#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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

aforesaid.		
Marin Diving Contain The Printer of	ACCIDENT STATEMENT	
Date Of Report	13/11/2019 14:47	
Date Of Accident	12/11/2019 12:10	
Exact Location Of Accident	PENJURU ROAD (TOWARDS AYE)	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF6286Y	
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 (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	THIRD PARTY	
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	SURIYATI BINTE KHAMIS	
NRIC No	S6945544A	
Date Of Birth	31/12/1969	
Occupation	OUTDOOR	
Date Of Driving Pass	30/04/2013	
Driving Experience	6 YEARS AND 6 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-98169903	
Fax Number		
0-4-4111		

NOEMAIL

BLK 109 BUKIT BATOK WEST AVENUE 6 Address

#10-24

650109 Postcode

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

NO

YES

2

NO

NO

1

ROAD: 21 BUKIT BATOK EAST AVE 4, POSTCODE: 659840, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-6659999 - FAX NO: 66655793 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLSE REFER 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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SKM967L

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

MUHAMMAD REDWAN BIN YUNOS Name of Driver

NRIC/Passport Number S9639195A

Contact Number

Address

Postcode

Insurance Company Name

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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:

- 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)
  - (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
- 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.
- 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.
- 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\*

Date & Time:

Driver's Signature

(If driver is not the policyholder)

din

Date & Time: 18/11/2019

Name:

Reporting Cent NRIC/FIN No.:

el's Signature

SKETCH PLAN	Payin roal	. (4000 role 345)
Penjuru Rd. Lorry		
	agal criting ,	A: G8F 62864 B: SKM 967L
	9048 240	

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was alriana has believe along at Pennoru Rd. Single lane sway Road
I was alriping her refuse along at Penjuru Rd. Single lane away Rurad 13 November about 12.40 am it was Jam and I moved right to give was want who wanted to twent of 4 art tackte and straight
once was who wanted to furnifull at tackte and straight
12 November about 12 16 pm I was driving at perjury Rel, it was som
very slow move so 1. Moved slightly to the right over the line to give way
to the lurry who wanted to turn left near werehouse, the front car sudden
Very slow move so I. Moved Slightly to the right over the line to give way to the larry who wanted to tarn left near werehouse, the front car suddent make an illegal U-lurn, right: He keep on blanning me i over the line.  Ne stop at right side to exchange particulars and he take my phone number and dight wanna return my calls.
We stop at right side to exchange particulars and he tree my prome
numely and dight Wanna resum my caus.

DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature
(If driver is not the policyholder)
Date & Time: 13/11/2019

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

# **Enquire Vehicle Transfer Fee**

## **Vehicle Details**

NOx Emission:

Vehicle No. **GBF6286Y** Make / Model TOYOTA / HIACE DX 3.0 AUTO Vehicle Attachment 1: Vehicle Type: No Attachment A50 - Goods (Closed) Van/Van Panel (Delivery) Chassis No.: Vehicle Scheme: KDH2010204929 Normal Engine No.: Propellant: 1KD2647146 Diesel Engine Capacity: Motor No.: 2982 cc Maximum Power Output: Power Rating: Unladen Weight: Maximum Laden Weight: 1800 kg 3235 kg Original Registration Date: Year Of Manufacture: 11 Jan 2017 2016 COE Category: Lifespan Expiry Date: C - Goods Vehicle & Bus 10 Jan 2037 COE Expiry Date: PQP Paid: 10 Jan 2027 \$45,047.00 PARF Eligibility Expiry Date: Road Tax Expiry Date: 10 Jan 2020 Intended Transfer Date: Inspection Due Date: 15 Nov 2019 10 Jan 2020 CEV/VES Rebate Utilised Amount: CO2 Emission: 212.00 (g/km) HC Emission: CO Emission:

PM Emission: