

## 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	02/01/2020 14:24
Date Of Accident	30/12/2019 18:15
Exact Location Of Accident	ALONG MACRITCHIE VIADUCT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH652C
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#### Insured/Policyholder

Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	2XXXXX635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97927625
Alternative Phone No	OFFICE-62840827

#### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 5M/T ABS 2DR 2WD TURBO (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	MANALO DARIO DE GUZMAN
Passport No/FIN	GXXXX940X
Date Of Birth	25/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97927625
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	25 KAKI BUKIT ROAD 4 #01-50
Postcode	417800
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?	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)	2
Passenger 1	NAME: : STAFF 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 DEC 2019, AT ABOUT 1815HRS, I WAS DRIVING MY COMPANY VEHICLE GBH652C ALONG MACRITCHIE VIADUCT TOWARDS TOA PAYOH. I WAS TRAVELLING ALONG 2ND LANE. THE TRAFFIC WAS HEAVY AND SLOW MOVING. SUDDENLY I FELT AN IMPACT ON MY REAR PORTION. ALIGHTED AND REALISED THAT VEHICLE SMK6066J COLLIDED ONTO MY COMPANY VEHICLE. NOBODY WAS INJURED. THERE WERE FEW TVS INSIDE MY COMPANY VEHICLE TO DELIVER. AFTER I CHECKED THERE WERE FOUR TVS DAMAGED (SCREEN CRACKED) DUE TO ACCIDENT.

#### 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	SMK6066J
Vehicle Make/Model/Colour	CITROEN C4 SPACETOURER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH SIEW YEN, EVELYN
NRIC/Passport Number	SXXXX538I
Contact Number	
Address	BLK 232 LORONG 8 TOA PAYOH #08-234
Postcode	310232

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

## Sketch Plan

### 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.

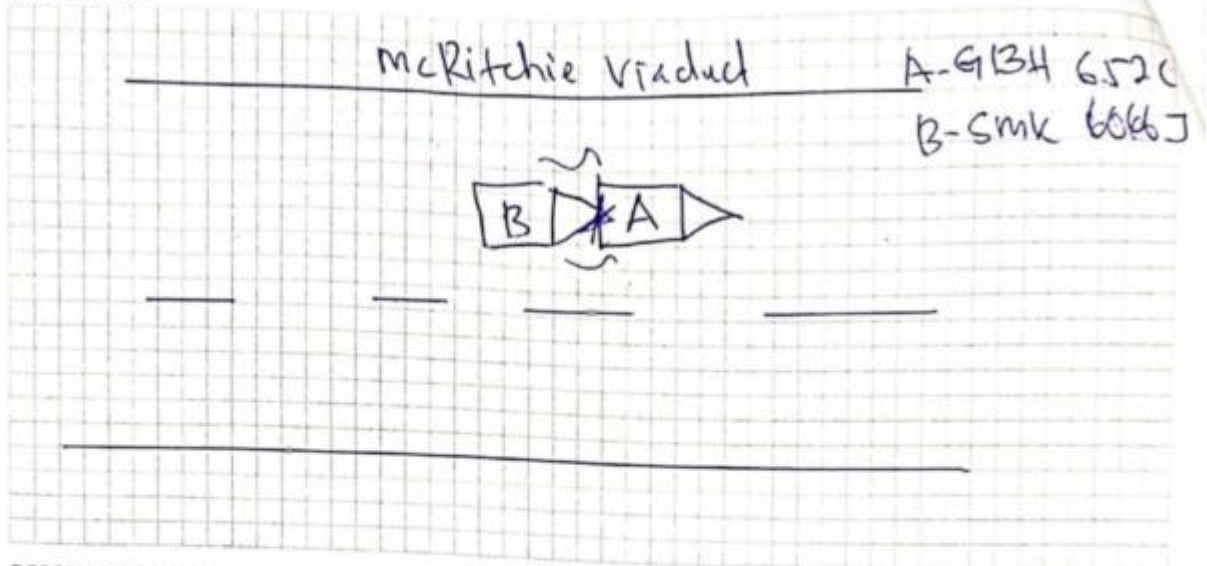
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 31/12/14 202014

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30 DEC 2019, at about 1815hrs I was driving my company vehicle GBH 652C along McRitchie Viaduct towards Torquay. I was travelling along 2nd lane. The traffic was heavy and slow moving. Suddenly I felt an impact on my rear portion. Alighted and realised that vehicle Smk 6066J was collided onto my company vehicle. No body was injured. There was few TVs inside my company vehicle to deliver. After checked there was four TVs was damaged (Screen cracked) due to accident.

### DECLARATION

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

Policyholder's Signature

Date & Time:

(GARMC SketchPadForm\_V3)



Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/12/19 2020H



Reporting Centre Personnel's Signature

Name: Khamaraj

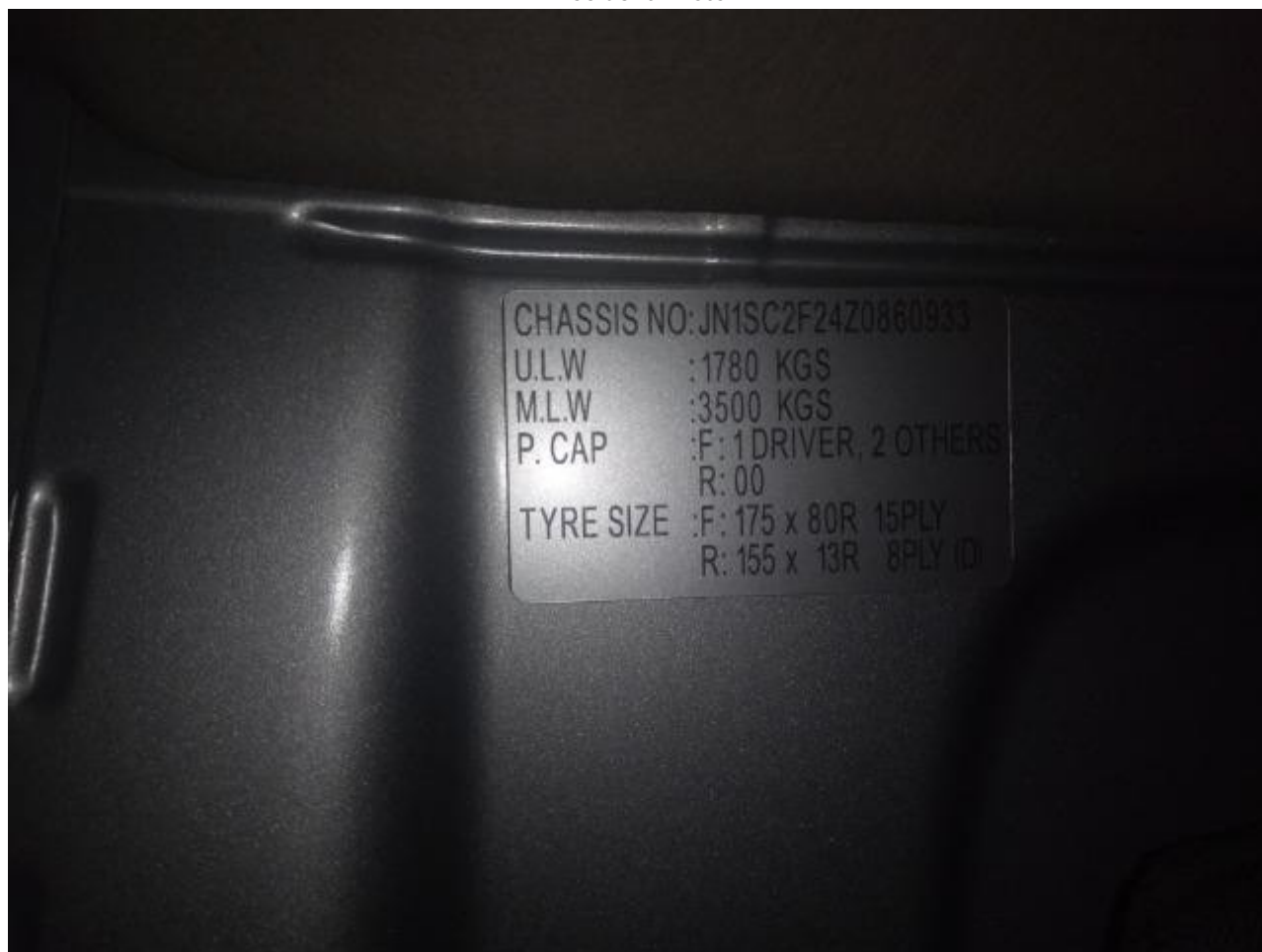
NRIC/FIN No.:

Accident Photo





Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



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Accident Photo





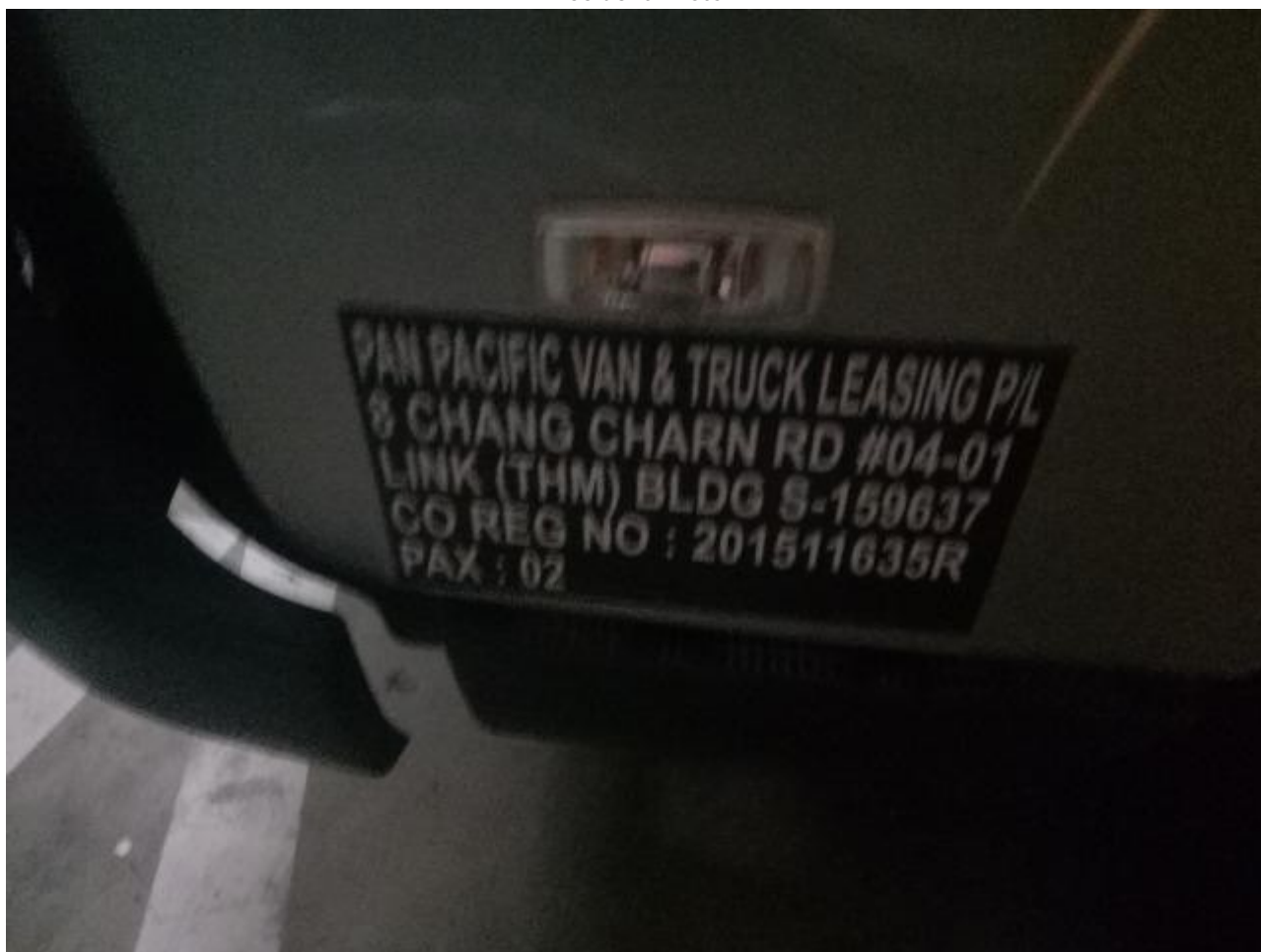
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Identification Card





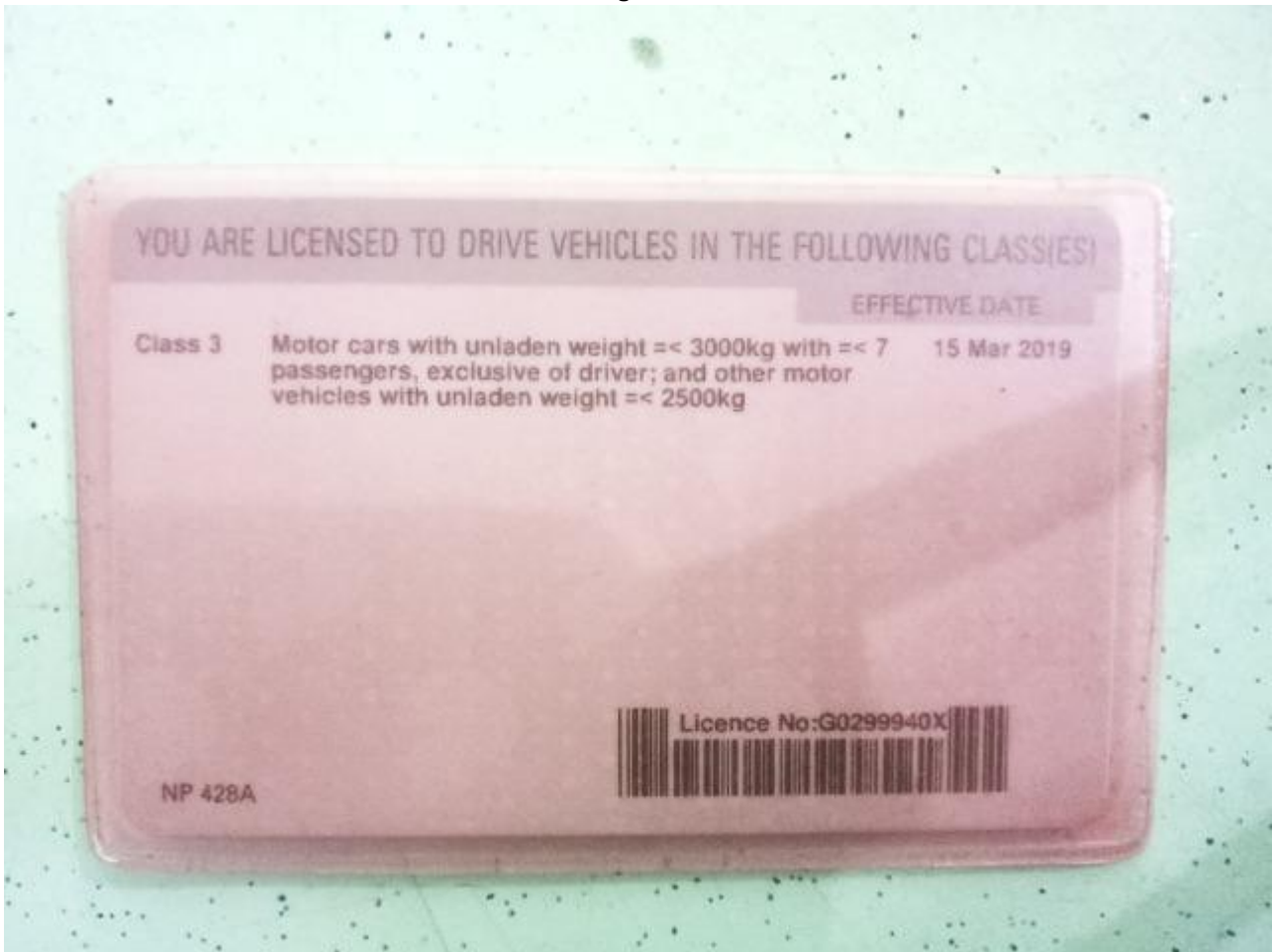
Identification Card



Driving License



## Driving License



## Addendum Sheet

**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 : MJPK20000382 Vehicle Registration No: GBH652C  
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 : 18:15 HRS  
Place of Accident : ALONG MACRITCHIE VIADUCT  
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 date of accident to 30/12/2019, 18:15

- Amend accident circumstances to reflect updated accident date

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Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Shayne  
NRIC/FIN No.:  
Date: 14/01/2020