

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	30/12/2019 17:48
Date Of Accident	30/12/2019 15:30
Exact Location Of Accident	31 WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1844P
Insured/Policyholder	
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84354039
Alternative Phone No	OFFICE-62840827

Vehicle Particulars

Manufacturer	HINO
Model	XZU710R-4.0 D 14FT WIDE CAB 5T (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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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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	HOSSAIN KABIR
Passport No/FIN	G7794168T
Date Of Birth	10/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2016
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84354039
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 2D JALAN PAPAN
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

Type Of Accident	CHAIN 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	3
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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 30.12.2019 AT ABOUT 1530HRS, I WAS DRIVING MY VEH A YQ1844P ALONG WEST COAST HIGHWAY TOWARDS PANDAN LOOP. AT THE TRAFFIC JUNCTION, THE LIGHT TURNED GREEN. VEH B GBB6901B MOVED OFF BUT HE SUDDENLY BRAKED. AS A RESULT, VEH C YP8181C COLLIDED INTO VEH B AND MY VEH A THEN COLLIDED INTO VEH C.

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	YP8181C
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CELLAMANI SUNDAR
NRIC/Passport Number	G8483676T
Contact Number	+6586486318

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

3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBB6901B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver LENIN GANESH
NRIC/Passport Number G7735170T
Contact Number +6585066748
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

Sketch Plan

SKETCH PLAN

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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.

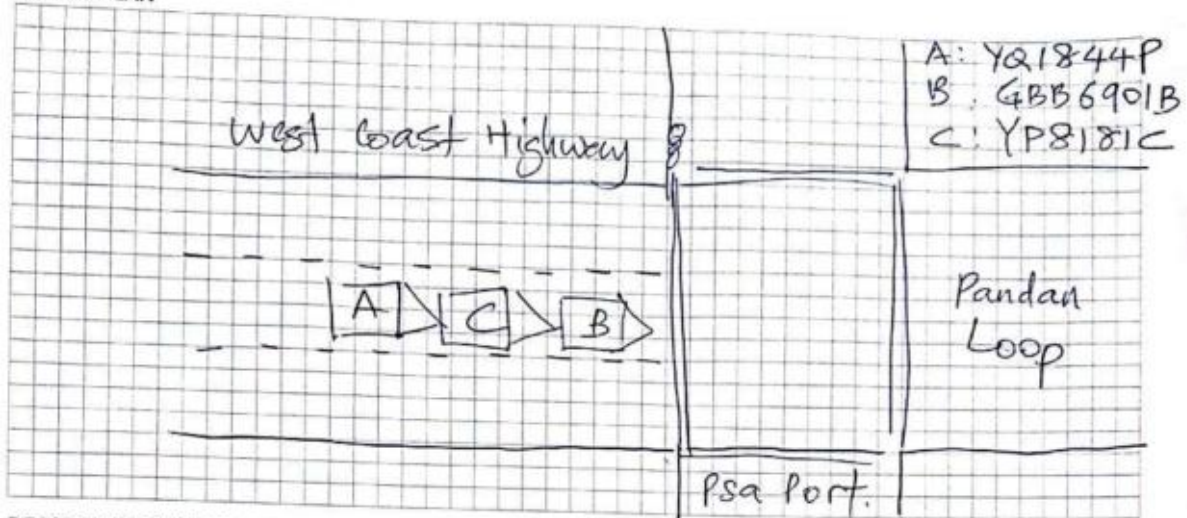
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30.12.2019 at about 1530 hrs I was driving my veh A YQ1844P along West Coast Highway towards Pandau Loop. At the traffic junction the lights turn green. Veh B GBB6901B move off but he suddenly brake. As a result Veh C YP8181C collided into Veh B and my Veh A then collided into Veh C.

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 30.12.2019
1645hrs

[Signature]
Reporting Centre Personnel's Signature
Name: Kyin Yong
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



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Accident Photo




Accident Photo



Identification Card



 **WORK PERMIT**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


Employer
PUMYANG SINGAPORE E&C PTE. LTD.

 Name
HOSSAIN KABIR

Work Permit No.
0 62256176

Sector:
CONSTRUCTION

 **K0286820**

Identification Card

84354039

VISIT PASS
Immigration Regulations

Name
HOSSAIN KABIR

FIN
G7794168T

Date of Birth
10-09-1980

Sex
M

Nationality
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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 $\leq 2500\text{kg}$

16 Feb 2016



Licence No:G7794168T

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 : MJPK19171460 Vehicle Registration No: YQ1844P
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 : 30 DECEMBER 2019 Time of Accident : 15:30 HRS
Place of Accident : 31 WEST COAST HIGHWAY
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 claim type to "Yes - Own Damage"



Policyholder / Driver's Signature
Date:

CSL

Reporting Centre Personnel's Signature
Name: Shayne
NRIC/FIN No.:
Date: 31/12/2019