#### 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 witholding 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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	11/05/2020 13:21
Date Of Accident	10/05/2020 18:20
Exact Location Of Accident	SIMPANG BEDOK COMPLEX (CARPARK EXIT)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ8960A
Insured/Policyholder	
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91601231
Alternative Phone No	OFFICE-62840827
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350-2.5 D PANEL VAN (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 MOHD NAZIR SHAH BIN ABDUL RAHMAN

NRIC No S7510298D Date Of Birth 17/04/1975 Occupation **OUTDOOR Date Of Driving Pass** 26/01/2007

**Driving Experience** 13 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91601231

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address BLK 460 PASIR RIS DRIVE 4 #02-265

Postcode 510460

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

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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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : WIFE

GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

ON 10 MAY 20 AT ABOUT 1820HRS, I WAS DRIVING MY VEHICLE GBJ8960A ALONG SIMPANG BEDOK COMPLEX. I INTENDED TO EXIT THE CARPARK. UPON REACHING CARPARK GANTRY, FRONT VEHICLE (UNKNOWN) WAS REVERSING. I CHECKED MY SIDE MIRRORS AND STARTED TO REVERSE. WHILE REVERSING, I HEARD HORN SOUND. I CHECKED MY REAR MIRROR AGAIN AND THERE WAS NO VEHICLE. SO I PROCEEDED TO REVERSE. THEN I FELT AN IMPACT. ALIGHTED AND REALISED, I WAS HIT ONTO VEHICLE SMC3286C WHICH WAS FROM MY LEFT REAR CORNER. VEHICLE B WAS AGAINST THE TRAFFIC FLOW. 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 WORKSHOP

Was there any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMC3286C
Vehicle Make/Model/Colour OPEL

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver ABDUL GHANI BIN JANTAN

NRIC/Passport Number \$1660864E

**Contact Number** 

Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

2

#### Sketch Plan

#### SKETCH PLAN

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- 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:
  - 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:
  - 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:

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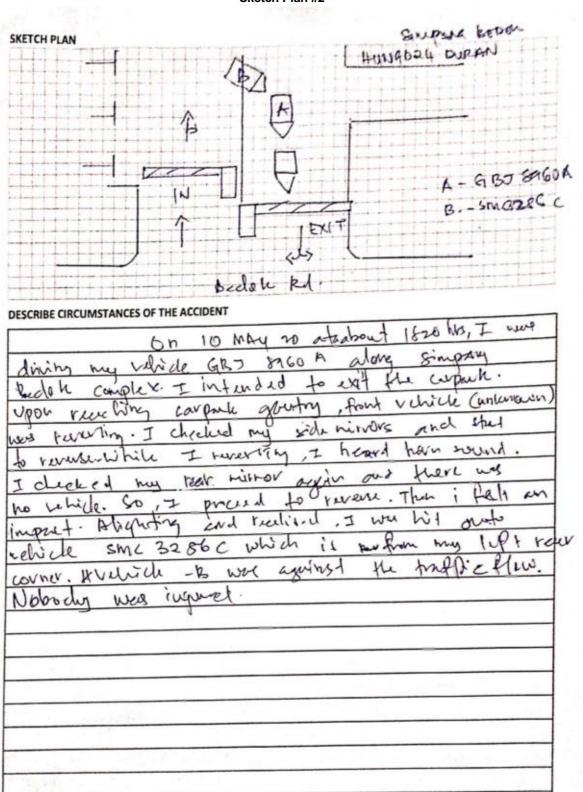
Driver's Signature

(If driver is not the policyholde

Date & Time: (1/5/20 (2)1235

Reporting Centre Personnel's Signature Name: What A

NRIC/FIN No.:



DECLARATION

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

Policyholder's Signature Date & Time:

protection of the

Driver's Signature

(If driver is not the policyholder)
Date & Time: [[] 12314

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









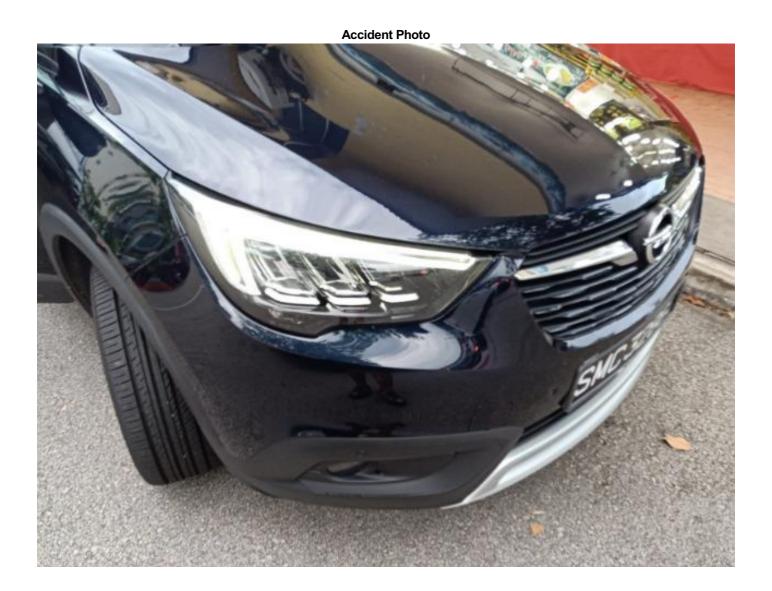


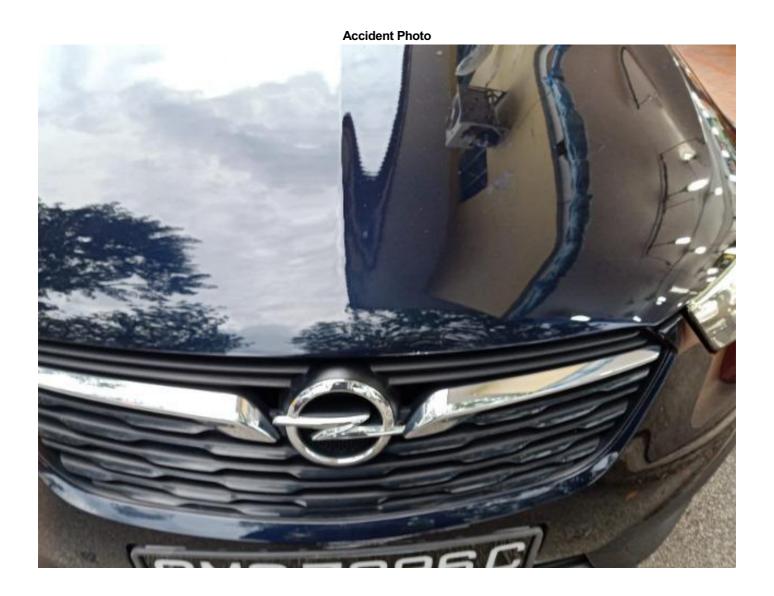


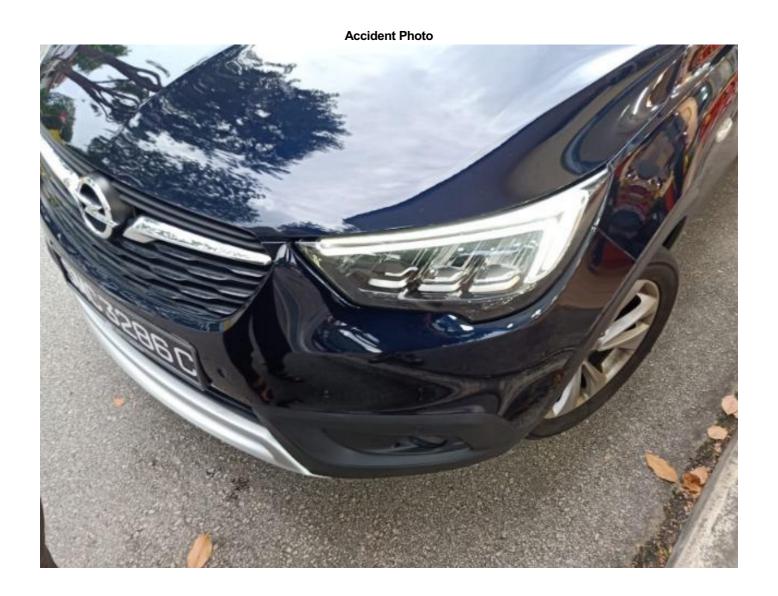


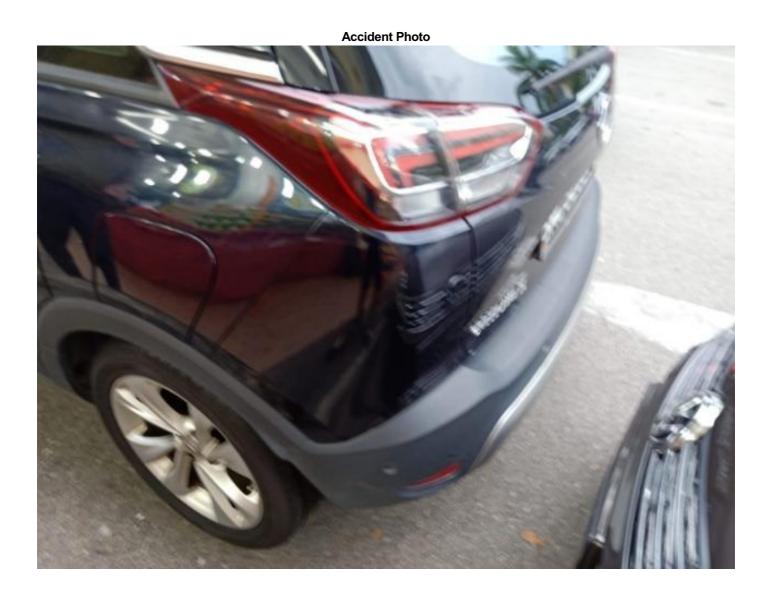








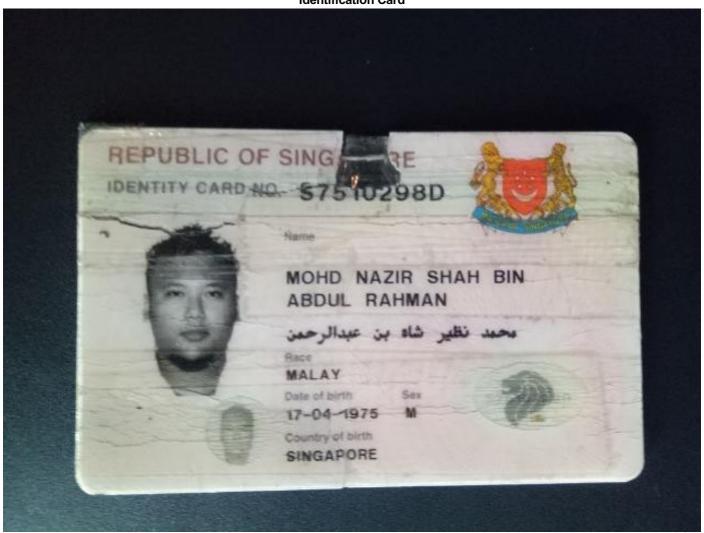












#### **Identification Card**



**Driving License** 

