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

aforesaid.	son to the districting of the report at the contact and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	06/12/2019 10:39
Date Of Accident	05/12/2019 11:30
Exact Location Of Accident	BEDOK NORTH ROAD (IN FRT OF KAMPONG CHAI CHEE CC)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH1001A
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	

Driver

Name of Driver
ONG WEE KHENG
NRIC No
S7012216B
Date Of Birth
16/04/1970
Occupation
OUTDOOR
Date Of Driving Pass
13/01/2012

Driving Experience 7 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93392769

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 677 HOUGANG AVE 8

#08-551

Postcode 530677

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 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? NO

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 5TH DEC 2019, AROUND 11.30AM AT THE BEDOK NORTH RD (IN FRONT OF KAMPONG CHAI CHEE CC). I WAS DRIVING MY VEHICLE GBH1001A (VEH A) COMING FROM PIE. THERE WERE 2 VEHICLES IN FRONT OF ME. SUDDENLY WITH VEH C (SJD9139K) E-BRAKE NEAR THE BUS-STOP YELLOW BOX WITH NO VEHICLE IN FRONT OF HIM AND VEH B (SGD912D) ALSO E-BRAKE BUT STILL HIT THE REAR OF VEH C. I WAS THEN TOO CLOSE TO VEH BAN UNABLE TO REACT ON TIME TO BRAKE FULLY AND IN TURN KNOCKED INTO THE REAR OF VEH B. NO ONE IS INJURED.

Attachment(s)

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

S1584251B

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGD912D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver AZAHARI BIN ALI

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 14

No. Of Passenger (Including Driver)

Accident Sketch Plan1 Pg. 1

SKETCH PLAN

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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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 .
 - (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:

& TR//

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan2 Pg. 1

Bedole NHL Rd B: GBH 1001A Bedole NHL Rd B: GBH 1001A C: SID 9139K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 5th Doe 2019, around 11-30 am at the Bedek
North Rd, Cir front of Kampoy chal chee cc.). 2 was
There were 2 retricks in front to the of or me. Sudderly with uch.
There were 2 netrices in front to tand of me. Sudderly with uch.
c (SJD 9 139K) R Brake near the bus stop yelow
box with no volume in front it was and neh, Is (SGD912D)
Leter and net of CSCID 912A) also e brake but still
his the rear of reh c. I was then too kelose to well
B
an unable to react on time to brake bully and in him
an unable to react on time to brake bully and in turn knocked and in the rear of B. No one is injured.

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:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

1 11.00

Driving License Pg. 1



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

FOR EFFICIENT MOTOR ACCIDENT CLAIM USE ONLY

NP 428A

94668750.















