

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	17/08/2020 15:21
Date Of Accident	05/07/2020 18:00
Exact Location Of Accident	AYE TOWARDS JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6392Z
Insured/Policyholder	
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88899804
Alternative Phone No	OFFICE-62840827

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0 DX 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?	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	THIRD PARTY
Fleet Policy	YES
Policy Number	D19MFL0005568
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AFDHALUDDIN BIN YUSOFF
NRIC No	S9103023C
Date Of Birth	21/01/1991
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2019
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	+65-88899804
Fax Number	
Contact Number	OTHERS-87900602
Email Address	NOEMAIL

Address	BLK 537 CHOA CHU KANG STREET 51 #11-146
Postcode	680537
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 - CROSS JUNCTION
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: : FRIEND GENDER: : MALE

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 5 JULY 2020, AT ABOUT 1800HRS, I WAS DRIVING MY VEHICLE GBF6392Z ALONG AYE TOWARDS JURONG TOWN HALL RD. UPON REACHING TRAFFIC JUNCTION UNDER TEBAN FLYOVER, I STOPPED MY VEHICLE ALONG SECOND LANE OF THREE LANES RD. WHEN TRAFFIC TURNED GREEN, I PROCEEDED STRAIGHT WHEN SUDDENLY ONE VEHICLE ON THIRD LANE, GBC3967B WAS TURNING RIGHT. MY VEHICLE HIT ONTO VEHICLE AT RIGHT SIDE. THEN I REALISED I WAS IN WRONG LANE. EXCHANGED PARTICULARS. 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	GBC3967B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	98662043 / 67470159
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

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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.

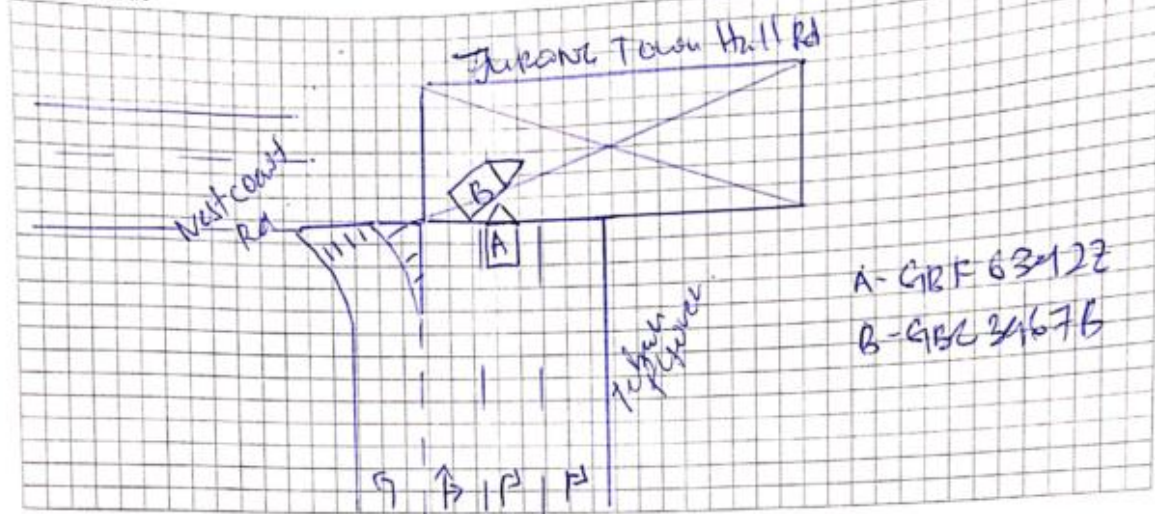
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/8/2024

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5 July 2020, at about 1800hrs
I was driving my vehicle GBF 63122 along
Along Aye towards Jurong Town Hall Rd. Upon
reaching traffic junction under Teban Flyover.
Upon I was stopped my vehicle along second lane
of three lanes rd. When traffic turned green, I proceed
straight ahead. suddenly one vehicle on third lane;
GBG 34676 was turning right. My vehicle was hit
outside vehicle at right side. Then I realised I
was in wrong lane. Exchange of particulars. 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: 17/8/20 @ 1432H

Reporting Centre Personnel's Signature

Name: Kheng

NRIC/FIN No.:

Private settlement for motor accidents

When involved in a motor accident, you are required to report accident (whether claiming under own policy or not) with accident vehicle (whether damage or not) to our reporting centres within 24 hours or the next working day after the accident. Failure to report or late reporting of accident will result in insured's NCD reduction, upon the next renewal of your motor policy.

You can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and damages are minor. Under a private settlement, both parties agree to settle the matter amicably without suing each other. It is a legally binding agreement.

Private settlement

1. Details of Accident:

Date (dd/mm/yyyy) / Time: 05/07/2020 18:00 Location: AYE TWDS JURONG TOWN HALL RD
SXXXX023C

2a. Motor-vehicle registration no. GBF6392Z driven by MUHAMMAD AFDHALUDDIN BIN YUSOFF (Name & NRIC no.)
 and owned by PAN PACIFIC VAN & TRUCK LEASING PTE LTD 2XXXX635R (Name & NRIC no.)

2b. Motor-vehicle registration no. GBC3967B driven by LIM CHEE WEE (Name & NRIC no.)
 and owned by FUKUYAMA ENGRG & CONSTRUCTION PTE LTD (Name & NRIC no.)

3. There are no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably as follows: *delete a) or b) as applicable.

*a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

*b. Without any admission of liability, (party paying compensation) has paid a sum of \$ 600/- which (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

5. Both parties have not and will not make a police report of this accident.

6. We understand that the information collected on this private settlement form will be kept and used by Income for investigating and administering claims, fraud detection and underwriting future insurance applications.

Name (paying party): MOHAMED FARID BIN MOHAMED SAH Tel: 8751 4010 Fax: _____
HIRER

NRIC / Passport no: SXXXX719A Signature: [Signature]

Name (owner receiving compensation): FUKUYAMA ENGRG & CONSTRUCTION PTE LTD Tel: 8128 4201 Fax: _____

NRIC / Passport no: S1686235E Signature: [Signature]



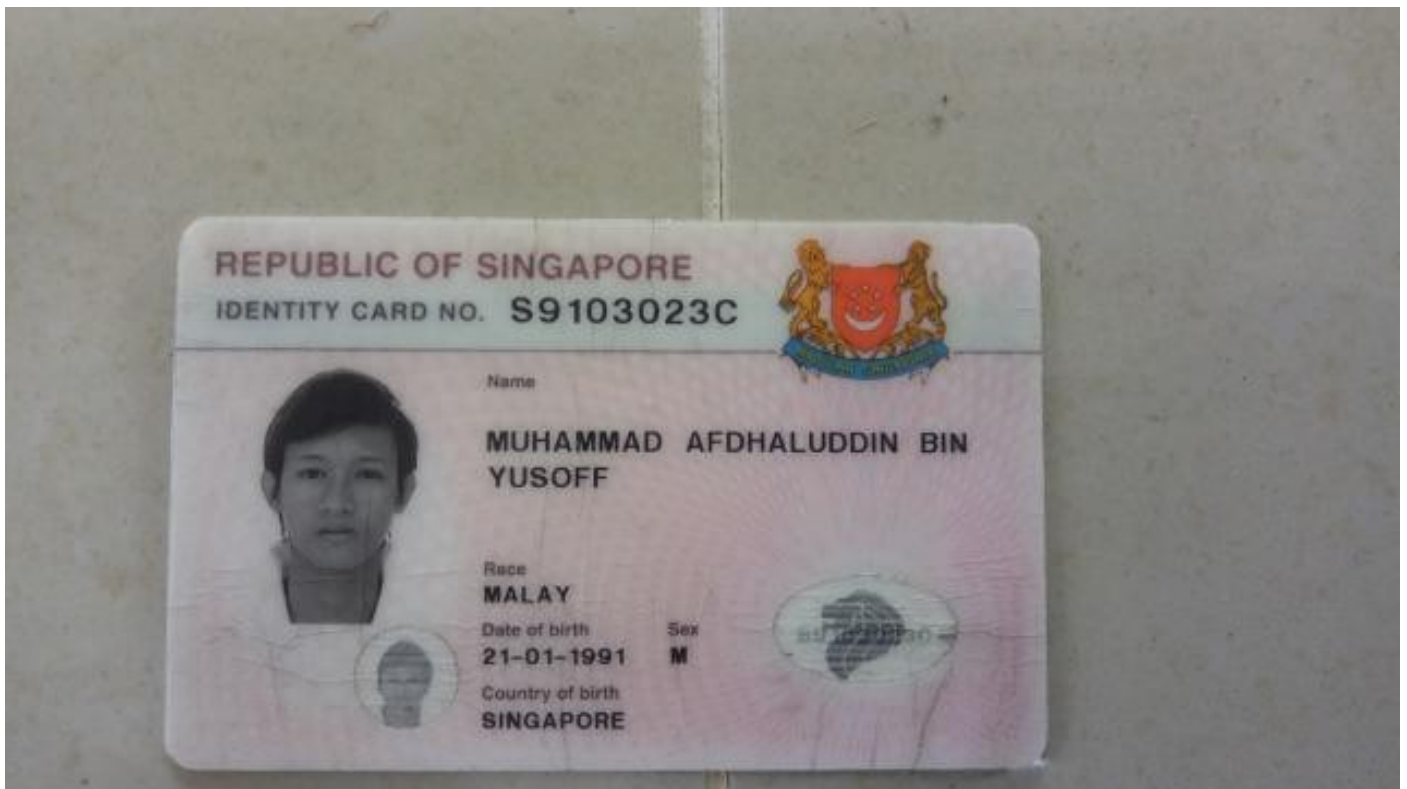
Accident Photo



Accident Photo



Identification Card



Identification Card



Driving License



Driving License



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
LIFE: S66508280 / GST Reg. No.: M400017735

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:

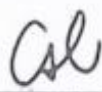
Original Report No : MJPK 20069840 Vehicle Registration No : GBF 63927
Name (as shown in NRIC) : PAN PACIFIC VAN & TRUCK LEASING PTE LTD NRIC/FIN/Passport No : 201511635R
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 8 CHANG CHARN ROAD #04-01 LINK (THM) BUILDING Singapore (159637)
Contact (Tel) : 62840827 Mobile No. : _____
Email Address : _____
Date of Accident : 05/07/2020 Time of Accident : 18:00 HRS
Place of Accident : AYE TOWARDS JUFONG TOWN HALL RD
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:

- ADD - PRIVATE SETTLEMENT form


Policyholder / Driver Signature
Date:


Reporting Centre Personnel's Signature
Name: Shayne
NRIC/FIN No.:
Date: 30/06/2020