

## 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	16/12/2019 11:20
Date Of Accident	10/11/2019 00:10
Exact Location Of Accident	ALONG CTE TOWARDS YIO CHU KANG ROAD (SLIP ROAD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4816X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96926098
Alternative Phone No	OFFICE-62840827

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 (A)
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

Name of Driver	WONG CHIN YUNG
NRIC No	S7460855H
Date Of Birth	04/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	13/01/2006
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96926098
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	4 LORONG 42 GEYLANG
Postcode	398023
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	SIDE SWIPE
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?	NO
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)	2
Passenger 1	NAME: : STAFF GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT.

#### 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	SHC6099R
Vehicle Make/Model/Colour	SILVER TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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:

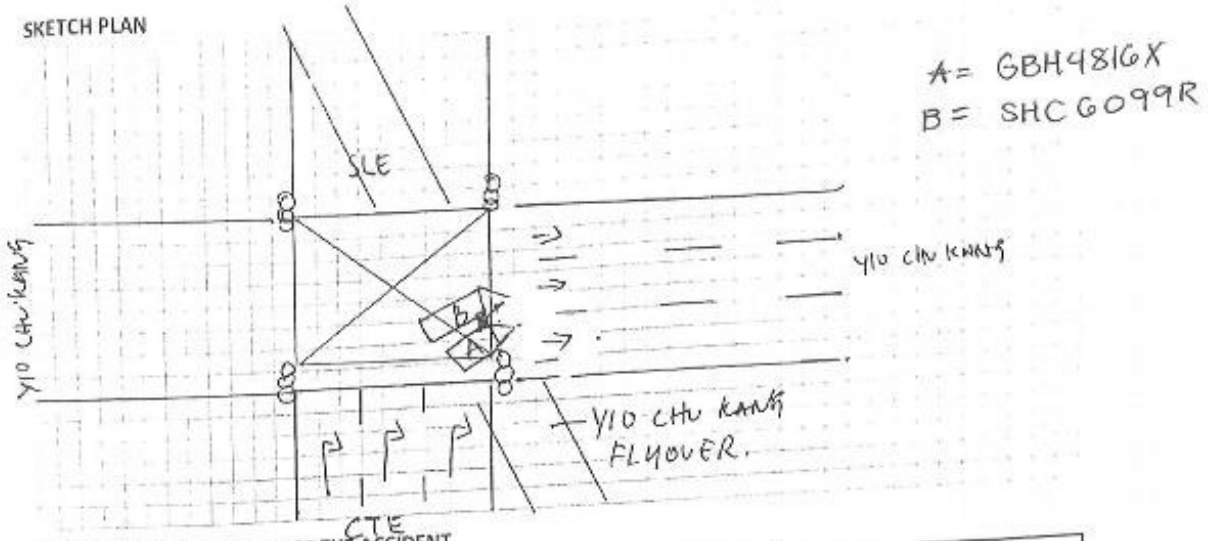
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/12/14 7:40H

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

# Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police Report.

## 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: 14/12/14 - 1340 h

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

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



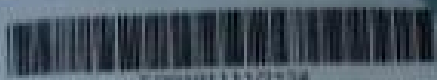


Accident Photo






# Police Report

  
 T/20191111/2124

1 of 3  
 Report No. T/20191111/2124



**SINGAPORE  
POLICE FORCE**  
 Police Station Of Origin:  
 Traffic Police  
 10 Ulu Avenue 3 SINGAPORE 408665  
 Tel No: 65470000

<b>REPORT OF A TRAFFIC ACCIDENT</b>		Video Report No.:	Station Diary No.:
Date/Time Report Made: 11/11/2019 18:45			
<b>Informant's Particulars</b>		Address: 4A LORONG 42 GEYLANG SINGAPORE 398023	
Name of Informant: WONG CHEN YUNG		Contact No.:	Mobile: 96926098
ID Type / ID No. NRIC NO / S746085594		Home/Office:	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 45	Date of Birth: 04/07/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class:	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/11/2019 00:10	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY EXIT TWRDS YIO CHU KANG RD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH4816X	Van					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181111/2124

2 of 3

Report No. T/20181111/2124

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

## CONTINUATION OF REPORT

Driver			
Name	WONG CHIN YUNG	ID No.	57460855H
Related Vehicle	GBH4816X (Van)	Contact No.	96926098
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the above mentioned date time and location,  
I was travelling along CTE towards the exit of Yio Chu Kang Rd, on the first lane. I was about to make a right turn at the junction. I did not notice any collusion at the point of time. I am not aware that I had collided into the left front portion of the vehicle, until the IO gave me a call regarding the accident. That's all.

Police Report



**SINGAPORE  
POLICE FORCE**



TJ20191111/2124

3 of 3

Report No. TJ20191111/2124

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408665


Tel No. 65470000

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan.

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:   
TP /  
MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI

Signature Of Informant:



Signature Of Interpreter:  
Not applicable

Date/Time:  
11/11/2019 18:45

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No. : 65476151

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Authentication Stamp  
SP106

Signature: 



Identification Card



Identification Card



Driving License



## Driving License

