

## 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	05/02/2020 16:46
Date Of Accident	04/02/2020 15:20
Exact Location Of Accident	KALIDASA AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7313K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87763147
Alternative Phone No	OFFICE-62840827

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 PANEL VAN 5MT 5DR (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	LINDAWATI BINTE MOHAMMAD
NRIC No	S7711446G
Date Of Birth	28/04/1977
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2011
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87763147
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 203 ANG MO KIO AVENUE 3 #08-1706
Postcode	560203
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 - MAJOR/MINOR RD
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	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
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	GBG2541G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QUEK KWONG SONG
NRIC/Passport Number	S1450623C
Contact Number	+6581131968
Address	
Postcode	
Insurance Company Name	

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

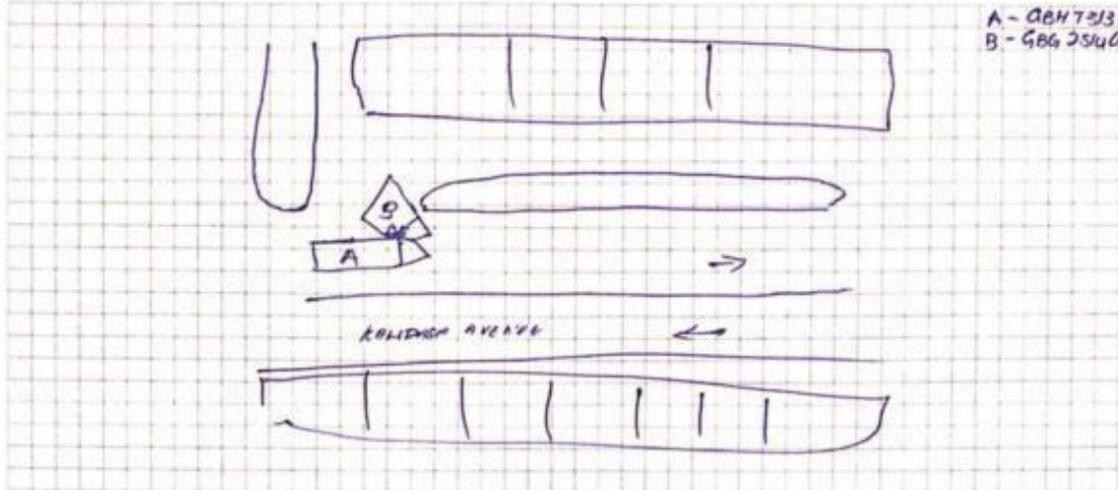
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 11:30 AM 05  
05/01/20

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT.

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: 11 20/11/20

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

**Police Report**



**SINGAPORE  
POLICE FORCE**



T20090204Q2171

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689295  
Tel No: 1800-7659999

1 of 3  
Report No: T20090204Q2171

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/02/2020 22:38	Video Report No.:	Station Diary No. : 143
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**Informant's Particulars**

Name of Informant: LINDAWATI BINTE MOHAMMAD		Address: APT BLK 203 ANG MO KIO AVENUE 3 #05-1706 SINGAPORE 560203	
ID Type / ID No. : NRIC NO / S7711446G		Contact No. : Home/Office:	Mobile: 87763147
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 42	Date of Birth: 28/04/1977	Type of Informant: Driver
Race: Boyanese		Language: English	Institution / School Name:
Occupation: DELIVERY		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/02/2020 15:25	Type of Location: Straight Road
Location: Along Road 1 KALIDASA AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2541G	Lorry				Slightly Damaged	0
GBH7313K	Van				Slightly Damaged	0

**Details of Person Involved**

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

Police Report

04009 640



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689288  
Tel No: 1800-7650699



1120200204/2171

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Report No: 1120200204/2171

CONTINUATION OF REPORT

<b>Driver</b>			
Name	Quek Kwong Song	ID No	S1450623C
Related Vehicle	GBG2541G (Lorry)	Contact No	81131968
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LINDAWATI BINTE MOHAMMAD	ID No	S7711446G
Related Vehicle	GBH7313K (Van)	Contact No	87763147
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 04/02/20 at about 1525hrs, I was traveling along Kaidasa Ave when a Lorry (GBG2541G) drove out from the car park and hit onto the left side of my vehicle (GBH7313K). Both drivers stop the vehicle and made a check on each other. No one was injured and we do not require Ambulance and Police assistance.

The lorry suffer some scratches on his right side mirror. My Van had a broken left side mirror. Sun visor had some scratches, dent at the left door and the left rear and a crack at the left rear light. I am lodging this report for insurance purpose.

Police Report



SINGAPORE  
POLICE FORCE



T/20200204/2171

3 of 3

Report No. T/20200204/2171

Police Station Of Origin  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No. 1800-7650999

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/

Sgt 2 DARRYL LIM JUN DE

Signature Of Informant

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/02/2020 22:38

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No. : 85476151

Classification Of Case:

Authorisation Stamp  
NP1234

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



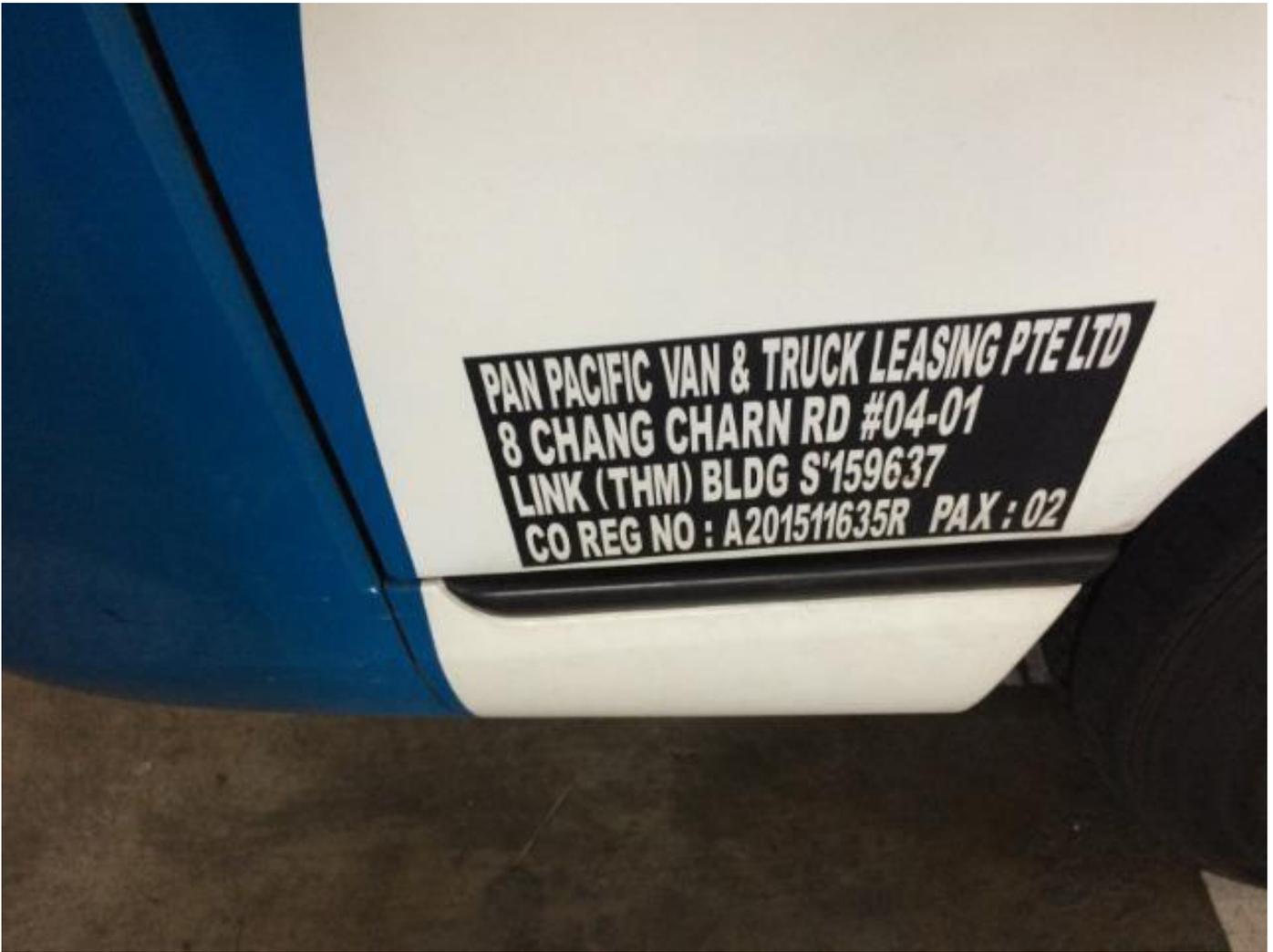
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO: JN1MC2E26Z0009084  
ULW : 1780 KGS  
MLW : 3300 KGS  
P. CAP : F: 1 DRIVER, 2 OTHERS  
R: 00  
TYRE SIZE : F: 195 x 15R 8PLY  
R: 195 x 15R 8PLY(S)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7711446G



Name

LINDAWATI BINTE MOHAMMAD



Race

BOYANESE

Date of birth

28-04-1977

Sex

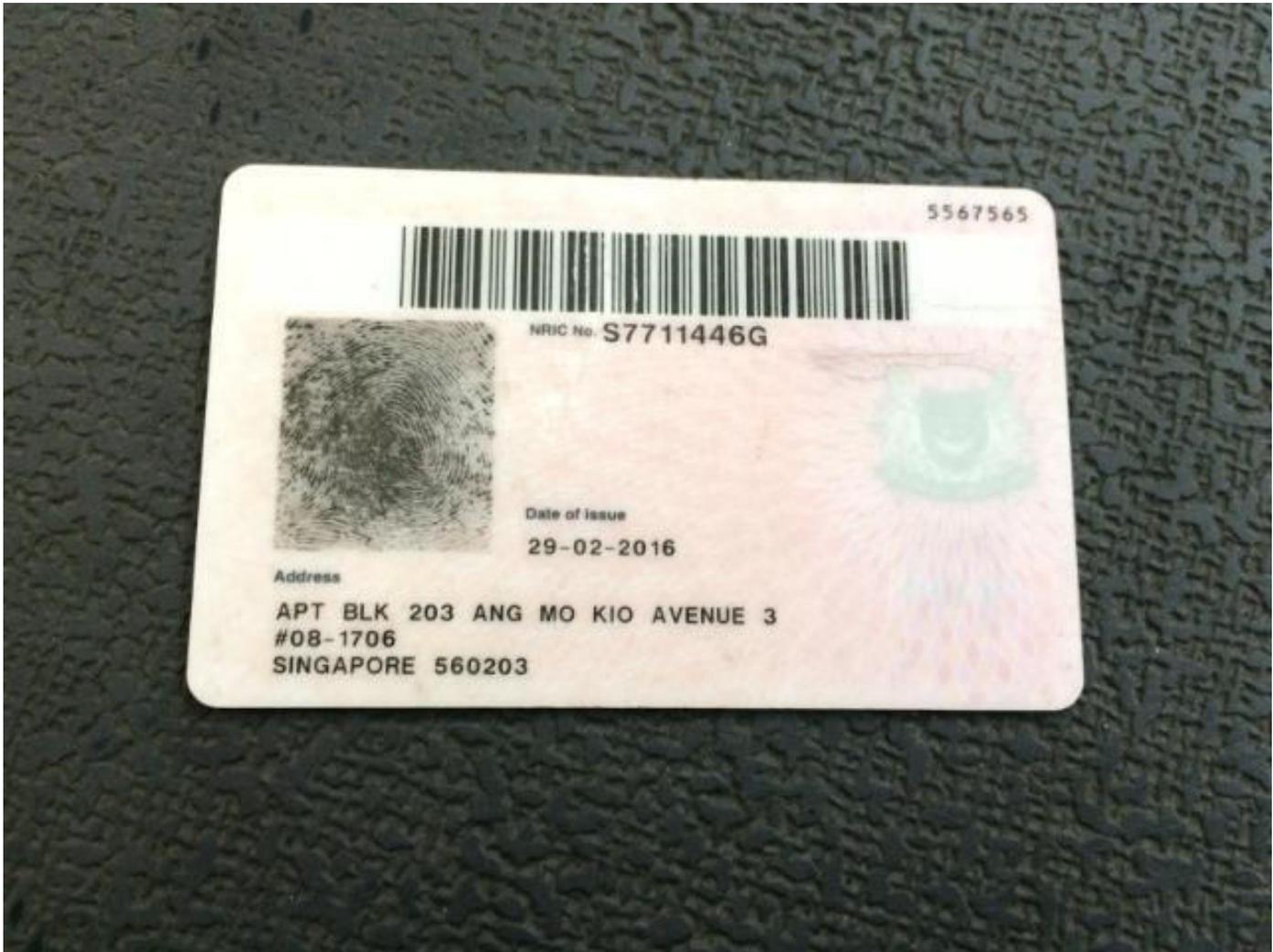
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Country/Place of birth

SINGAPORE

S7711446G

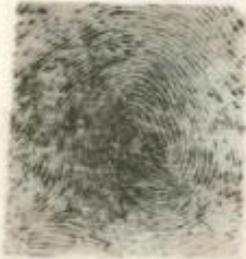
Identification Card



5567565



NRIC No. S7711446G



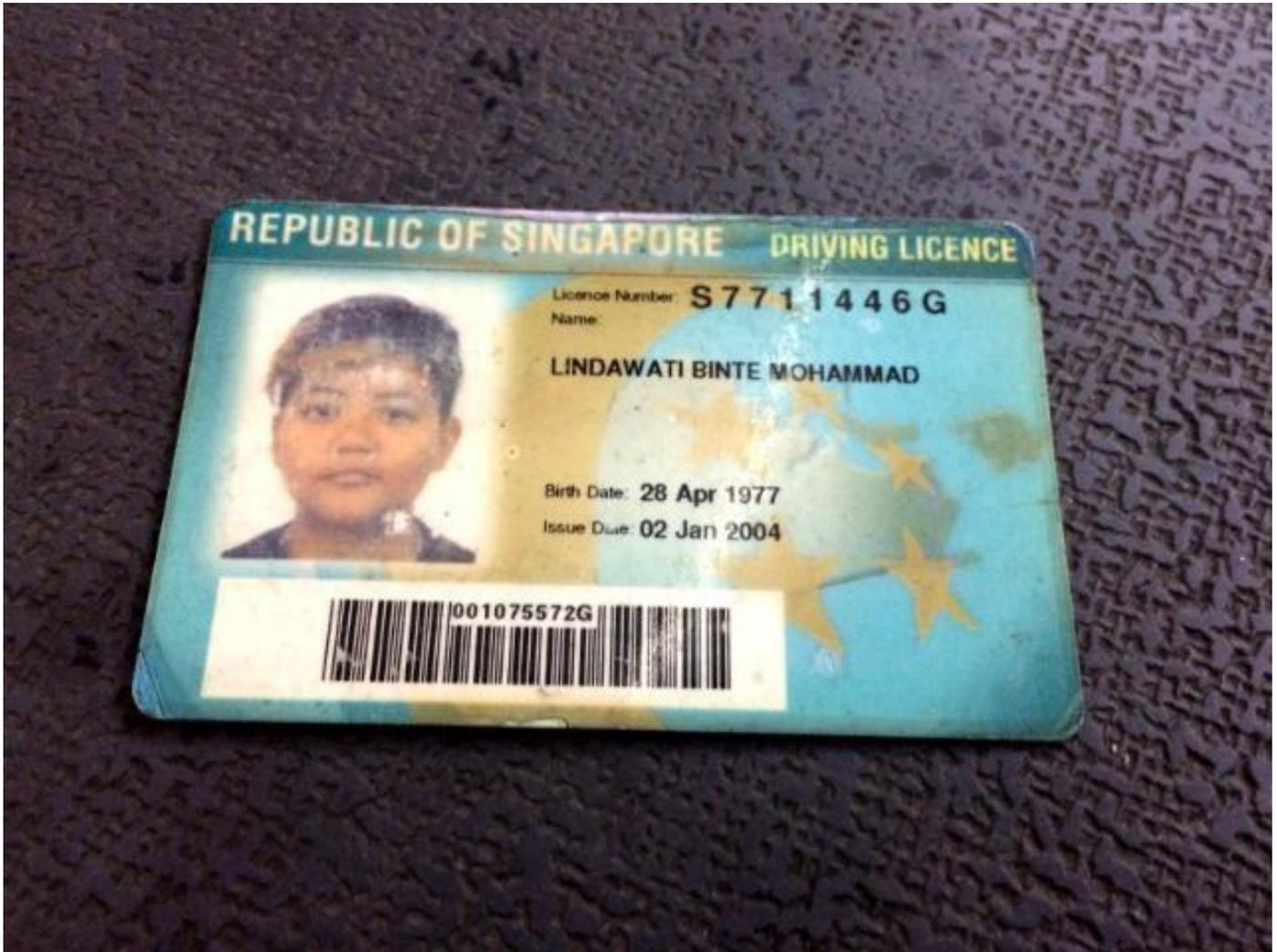
Date of Issue

29-02-2016

Address

APT BLK 203 ANG MO KIO AVENUE 3  
#08-1706  
SINGAPORE 560203

Driving License



Driving License

