

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	08/05/2020 14:17
Date Of Accident	08/05/2020 08:50
Exact Location Of Accident	PIE TOWARDS CLEMENTI AFTER EXIT 27
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH207E
Insured/Policyholder	
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	2XXXXX635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96792912
Alternative Phone No	OFFICE-62840827

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 5M/T ABS 2DR 2WD EURO 5 (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?	YES
If No, Please state action to be taken	
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	MAH KIAN SOON
NRIC No	SXXXX606G
Date Of Birth	10/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	23/12/1986
Driving Experience	33 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96792912
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 83 YISHUN AVENUE 11 #11-29
Postcode	768864
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 8 MAY 2020, AT ABOUT 0850HRS, I WAS DRIVING MY VEHICLE GBH207E ALONG PIE TOWARDS CLEMENTI. AFTER EXIT 27, I TURNED LEFT TO CLEMENTI. WHILE I TURNED MY VEHICLE, LOST CONTROL AND HIT ONTO THE METAL RAILING ALONG THE ROADSIDE. I TRIED TO SWERVE TO MY LEFT BUT MY VEHICLE STILL MOVED TO LEFT AND HIT ONTO THE RAILING AGAIN AND LAST TOPPLED. NOBODY WAS INJURED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	METAL RAILING ALONG ROADSIDE
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

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

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I understand, acknowledge, agree and consent that:

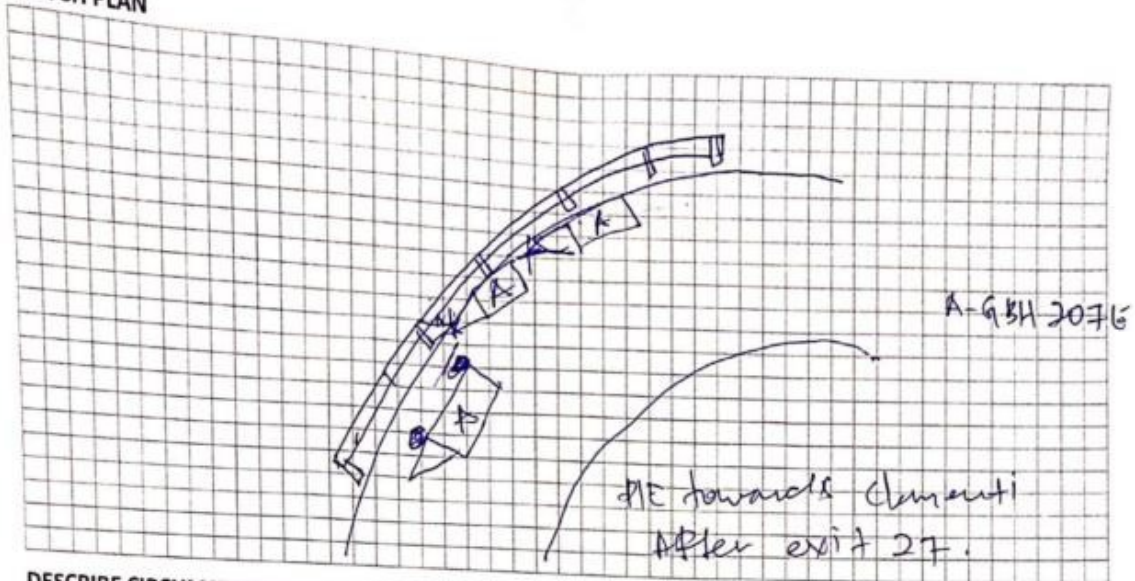
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 8/1/2006

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8 May 2020, at about 0830hrs, I was driving my vehicle GBH 2076 along PIE towards Clementi. After I exit 27, I turn left to Clementi. While I turn my vehicle loose control and hit onto the metal railing along the roadside. I tried to swerve to my left but my vehicle still move to left and hit onto the railing again and last my toppled. 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: 8/5/20 @ 1105H

Reporting Centre Personnel's Signature
Name: [Signature]
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



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1697606G



Name

MAH KIAN SOON



馬 建 順

Race

CHINESE

Date of Birth

10-11-1965

Country of Birth

SINGAPORE

Sex

M



Identification Card

1791350



NRIC No: S1697606G

38215

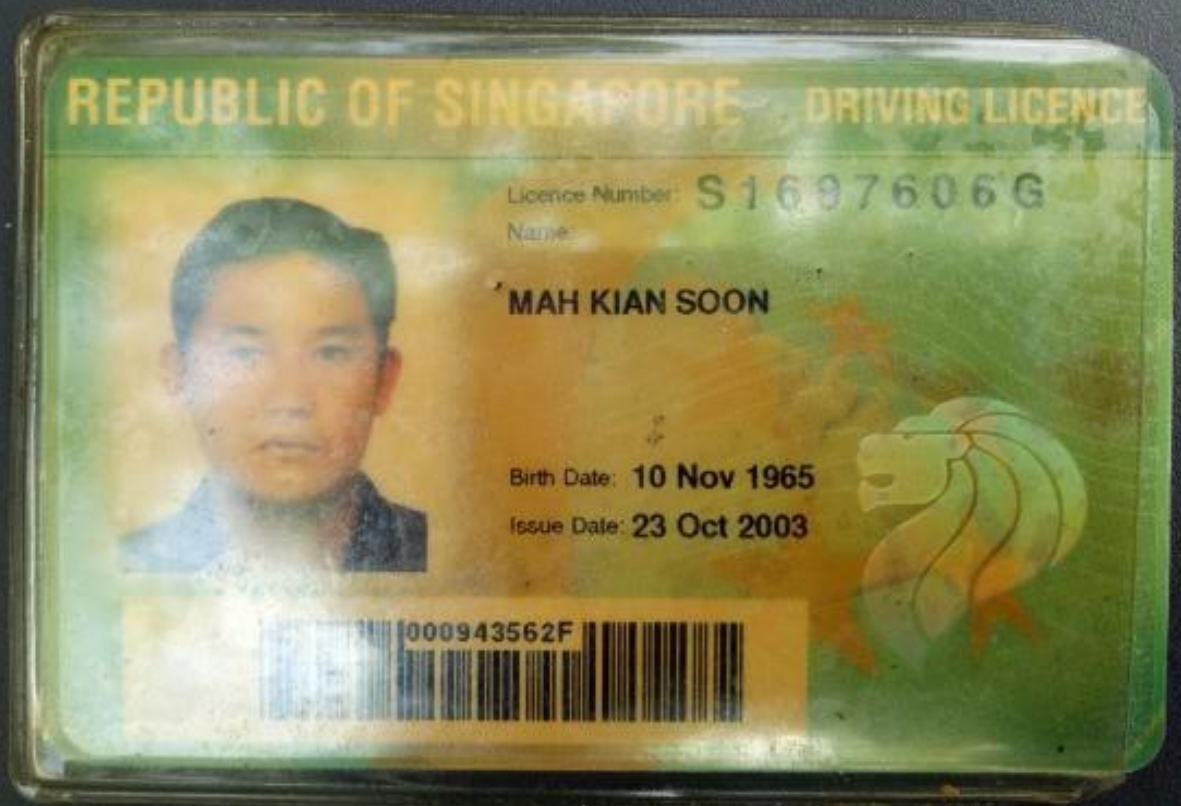


Blood Group: B+ Date of issue: 13-03-1994

APT BLK 83 YISHUN AVENUE 11 #11-29
SINGAPORE 768864

NRIC No: S1697606G Date: 23/03/2014

Driving License



Driving License



Police Report



**SINGAPORE
POLICE FORCE**



T/20200508/2050

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No: T/20200508/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2020 16:38		Video Report No.: D/20200508/0034		Station Diary No.: 40	
Informant's Particulars					
Name of Informant: MAH KIAN SOON			Address: APT BLK 83 YISHUN AVENUE 11 #11-29 SINGAPORE 768864		
ID Type / ID No.: NRIC NO / S1697606G			Contact No.: Home/Office:		Mobile: 96792912
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 10/11/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/05/2020 09:00	Type of Location: PIE TUAS SLIPROAD
Location: Along Road 1 CLEMENTI AVENUE 6 PIE(TUAS) SLIPROAD CLEMETI AVE 6				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH207E	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5		Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200508/2050

Police Station Of Origin:
Yishun South N.P.C.
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No: T/20200508/2050

CONTINUATION OF REPORT

Driver			
Name	MAH KIAN SOON	ID No.	S1697606G
Related Vehicle	GBH207E (Lorry)	Contact No.	96782912
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

Brief Details.

On 08/05/2020 at about 0900hrs, I was travelling along PIE (TUAS) Sliproad towards Clementi Avenue 6 Exit when I lost control of my vehicle(GBH207E) as my vehicle suddenly veered to the right however when I tried to steer it back, my vehicle lost control and collided against the right side of the curb.

I wish to state that I am not injured and I do not require medical assistance. I only have front in car camera and the road was wet and slippery as it was raining earlier on in the morning. I am lodging this report as instructed by the Traffic Police who attended to me earlier on at the scene, and also for insurance purposes.

Police Report



SINGAPORE
POLICE FORCE



T/20200506/2050

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 758456
Tel No: 1800-8522999

3 of 3

Report No: T/20200506/2050

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:

L /

Sgt 2 CHONG WAN HONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/05/2020 16:38

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Classification Of Case:

SN 130

Authentication Stamp
NP168



Signature:

Singapore Police Force

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6724 0010 Fax (65) 6724 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UR# 566900206 / GST Reg. No.: M40007735

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 : MJPK20045271 Vehicle Registration No: GBH207E
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 : 8 MAY 2020 Time of Accident : 08:50 HRS
Place of Accident : PIE TOWARDS CLEMENTI AFTER EXIT 27
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:

- Amend owner details to "Pan Pacific Van & Truck Leasing Pte Ltd"

- Add police report



Policyholder / Driver's Signature _____
Date: _____

Reporting Centre Personnel's Signature
Name: Shayne
NRIC/FIN No.: _____
Date: 08/05/2020