

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	20/08/2020 17:56
Date Of Accident	14/08/2020 16:00
Exact Location Of Accident	GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8486T
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Insured/Policyholder

Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84551145
Alternative Phone No	OFFICE-62840827

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	CHEW CHOON SAN
NRIC No	S7736090E
Date Of Birth	02/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1997
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84551145
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 447A JALAN KAYU #08-358
Postcode	791447
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	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

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?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
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	SJJ7376Z
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	MUHAMMAD FAIZAL BIN JAMIL
NRIC/Passport Number	
Contact Number	91033355
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

Sketch Plan

SKETCH PLAN

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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.

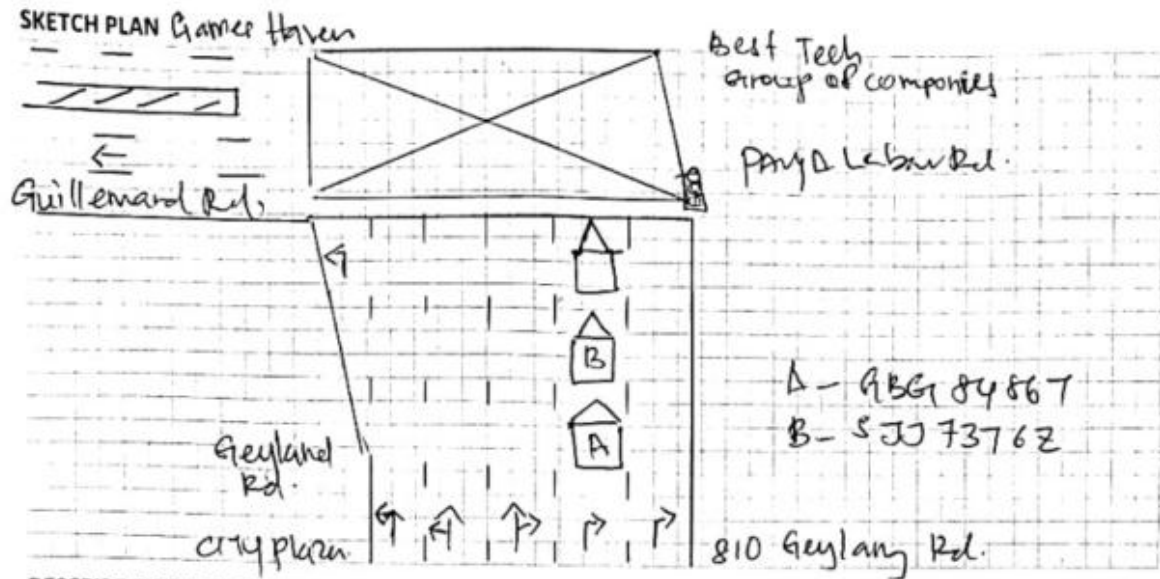
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 20/6/2017 3:04

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

Sketch Plan #2



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: 20/4/2017 30H

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200820/2076

1 of 4

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20200820/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2020 16:41	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars

Name of Informant: CHEW CHOON SAN			Address: APT BLK 447A JALAN KAYU #08-358 SINGAPORE 791447	
ID Type / ID No.: NRIC NO / S7736090E			Contact No.: Home/Office: Mobile: 84551145	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 42	Date of Birth: 02/12/1977	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: DELIVERY MAN			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/08/2020 16:00	Type of Location: X-Junction
Location: GEYLANG ROAD				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: I DID NOT NOTICE ANY IMPACT	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG8486T	Van				No Damage	0
SJJ7376Z	Car					2

Details of Person Involved

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				

Police Report



**SINGAPORE
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T/20200820/2076

2 of 4

Report No. T/20200820/2076

Police Station Of Origin:
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Tel No: 1800-4880999

CONTINUATION OF REPORT

Driver			
Name	CHEW CHOON SAN	ID No.	S7736090E
Related Vehicle	GBG8486T (Van)	Contact No.	84551145
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD FAIZAL BIN JAMIL	ID No.	SXXXX692G
Related Vehicle	SJJ7376Z (Car)	Contact No.	91033355
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	MOHAMAD FARHAN BIN MOHAMAD SALLEH	ID No.	SXXXXXXXXA
Related Vehicle	SJJ7376Z (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	NORMAYA BINTE JOHARI	ID No.	SXXXXXXXXA
Related Vehicle	SJJ7376Z (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Police Report



**SINGAPORE
POLICE FORCE**



T/20200820/2076

3 of 4

Police Station Of Origin:
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50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20200820/2076

CONTINUATION OF REPORT

Brief Details.

On 14/08/2020 at about 1600hrs, I was driving along Geylang Road towards Paya Lebar Road. While reaching the X-Junction of Paya Lebar Road, the traffic light turned red and the vehicle, SJJ7376Z in front of me stopped. I followed and stopped behind the vehicle. There was a distance between my vehicle and the said vehicle. Out of a sudden, I saw the said vehicle switched on his hazard lights and the driver came down from his vehicle and came over to me. He told me that I hit into his vehicle. I then pull my handbrake and went down to make a check. I wish to state that there was no impact between two vehicle. The driver insisted that I hit into his vehicle. The driver also said that he is working as a Grab Driver and he has customer that was in a hurry. I noticed that one of his passenger were sitting beside the driver's seat. Subsequently, one man named John, stopped his vehicle and came over to assist the accident. He mentioned that he is an agent from Pan Pacific and he can assist me. John then took some photos and he also asked if the passenger were injured. Both passenger said that they were no injured as of now but they were not sure whether if they will feel aches later on. The driver then asked for my particulars and contact details with I gave it to him. He then told me that he will call me. Subsequently, we all left the scene. I wish to state that I do not know what to do because this is the first time I encounter such incident.

Till now, I have yet to receive any phone calls from the said driver.

Recently, I received phone calls from John, Tel 92966056, he said that he knows the rental company of the said driver and he might be able to settle the matter privately with the company without any insurance claims. John said that he will be calling me but till now I have yet to receive any phone calls from John.

On 20/08/2020, I was informed by my insurance company that there was a accident claims that was reported against me and there were total of 3 person injured in that accident. I was also notified that John was not from Pan Pacific. I was then advised by the insurance company to lodge this police report.

Police Report



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POLICE FORCE



T/20200820/2076

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556129
Tel No: 1800-4880999

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Report No. T/20200820/2076

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 3 ONG ZHEN ZUO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/08/2020 16:41

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

SN 154

Authentication Stamp

NP168



Singapore Police Force

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

