

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	07/02/2020 15:38
Date Of Accident	06/02/2020 13:00
Exact Location Of Accident	HDB SERVICE RD BESIDE BLK 205/206 PASIR RIS ST 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9199R
Insured/Policyholder	
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	2XXXXX635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96560449
Alternative Phone No	OFFICE-62840827

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D TURBO 5 DR (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	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	CHUA HIAP CHAI
NRIC No	SXXXX157F
Date Of Birth	30/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2012
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96560449
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 682A EDGEDALE PLAINS #06-753
Postcode	821682
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	SIDE SWIPE
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 06/02/2020 AT ABOUT 1300HRS, I WAS DRIVING MY VEHICLE GBG9199R ALONG PASIR RIS STREET 21. WHEN I HAVE ENTERED THE HDB CLUSTER SERVICE ROAD BESIDE BLOCK 205 AND BLOCK 206 PASIR RIS STREET 21, THERE WAS ANOTHER VEHICLE, GBJ7866X THAT WAS PARKED AT ONE OF THE PARALLEL LOADING BAY LOTS. WHEN I WAS DRIVING IN AND ABOUT TO PARK AT THE PARALLEL LOADING BAY LOT, SUDDENLY I FELT AN IMPACT ON MY VEHICLE'S LEFT PORTION. VEHICLE GBJ7866X REVERSED AND COLLIDED ONTO MY VEHICLE. AS A RESULT, MY VEHICLE'S LEFT PORTION DAMAGED. NOBODY WAS INJURED.

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	GBJ7866X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GAO CHANGE
NRIC/Passport Number	GXXXX008T
Contact Number	+6582850251

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE


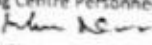
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8. **Consent under the Personal Data Protection Act (PDPA)**

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: 26/07/20
2140 HRB


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



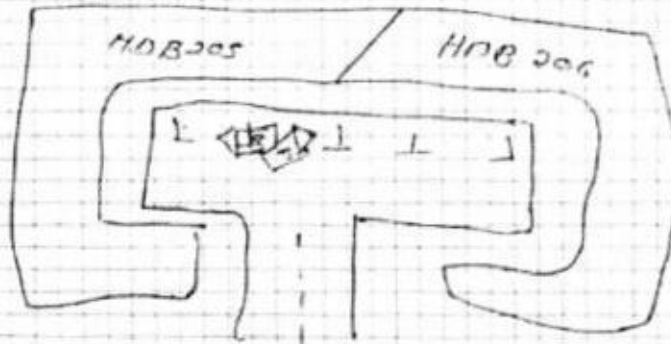
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Sketch Plan #2

SKETCH PLAN

PASIR RIS STREET 21

A- GAG 9199R
B- GAG 7860X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/02/2020 at about 1300HRS, I was driving my vehicle GAG 9199R along PASIR RIS STREET 21. When I have entered the HDB cluster situated beside block 205 and block 206 PASIR RIS STREET 21. There was another vehicle GAG 7860X that was parked at one of the parallel parking bay lot. When I was driving in and about to park at the parallel parking bay lot. Suddenly I felt an impact on my vehicle's left portion. Vehicle GAG 7860X reversed and collided onto my vehicle. As a result my vehicle's left portion damaged. NO body was 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: 06/02/20
*12101113

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



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