving Pass Date	21/01/1998
Driving experience	26 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97725730
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	BLK 892A WOODLANDS DRIVE 50 #02-149
Address complement	-
Postcode	730892
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 - Change/cross lane
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?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO : T/20240701/2078

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	SLW7636G
Vehicle Manufacturer	Honda
Vehicle Model	AIRWAVE 1.5M SKYROOF A
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	MDM SOH
NRIC No	SXXXX481D
Contact Number	(Phone) +65-93865849
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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:

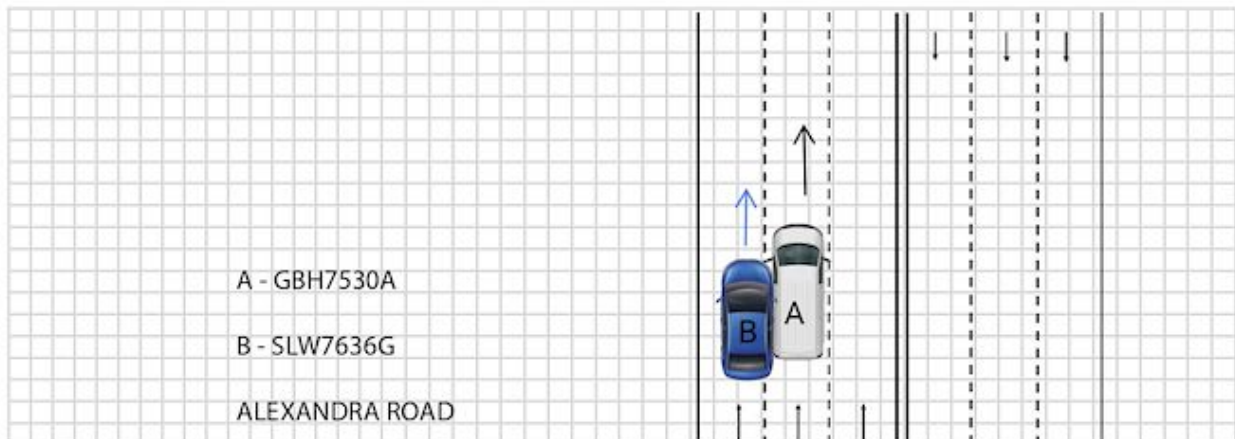
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Witnessed by Reporting Centre Personnel

Sketch Plan



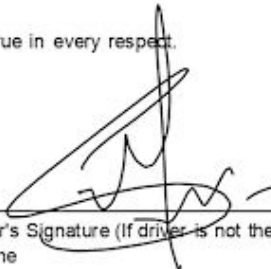
Describe Circumstances of the Accident

REFER TO POLICE REPORT NO : T/20240701/2078

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

Witnessed by Reporting Centre Personnel











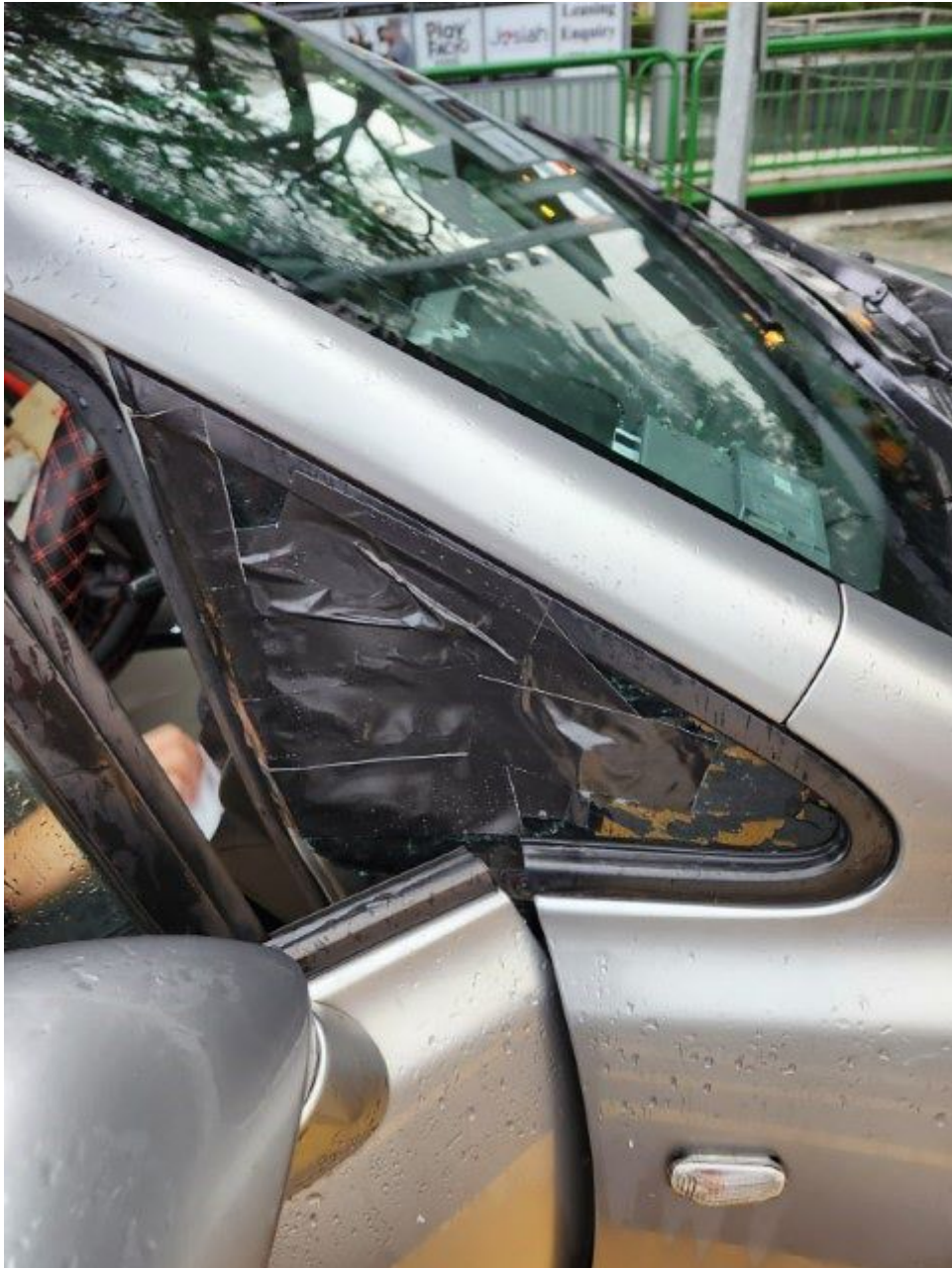




















SINGAPORE POLICE FORCE



T/20240701/2078

1 of 3

Report No. T/20240701/2078

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2024 19:30	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: MAS WAN BIN MD ZIN		Address: 892A WOODLANDS DRIVE 50 #02-149 SINGAPORE 730892	
ID Type / ID No.: NRIC NO / S6920244F		Contact No.: Home/Office: Mobile: 97725730	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 07/07/1969	Type of Informant: Driver
Race: Malay		Language:	
Occupation: DRIVER		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/07/2024 17:45	Type of Location: Straight Road
Location: ALEXANDRA ROAD				
Weather: Heavy rain		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBH7530A	Motor van				Slightly Damaged	0
SLW7636G	Motor car				Slightly Damaged	0

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**


T/20240701/2078

2 of 3

Report No. T/20240701/2078

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Driver Name		MAS WAN BIN MD ZIN		ID No.	S6920244F
Related Vehicle		GBH7530A (Motor van)		Contact No.	97725730
Hospital/Clinic		NIL		Class of Driving Licence & Expiry	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL		
No. of Days granted Medical Leave	NIL	Degree of	NIL		
Driver Name		MS SOH		ID No.	S7271481D
Related Vehicle		SLW7636G (Motor car)		Contact No.	93865849
Hospital/Clinic		NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL		
No. of Days granted Medical Leave	NIL	Degree of	NIL		

Brief Details.

On 01/07/2024 at about 1745hrs, I was driving my company van bearing number GBH7530A along Alexandra Road.

While I am travelling on the middle lane out of a sudden a vehicle bearing number SLW7636G side swipe to my left area.

Subsequently, I then informed the driver to stop at the side to settle the issue.

I wish to state that no people injured from the incident.

I am lodging this report as my company need it.

I wish to state the female driver admit that she did not saw me driving forward and she then change lane.



**SINGAPORE
POLICE FORCE**



T/20240701/2078

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Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3
Report No. T/20240701/2078

CONTINUATION OF REPORT

Signature of Officer Recording The
L/
SGT 2 LIM MING CHONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/07/2024 19:30

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65478151

Classification Of Case:

NP168