# 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 <u>truthful and accurate</u> 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

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/12/2019 12:22
Date Of Accident	25/11/2019 11:15
Exact Location Of Accident	568 EAST COAST ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH206H
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	NISSAN
Model	CABSTAR-3.0 (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	
Name of Driver	

Name of Driver ELJER CHUA
NRIC No S9720699F
Date Of Birth 27/06/1997
Occupation OUTDOOR
Date Of Driving Pass 27/09/2017

Driving Experience 2 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90098555

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 222A SUMANG LANE

#07-217

Postcode 821222

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

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#### **General Information of the Accident**

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE

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.

Number of Passengers (Including Driver)

NO 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

# **Circumstances of Accident**

I WAS DRIVING ALONG THE ROAD AND THE DOOR BEHIND SWING OUTWARDS AND HIT THE ACCIDENT VEHICLE. AT THAT POINT, I DID NOT NOTICE THAT I HIT THE CAR WHEN THE DOOR SWING OPEN. I WENT DOWN TO CLOSE THE BACK DOOR AND LOOKED AT THE VEHICLE NOTHING WRONG SO I CLOSED AND CARRY ON DRIVING. I ONLY CAME TO KNOW OF THIS ACCIDENT WHEN MY MANAGER SHOWED ME A SCREENSHOT OF THAT INCIDENT. AND ONLY WHEN I WENT TO COLLECT MY SALARY ON 22ND DECEMBER 2019 THEN HE TOLD ME TO PAY EXCESS FOR ACCIDENT AND ON 27TH DECEMBER 2019 THEN HE ASK ME TO HEAD TO LOYANG AND HE SAID HE WOULD SEND ME ADDRESS LATER THAT NIGHT. I ASKED HIM FOR THE ADDRESS AT 1956HRS BUT HE DID NOT REPLY ME. ONLY TODAY, 30TH DECEMBER 2019 HE SENT ME THE ADDRESS AT 1110HRS SO I CAME TODAY AS SOON AS I RECEIVED THE SMS. IT WAS MY FIRST TIME GETTING INTO AN ACCIDENT AND I DIDN'T KNOW I HAD TO MAKE A REPORT FOR IT UNTIL MY MANAGER TOLD ME TO DO SO.

# Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMN7912U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

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

### Accident Sketch Plan1 Pg. 1

# **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.

gypulva

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

30/12/19 1230 hrs

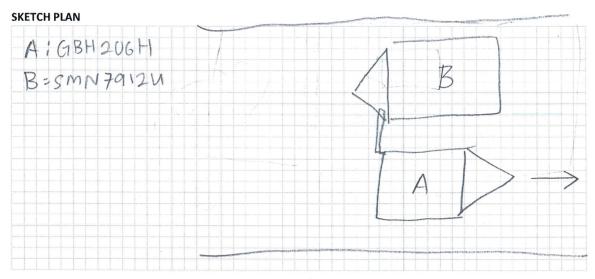
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Policyho

Date & Tim

# Accident Sketch Plan2 Pg. 1



# **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving along the road and the door behind swing outwards and hit the accident vehicle.
At that point, I did not notice that I hit the car when the door swing open. I went down
to close the back door and looked at the relicle nothing wrong so I closed and carry on
driving. I only came to know of this accident when my manager showed me a screenshot
of that incident, And only when I went to collect my salary on 22rd December 2019 then
he told me to pay excess for accident and on 27th December 2019 then he ask me
to head to loyang and he said he would send me address later that night. I asked him
for the address at 1956 hrs but he did not reply me. Only today, 30th December 2019
he sent me the address at 1110 hrs so I came today as soon as I received the SMS.
It was my first time getting into an accident and I didn't know I had to make a reput
for it until my manager told me to do so.

DECLARATION

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

Policyholder's 31 pature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

30/12/19 1230 hrs

gyrana

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

Page 5 of 8





**M** Date of birth Date of birth
27 JUN 1997
Date of issue
25 OCT 2018
Date of expiry
12 FEB 2024
Modifications FFFCENT MOTOR
National 10 No
S9720699F

ELJER CHUA (CAI ZHIJIE)

Nationality SINGAPORE CITIZEN
Place of birth
SINGAPORE

PASGPCHUA<<ELJER<<<<<<<<<< K0806746N2SGP9706279M2402125S9720699F<<<<<56



#### INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711 Office (65) 63476100 Email insure@iii.com.sg

Fax (65) 62244174 Website www.iii.com.sg

#### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MFL0005549

**COVER:** Comprehensive

1. Index Mark and Registration Number of Vehicle

GBH206H

Chassis No

JN1SC2F24Z0861012

2. Name of Policyholder

PAN PACIFIC VAN & TRUCK LEASING PTE LTD

3 Effective date of Insurance

15 Oct 2019

4. Expiry date of Insurance

: 14 Oct 2020

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission.

The Hirer.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

- 6. Limitations as to use\*
  - (1) Use in connection with the Policyholder's business or Hirer's business.
  - (2) Use for social, domestic and pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired.

### The Policy does not cover

- (1) Use for racing, pace-making, reliability trial, or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired...
- (4) Use for any purpose in connection with the Motor Trade.
- \*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Excess All Claims

SGD

1,500.00

Windscreen Excess

SGD

100.00

Hire Purchase Company

**OCBC Bank Limited** 

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$2500.00 ON ALL CLAIMS WILL BE APPLICABLE.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agent/Broker : B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD

Date of Issue

: 14/10/2019 12:11:05

M.Z. 301C - GOODS CARRYING - HIRE(Company's use)

For India International Insurance Pte Ltd

**Authorised Signatory** 

# Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM		
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:	
	Original Report No: MEME 1917 1032 Vehicle Registration No: GBH 206H  Pan Paich & Van dy Truck  Name(as shown in NRIC): NRIC/FIN/Passport No:	
	Name(as shown in NRIC): NRIC/FIN/Passport No :	
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate	
	Address :Singapore( )	
	Contact (Tel) :Mobile No.:	
	Email Address :	
	Date of Accident: 25/11/2019 Time of Accident: 1115ths.  Place of Accident: 568 Bast Coast Road  Insurance Company: India International Insurance PK Udd	
	Place of Accident: 568 Bast Coast Road	
	Insurance Company: India International Insurance Ple Utd	
(B)	ADDITIONALINFORMATION / AMENDMENTS:	
(6)	I have made a report on the above mentioned accident and would like to include additional information or	
	make the following amendments:	
_	- typo error. Insurer should be	
	- typo error. Insurer should be India International Insurance Pie Utcl.	
	Amended.	
	· ·	
	Seeing Wolf.	
	Policyholder Driver's Signature  Reporting Centing Personnel's Signature	
	Date:  Name:  NRIC/FINNo.:  Date:	