

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	12/02/2020 11:18
Date Of Accident	15/12/2019 15:05
Exact Location Of Accident	PIE EXITING SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1529A
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Insured/Policyholder

Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94897956
Alternative Phone No	OFFICE-62840827

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (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	MUHAMMAD A'FIF BIN SAFIEE
NRIC No	S9427530Z
Date Of Birth	05/08/1994
Occupation	OUTDOOR
Date Of Driving Pass	20/10/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94897956
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 617 JURONG WEST STREET 65 #02-480
Postcode	640617
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	NO COLLISION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE 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	SMP1393X
Vehicle Make/Model/Colour	KIA CERATO
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)

SKETCH PLAN

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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: 19/05/20
11/02/20

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

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT 1

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: 1945 HPS

Date & Time: 1945HP9
11/02/20

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

NRIC/FIN No.:



Scanned with
CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T/20200204/2153

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20200204/2153

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2020 20:47	Vide Report No.:	Station Diary No.: 171
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Informant's Particulars

Name of Informant: MUHAMMAD A'FIF BIN SAFIEE			Address: APT BLK 617 JURONG WEST STREET 65 #02-480 SINGAPORE 640617		
ID Type / ID No.: NRIC NO / S9427530Z			Contact No.: Home/Office: Mobile: 94897956		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 05/08/1994	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: DHL KOREA			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/12/2019 15:05	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE Exit Sims Avenue				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG1529A	Van	TOYOTA	HIACE DX 3.0 MANUAL	White		0
BMP1383X	Car	KIA	CERATO 1.6(A) SUNROOF	Grey		0

Details of Person Involved

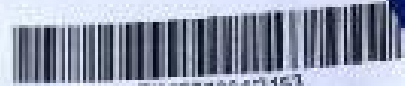
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20200204/2153

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Report No: T/20200204/2153

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD A FIF BIN SAFIEE	ID No.	S9427530Z
Related Vehicle	GBG1529A (Van)	Contact No.	94887956
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3.4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I wish to state that I am not involved in any hit and run accident. I am lodging this police report as requested by SIO Kaleswari D/O Palani from Hit & Run Investigation Team, Traffic Police. (TP IP 79133 10)

Police Report



SINGAPORE
POLICE FORCE



T202002042153

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929899

3 of 3

Report No: T202002042153

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:

J /

SC BEH ZI HANG REGAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/02/2020 20:47

Officer In Charge Of Case:

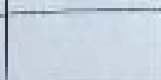
TP / HRT /

SI KALESWARI PALANI

Contact No.: 65478902



Classification Of Case:



Authentication Stamp

NP100



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



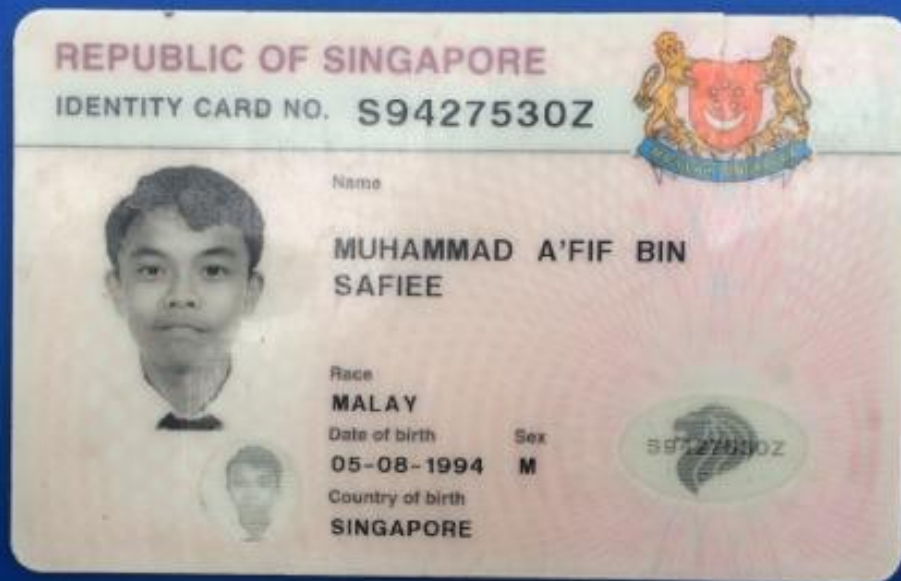
Accident Photo



Accident Photo



Identification Card



Identification Card



Driving License



Driving License

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	20 Oct 2017
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	20 Oct 2017

DHL EXPRESS (S) PTE. LTD.
HP: 94897956
VEH: ~~6B61529A~~
6B61529A

Licence No: S9427530Z

NP 428A

Addendum Sheet



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: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MJPK20019245 Vehicle Registration No: GBG1529A
Name (as shown in NRIC) : PAN PACIFIC VAN & TRUCK LEASING PTE LTD NRIC/FIN/Passport No : 201511635R
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 8 CHANG CHARN ROAD #04-01 LINK (THM) BUILDING Singapore (159637)
Contact (Tel) : 62840827 Mobile No. : _____
Email Address : _____
Date of Accident : 15 DECEMBER 2019 Time of Accident : 15:05HRS
Place of Accident : PIE EXITING SIMS AVE
Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Change insured / policyholder details to "Pan Pacific Van & Truck Leasing Pte Ltd"


Policyholder / Driver's Signature
Date: _____


Reporting Centre Personnel's Signature
Name: Shayne
NRIC/FIN No.: _____
Date: 17/02/2020