

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 ability.
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 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	07/12/2015 17:18
Date Of Accident	05/12/2015 09:00
Exact Location Of Accident	BUKIT BATOK ROAD (LAMP POST 75)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9247B
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Insured/Policyholder

Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	EFFICIENTLEASING@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91045719
Alternative Phone No	OFFICE-64404428

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FEB21ER4SDEB
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	AXA INSURANCE SINGAPORE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	CN721222
Cover Note Number	

Driver

Name of Driver	POTHU SAMBASIVA REDDY
Passport No/FIN	G7241672X
Date Of Birth	12/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2014
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91045719
Fax Number	
Contact Number	
E Mail Address	EFFICIENTLEASING@YAHOO.COM.SG

Address
Postcode
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 UNKNOWN - TP REVERSE AND HIT INSURED
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
Was there any video captured by Car Camera? NO
Number of Passengers (Including Driver) 3

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

PLEASE REFER TO THE ATTACHMENT. STATEMENT RECORDED BY JESSY (PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 67415336).

Are accident photos available for attachment? YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

Accident Sketch Plan #1

SKETCH PLAN

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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.

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.

P.885
Policyholder's Signature / Date & Time

P.885
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel
Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

11:35am
07/12/2015
Sketch Plan
PAN PACIFIC VAN & TRUCK LEASING PTE. LTD.
CO. REG. NO: 201511635R
NO. 52 JOO CHIAT ROAD
SINGAPORE 427374

<p>TEL: 6440 4428 FAX: 6345 8516 Email: efficientleasing@yahoo.com.sg</p> <div style="text-align: center;"> <p>Bukit Batak Road (Lampost 75)</p> </div>	<p>Number Plate</p> <p>A - YN9247B B - UNKNOW No NOS PLATE</p> <p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Vehicle </div> <div style="text-align: center;"> Bike </div> </div>
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Describe Circumstances of the Accident

Date of Accident: 05/12/2015.

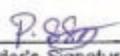
Time of Accident: 9 am.

I was stay ~~the~~ stationary along Bukit Batok Road (lampost 75) to let the passengers behind ~~the~~ my vehicle A go down. I saw the vehicle B reversed and did not notice my vehicle A, so I press horn but the vehicle B still reversed and hit onto my vehicle A. After the accident, the driver of vehicle B said vehicle B brake ~~is~~ was not working and cannot stop the vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS


 Policyholder's Signature / Date & Time
 11:35am PAN PACIFIC VAN & TRUCK LEASING PTE. LTD.
 CO. REG. NO: 201511635R
 NO. 52 JOO CHIAT ROAD
 SINGAPORE 427374
 TEL: 6440 4428 FAX: 6345 8516
 Email: efficientleasing@yahoo.com.sg


 Driver's Signature (If driver is not the policyholder) / Date & Time
 11:35am
 07/12/2015


 Witnessed by Reporting Centre Personnel
 Progressive Automotive Pte Ltd
 Blk 3022A Ubi Road 1 #01-45/46
 Singapore 408716

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident 09/12/2015	Time 08 am	2 Exact location of accident Bukit Batok Road (Lampost 75)	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) VN 9217B

6 Insured / policyholder (see insurance cert.)
Name Pan Pacific Van & Truck Leasing Pte Ltd
Address _____
NRIC / Passport no. 2015 11635 R.
Tel no. (from 9am till 5pm) 6440 4428
HP _____

7 Vehicle Mit. FEB 01 ER49DEB
Make, type _____

8 Insurance company AXA C TPFT TPO
Does the policy cover damage to vehicle A? No Yes
Policy No. CN 721222

9 Driver Same as Owner
Name Pothu Sambasiva Reddy
NRIC / Passport no. G7211672X
Class of licence 2B 13
HP 9104574
Gender Male Female

12 CIRCUMSTANCES
Put a cross (X) in each of the appropriate boxes applicable to your vehicle

<input type="checkbox"/>	1 parked / stopped (at the roadside)
<input type="checkbox"/>	2 leaving a parking space / opening the door (at the roadside)
<input type="checkbox"/>	3 entering a parking space (at the roadside)
<input type="checkbox"/>	4 emerging from a car park, from private grounds, from a minor road
<input type="checkbox"/>	5 entering a car park, private grounds, a minor road
<input type="checkbox"/>	6 entering a roundabout or similar traffic system
<input type="checkbox"/>	7 circulating in a roundabout or similar traffic system
<input type="checkbox"/>	8 striking the rear of the other vehicle while going in the same direction and in the same lane
<input type="checkbox"/>	9 going in the same direction but different lane
<input type="checkbox"/>	10 changing lanes
<input type="checkbox"/>	11 overtaking
<input type="checkbox"/>	12 turning to the right, making a U-turn (official U-turn)
<input type="checkbox"/>	13 turning to the left
<input type="checkbox"/>	14 reversing
<input type="checkbox"/>	15 encroaching in the opposite traffic lane
<input type="checkbox"/>	16 coming from the right (at road junctions)
<input type="checkbox"/>	17 not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) No Car Plate

6 Insured / policyholder (see insurance cert.)
Name _____
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle _____
Make, type _____

8 Insurance company C TPFT TPO
Does the policy cover damage to vehicle B? No Yes
Policy No. (if available) _____

9 Driver (See driving licence) (if different from insured B above)
Name _____
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male Female

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please mark the location on one of the sketches on page 1.

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

15 Signatures of drivers

PAN PACIFIC VAN & TRUCK LEASING PTE. LTD.
CO. REG. NO: 201511635R
NO. 52 JOO CHIAH ROAD
SINGAPORE 129474
TEL: 6440 4428 FAX: 6445 8516
Email: efficientleasing@yanoo.com.sg

11 Visible damage to vehicle B

14 My remarks

14 My remarks

15 Signatures of drivers

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	1 Occupation (if more than one, state all)		Email:												
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, State Relationship of Driver with owner <u>Hirer</u>	state the vehicle number and name of insurer of driver's own vehicle (where applicable)												
	4 Exact purpose for which vehicle was being used at time of accident	<input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify _____													
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no, state where it is at present _____		Tel no. _____											
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)													
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass												
	<u>13/06/1978</u>	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	<u>30/01/2014</u>												
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____															
9 Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage												
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
	If yes, please state which Police station _____														
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
	If yes, against whom? _____														
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>													
	15 Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>													
	16 Speed of vehicles	A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr													
	17 What warnings were given by driver or other party? _____														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____														
	20 If your vehicle is commercial, state weight of load carried at time of accident _____														
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)														
22 State number of Passengers (Including Driver) <u>3</u>															
Declaration	I/We declare the foregoing particulars are true in every respect Policyholder's signature <u>P. S. S.</u> Driver's signature (if driver is not the policyholder) <u>P. S. S.</u>														
PAN PACIFIC VAN & TRUCK LEASING PTE. LTD. CO. REG. NO: 201511635R NO. 52 JOO CHIAT ROAD SINGAPORE 427374 TEL: 6440 4428 FAX: 6345 8516 Email: efficientleasing@yahoo.com.sg															

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
GEOLS PTE LTD

Sector: **CONSTRUCTION**

Name
POTHU SAMBASIVA REDDY

Occupation
CONSTRUCTION WORKER

Work Permit No. **O 32450164** Date of Application **20-06-2013**

Date of Issue **17-06-2015**

Date of Expiry **23-06-2017**

LS744223

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Pothu Sambasiva Reddy

Licence Number **G 7 2 4 1 6 7 2 X**

Name
POTHU SAMBASIVA REDDY

Birth Date **12 Jun 1978**

Issue Date **30 Jan 2014**

Valid Till **29 Jan 2019**

Barcode: 002270703K

VISIT PASS
Immigration Regulations

Name
POTHU SAMBASIVA REDDY

Date of Birth **12-06-1978** Sex **M** Nationality **INDIAN**

Fit: **G7241672X** Date of Issue **17-06-2015** Date of Expiry **23-06-2017**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Barcode

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	30 Jan 2014
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	30 Jan 2014

Licence No: G7241672X

MP 428A

PAN PACIFIC VAN & TRUCK LEASING PTE LTD

52 JOO CHIAT ROAD SINGAPORE 427374

TEL: 64404428 FAX: 63458516

LETTER OF AUTHORISATION

We hereby authorize of:-

I, Pothu Sambasiva Reddy NRIC No./fin No. 6724692X be hereby authorized to conduct out all transactions on behalf of the company and also be authorized to sign, initial, accept or execute all documents in connection with the transaction.

Director:



(Signature)
NG KIM WAH
S1192263E



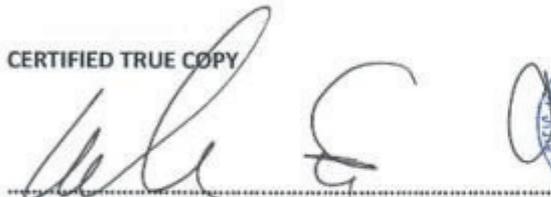
Director:



(Signature)
CHEE KAM FAH
S7160417I



CERTIFIED TRUE COPY



(Signature)
DIRECTOR
NG KIM WAH S1192263E
CHEE KAM FAH S7160417I



Accident Photo



Accident Photo



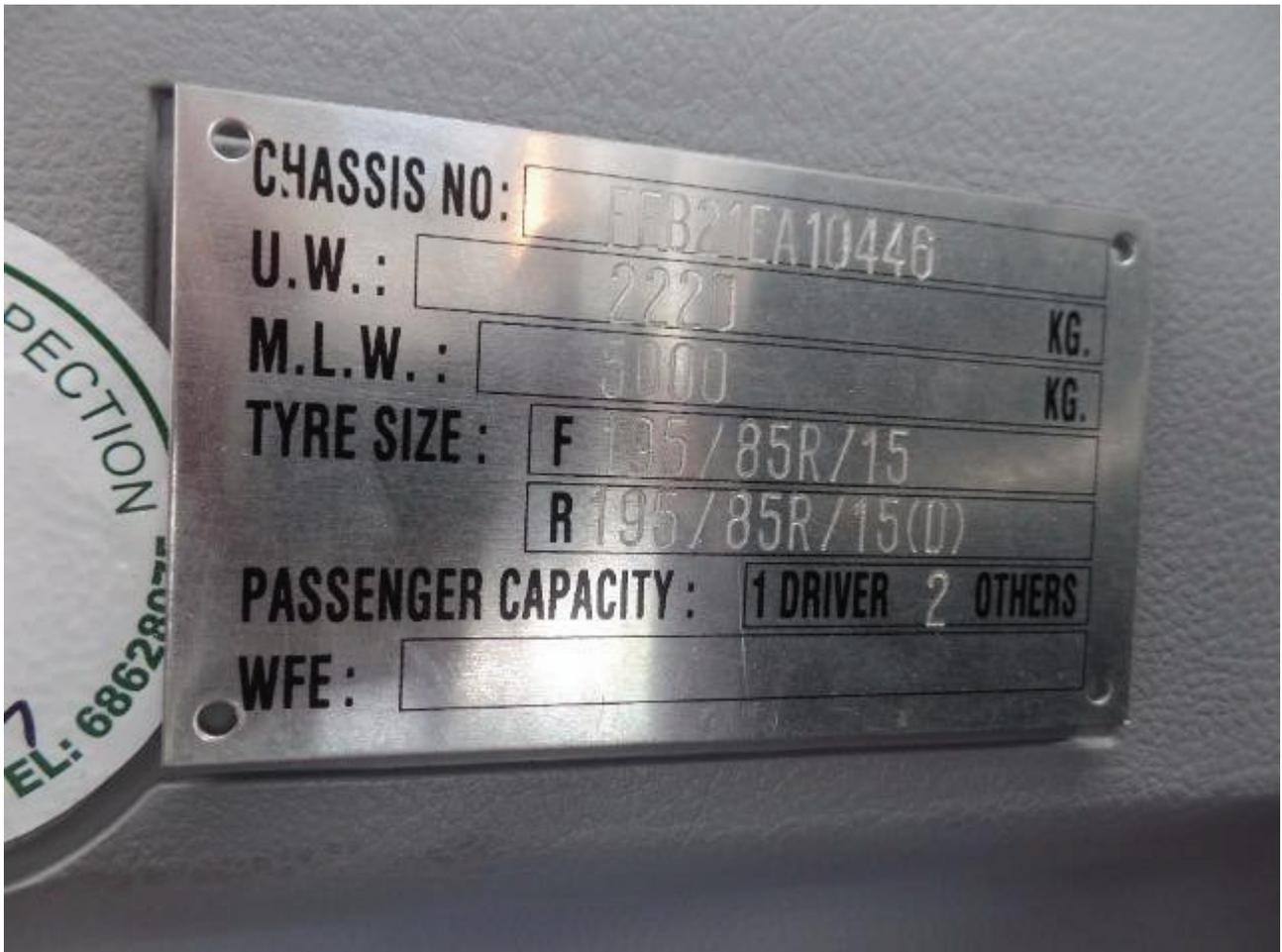
Accident Photo



Accident Photo



Accident Photo



Accident Photo

