

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	11/08/2020 17:36
Date Of Accident	23/07/2020 18:45
Exact Location Of Accident	BLK 426 BUKIT BATOK WEST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK2214E
Insured/Policyholder	
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97725659
Alternative Phone No	OFFICE-62840827

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
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	NUR HELMY SYAFIQ BIN ABDUL LATIFF
NRIC No	S9701940A
Date Of Birth	21/01/1997
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97725659
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 678 WOODLANDS AVENUE 6 #09-722
Postcode	730678
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 - HEAD TO REAR
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)	1

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 23.07.2020 AT ABOUT 1845HRS, I WAS DRIVING MY VEH A GBK2214E OUT FROM A CARPARK ALONG BUKIT BATOK WEST AVE 2. I STOPPED TO CHECK ON ON-COMING TRAFFIC. I SAW IT WAS CLEAR AND I INCHED FORWARD. THEN I SAW ON THE OPPOSITE ROAD AN UNKNOWN VAN WAS APPROACHING. SO I STOPPED AND BECAUSE MY VEH A WAS PROTRUDING OUT ON THE ROAD, I DECIDED TO REVERSE. MY VEH A AT THAT POINT OF TIME WAS FILLED WITH GOODS AND I CAN ONLY CHECK ON MY SIDE MIRRORS. HENCE MY VEH A'S REAR PORTION JUST TOUCHED VEH B SMK7770C'S FRONT PORTION. WE CHECKED VEHICLES AND CONCLUDED NO DAMAGE. WE AGREED NO CLAIMS REQUIRED UNTIL I RECEIVED A LETTER. AFTER I RECEIVED LETTER, I THEN SPOKE WITH 3RD PARTY DRIVER AND WE AGREED ON MUTUAL SETTLEMENT.

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	SMK7770C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEUNG KIM TAK
NRIC/Passport Number	
Contact Number	96387938
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:

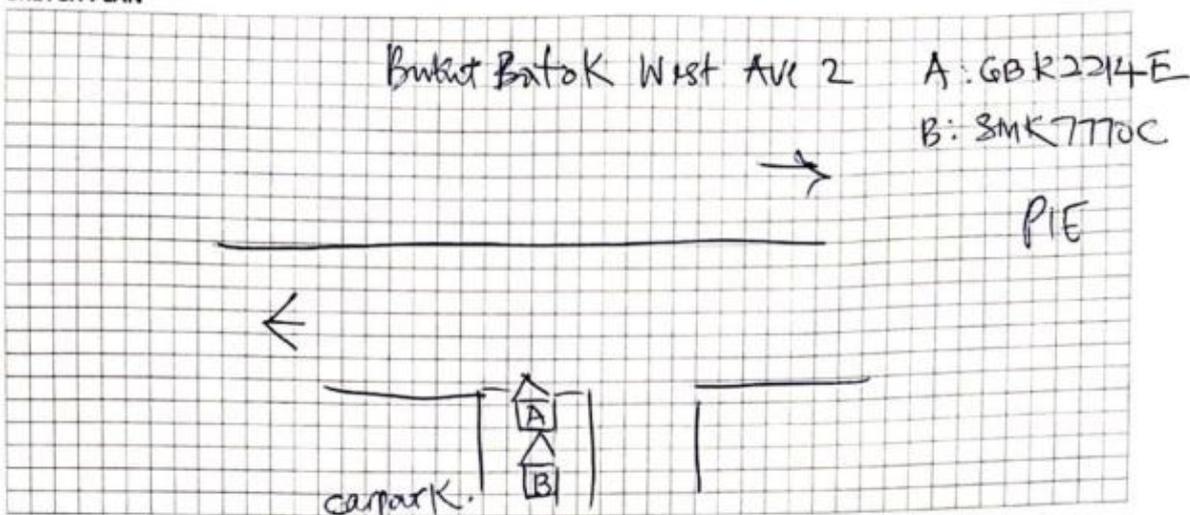
11-08-2020
12:05 hrs
14:48 hrs

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

19900709

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/07.2020 at about 1845hrs I was driving my Veh A GBK 2214 E out from a carpark along Bukit Batok West Ave 2. I stopped to check on on-coming traffic, I saw it was clear and I inched forward. Then I saw on the opposite road an unknown Van was approaching. So I stopped and because my Veh A was protruding out on the road, I decided to reverse. My Veh A at that point of time was filled with goods and I can only check on my side mirrors. Hence my Veh A rear portion just touches Veh B SMK 7770 C front portion. We checked vehicles and concluded no damage. We agree no claims required until I received a letter. After received letter I then spoke with 3rd party driver and we agreed on mutual settlement.

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: 11/08/2020
1448hrs

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

Kym Yoo

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9701940A



Name

NUR HELMY SYAFIQ BIN
ABDUL LATIFF

نور هلمى شافىق بن عبداللطيف

Race

MALAY

Date of birth

21-01-1997

Sex

M

Country of birth

SINGAPORE



Identification Card



5098285



NRIC No. S9701940A

Date of issue
09-07-2012

Address

APT BLK 678 WOODLANDS AVENUE 6
#09-722
SINGAPORE 730678

Driving License



Driving License

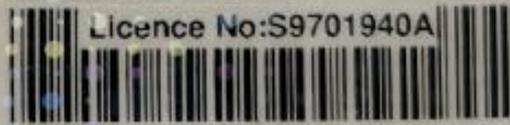
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2A	Motorcycles between 201 CC and 400 CC.	24 Apr 2019
Class 2B	Motorcycles =< 200 CC	14 Dec 2017
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	02 Oct 2019

S / No.9000326227

S9701940A



NP 428A