

## 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	04/08/2020 10:07
Date Of Accident	07/07/2020 15:10
Exact Location Of Accident	31 JURONG PORT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7796P
-----------------------------	----------

#### Insured/Policyholder

Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98309331
Alternative Phone No	OFFICE-62840827

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR
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 KHAIRON BIN MOHD TAUHID
NRIC No	S7246931C
Date Of Birth	15/12/1972
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1999
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98309331
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 352 WOODLANDS AVENUE 1 #04-737
Postcode	730352
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 PARKED VEHICLE
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)	2
Passenger 1	NAME: : STAFF GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION )
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7740000 - <b>FAX NO:</b> 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

- 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	SGY2384P
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BAI JIE, GLENN
NRIC/Passport Number	S9215991D
Contact Number	97621383
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 0

## Sketch Plan

### SKETCH PLAN

#### 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. 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: 3/8/20 @ 1850H

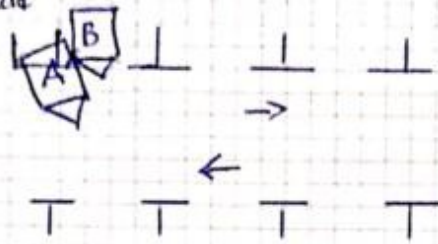
Reporting Centre Personnel's Signature  
Name: Khamarej  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

Main Office  
Jeremy Logieid  
Hub

31 JURONG PORT RD.



A - GBJ 7796P  
B - SGY 2384P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 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:

3/8/20 @ 1850A

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

# Police Report



**SINGAPORE  
POLICE FORCE**



D/20200708/7038

1 of 2

## POLICE REPORT (NP299)

Report No. D/20200708/7038

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 08/07/2020 18:25	Video Report No.	Station Diary No.
Name Of Informant MOHD KHAIRON BIN MOHD TAUHID	Address APT BLK 352 WOODLANDS AVENUE 1 #04-737 SINGAPORE 730352	
ID Type / ID No. NRIC NO / S7246931C	Contact No. Home/Office:	Mobile: 91685001
Nationality SINGAPORE CITIZEN	Email Address mdkhairon@gmail.com	
Occupation Postman	Sex Male	Age 47
Institution/School Name	Date of Birth 15/12/1972	Race Malay
Date/Time Of Incident 07/07/2020 15:10	Location Of Incident 31 JURONG PORT ROAD JURONG LOGISTICS HUB SINGAPORE 619115	

### Brief details.

Place of incident was 31 Jurong Port Road, Jurong Logistics Hubs. Exact location is just at the car beside the main entrance of the building. Purpose of being there is Singpost Courier delivering parcel at that place. My Van vehicle no. is GBJ77967P

On that day and time, I was involved in a minor accident with another car No. SGY2384P. When my Van was halfway about to leave the car lot, the left side of my van slightly hit the front right side bumper of that car creating a very little and very slight discoloration of that part of the bumper. Later on, the driver of that

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2020 18:25
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

## Police Report



**SINGAPORE  
POLICE FORCE**



D/20200708/7038

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. D/20200708/7038

car arrived and I immediately informed him about the minor accident. After that we exchange our particulars and contact numbers.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/07/2020 18:25
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo





**Accident Photo**



**Accident Photo**



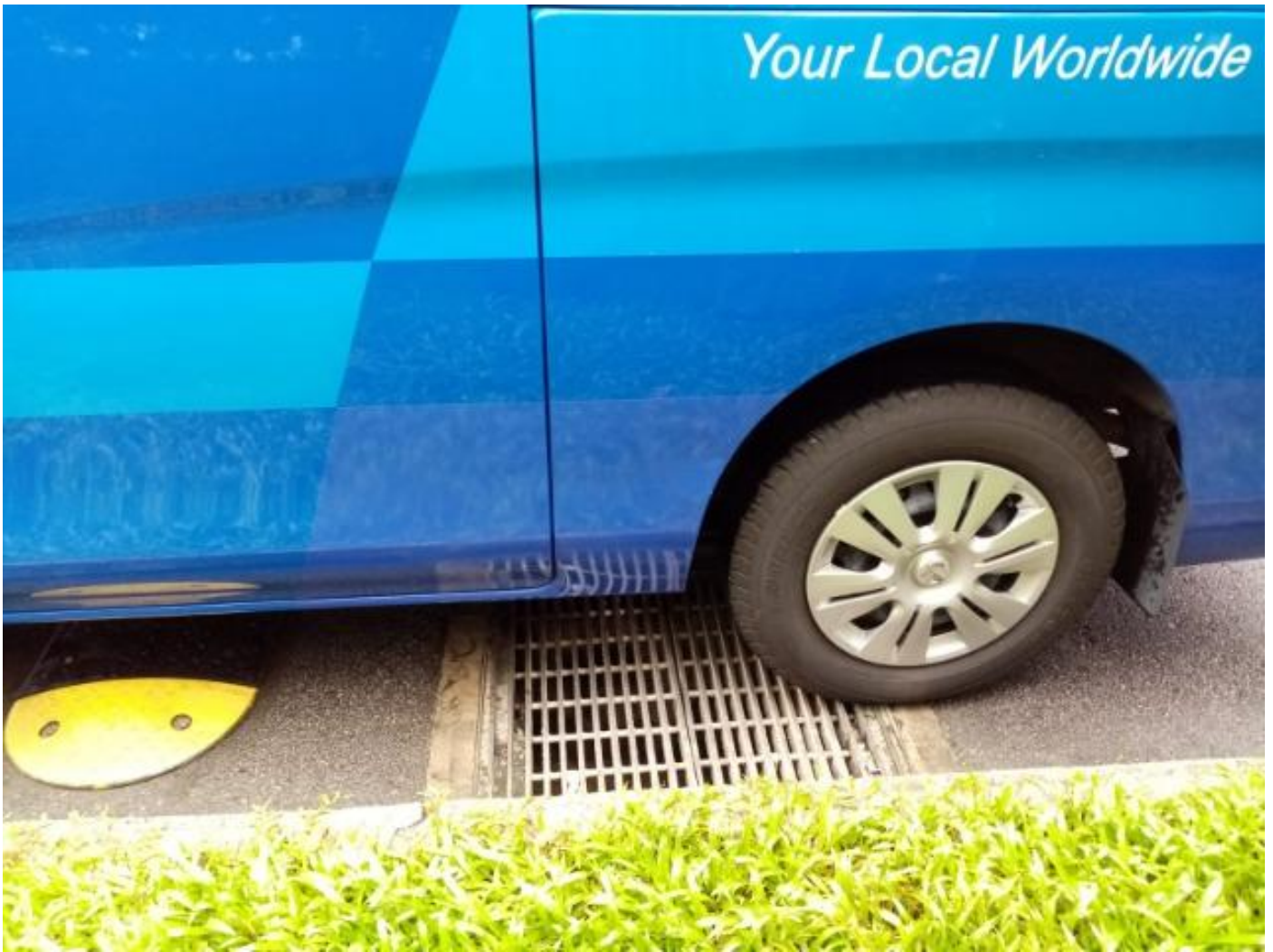
**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

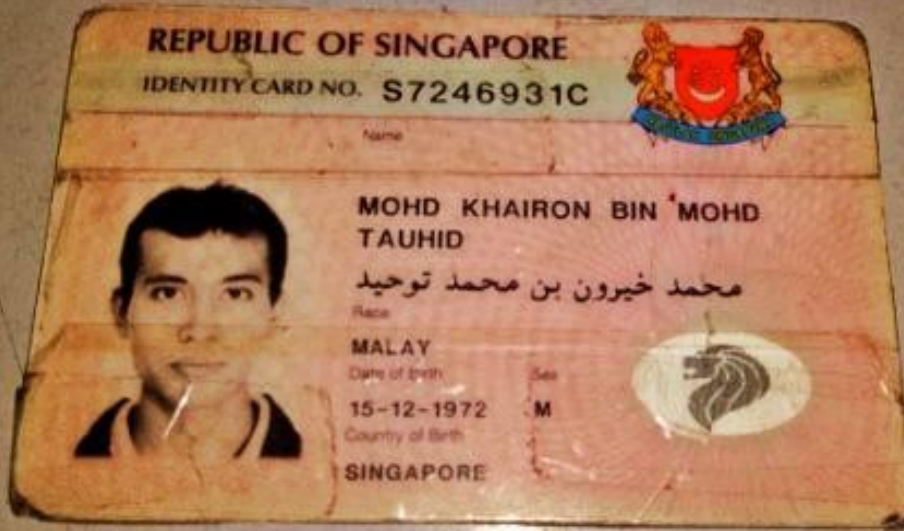


Accident Photo





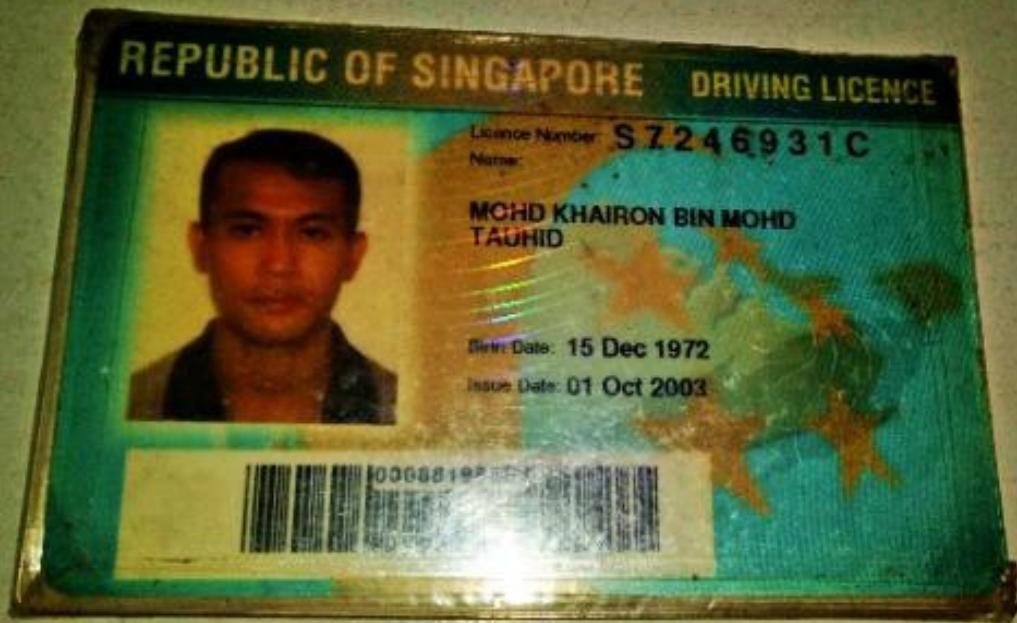
Identification Card



Identification Card



Driving License





# Driving License

