

## 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	24/04/2020 17:09
Date Of Accident	24/04/2020 11:50
Exact Location Of Accident	BLK 299 BEDOK SOUTH AVE 3 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1633K
<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) +65-91905980
Alternative Phone No	OFFICE-62840827

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D 5MT (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	LEE MIN XUAN
NRIC No	S9641630Z
Date Of Birth	09/11/1996
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91905980
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 26B JALAN MEMBINA #11-200
Postcode	165026
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

ON 24 APRIL 2020, AT ABOUT 1150HRS, I WAS PARKING MY VEH GBK1633K AT BLK 299 BEDOK SOUTH AVE 3. AFTER MY JOB DONE, I INTENDED TO REVERSE MY VEHICLE. BEFORE I REVERSED MY VEHICLE, I CHECKED ON MY LEFT AND RIGHT AND ALSO MY BLIND SPOT. WHILE REVERSING, SUDDENLY I FELT AN IMPACT ON MY REAR. I STOPPED MY VEHICLE AND REALISED THERE WAS A VEHICLE, SDM8898H TRIED TO SQUEEZE WHILE I WAS REVERSING MY HALF BODY OF MY VEHICLE THAT WAS OUT FROM THE PARKING LOT. DRIVER B SUPPOSED TO STOP HER VEHICLE AND GIVE WAY TO MY VEHICLE TO REVERSE. 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	SDM8898H
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BRENDA WONG CUI YI
NRIC/Passport Number	
Contact Number	94501900
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

## Sketch Plan

### SKETCH PLAN

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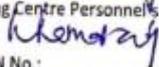
#### 8. **Consent under the Personal Data Protection Act (PDPA)**

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.

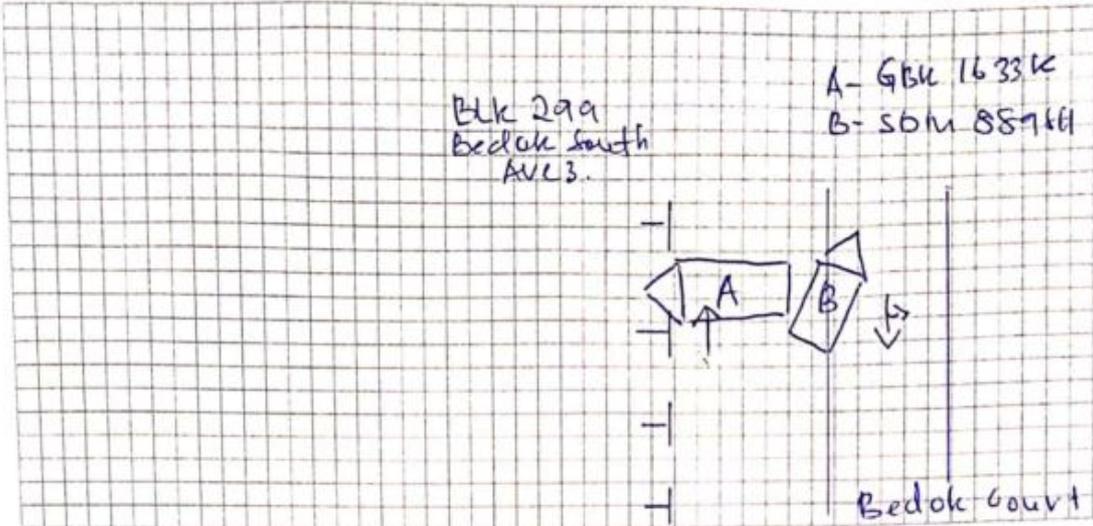
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/4/20 @ 16/0H

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24 April 2021, at about 11:50 hrs, I was parking my VEH GBK 1633K at blk 299 Bedok South Ave 3. After my job done, I intended to reverse my vehicle. While before I reverse my vehicle, I check on my left and right and also my blind spot. While I reversing suddenly I felt an impact on my rear. I stopped my vehicle and realised there was a vehicle SOM 8876H try to squeeze ~~and~~ while I reversing my half body of my vehicle was out from the parking lot. Driver B supposed to stop his vehicle and give way to my vehicle to reversing. Nobody 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: 24/4/2021 16:01H

Reporting Centre Personnel's Signature \_\_\_\_\_ Name: Neeraj 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



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9641630Z



Name

LEE MIN XUAN

李 銘 軒

Race

CHINESE

Date of birth

Sex

09-11-1996

M

Country of birth

SINGAPORE



Identification Card



Driving License



Driving License

