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 witholding 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

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	ACCIDENT STATEMENT
Date Of Report	07/11/2019 14:32
Date Of Accident	26/10/2019 16:10
Exact Location Of Accident	HILLVIEW ROAD TOWARDS HILLVIEW AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE226R
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	TOYOTA
Model	HIACE-3.0 D (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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D19MFL0005549
Cover Note Number	
Driver	

Driver

Name of Driver NOR AZEMIR BIN NOR JEFFREY

NRIC No S9222910F Date Of Birth 17/06/1992 Occupation **OUTDOOR Date Of Driving Pass** 22/08/2013

Driving Experience 6 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82893611

Fax Number Contact Number

EMail Address NOEMAIL Address BLK 507 JELAPANG ROAD

#07-12

Postcode 670507

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 COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING
Road Surface WET

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

ON THE 26TH PCT 2019, I WAS TRAVELLING ALONG HILLVIEW ROAD TOWARDS HILLVIEW AVE. I STOPPED BEHIND A VEHICLE (VEH B) AT THE STOP LINE WAITING FOR THE TRAFFIC TO CLEAR FROM THE ROUNDABOUT. I SAW (VEH B) STARTED TO MOVE FORWARD AND I FOLLOWED SUIT. SUDDENLY (VEH B) MADE A SUDDEN STOP, I WAS UNABLE TO REACT IN TIME TO STOP FULLY AND LIGHTLY KNOCKED INTO THE REAR OF (VEH B). THERE WAS MINOR SCRATCHES TO HIS REAR BUMPER.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD7394D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LAI TAT SENG

NRIC/Passport Number S1450209B

Contact Number 96334973

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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 centre 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:
 - 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 Signa Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

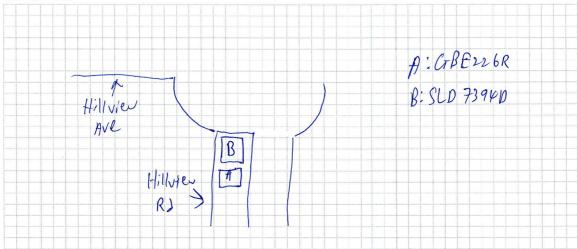
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

TRUC

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 26th oct 2019, I was traveling along Hillview Pd towards Hillview Ave. I Stopped behind a vehicle (veh B) at the Stop line
Hillview Ave. I Stopped behind a vehicle (veh B) at the Stop line
worthing for the traffic to clear from the roundwood. I saw (veh B) Showled to move forward and I followed suit. Suddenly (veh B) made a sudden stop, I was unable to react in time to Gop fully and lightely knocked into the rear of (veh B). There may minor stratcles
Started to move forward and I followed suit. Suddenly (veh B) made
a Sudden Stop, I was mable to react in time to stop fully and
lightely knocked into the rear of (veh B). There may minor smaller
to his rear bunper.

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:

O Re

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SIARMC SketchPlanForm_V3

Identification Card Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9222910F





NOR AZEMIR BIN NOR JEFFREY

ENTANDIOR ACCIDENT CLAIM USE ONLY

17-06-1992

Country of birth

S9222910F FICIENT MOTOR ACCIDENT CLAIM USE ONLY APT BLK 507 JELAPANG ROAD #07-12 SINGAPORE 670507 NRIC No: \$9222910F 03/09/2015 Date:

Driving License Pg. 1























