

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 Authorised 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 Report	10/06/2019 12:58
Date Of Accident	09/06/2019 06:50
Exact Location Of Accident	MARINA TOWARDS ECP CHANGI/ROCHOR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ135J
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Insured/Policyholder

Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	EFFICIENTLOYANG@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62840827

Vehicle Particulars

Manufacturer	HINO
Model	XZU710R-4.0 D 14FT WIDE CAB 5T (M)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	DAWINDER PAL SINGH
Passport No/FIN	G6617302Q
Date Of Birth	01/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94879618
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	1 TUAS SOUTH ST 12
Postcode	636946
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	9
Passenger 1	NAME: : DILJEET SINGH GENDER: : MALE
Passenger 2	NAME: : RAJMOHAN SINGH GENDER: : MALE
Passenger 3	NAME: : DALWAR GENDER: : MALE
Passenger 4	NAME: : SURESH GENDER: : MALE
Passenger 5	NAME: : NARAYAN GENDER: : MALE
Passenger 6	NAME: : RAFIQUL GENDER: : MALE
Passenger 7	NAME: : MINHAJ. GENDER: : MALE
Passenger 8	NAME: : MONTAJ GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7091E
Vehicle Make/Model/Colour HYUNDAI I40 YELLOW
Details Of Properties
Vehicle Category TAXI
Name of Driver QUEK SZY MIN
NRIC/Passport Number S8138495I
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Devinadas - SAKIN

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

10/6/19
1360 hrs



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

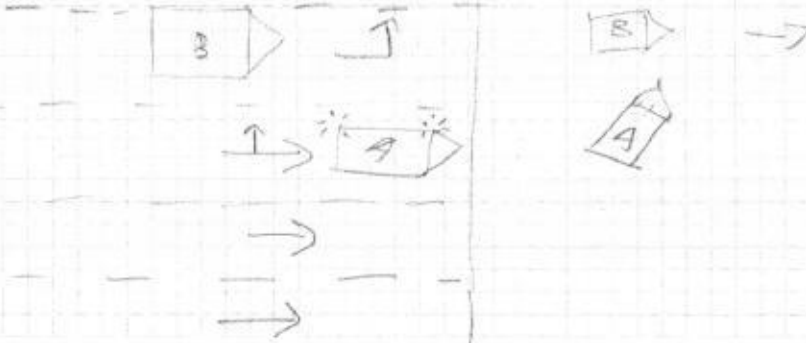
Sketch Plan #2 Pg. 1

SKETCH PLAN



ECF Changi
Collo. Rd

A- YG135J
B-SHC7091E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DATE - 09/06/2019
TIME - 06:50 - AM
Location - ROHROC-Road - ECP - CHANGI - NEW - MARINA BAY.

Am - DAWINDER PAL SINGH - I DRIVING YG-135J LOBBY.
I FOLLOW MY LINE. I THREE LINE ECP CHANGI. I FOLLOW
THREE LINE. I ALL ROAD FOR SIGNAL I TOB TRAM LEFT
ONE TAXI COMING WRONG WAY (SHC-7091E) TAXI HEED MY
LOBBY. I HAVE VIDEO SHE WANT GO STRAT. SHE FOLLOW THE
WRONG LINE. THIS THREE TRACK GO ECP CHANGI. SHE
FOLLOW SECOND LINE. SHE BUT WANT GO STRAT.
SHE VERY FAST

I HAVE VETANS 9 PERSON SITTING MY LOBBY IN FRONT

NAME - BHULAR - DALJEET - SINGH
RAJMOHAN - SINGH

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder
Date & Time:



Dawinder - Singh

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

6/6/19
1300h



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