

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	09/10/2020 13:13
Date Of Accident	05/10/2020 15:00
Exact Location Of Accident	61 UPPER CHANGI RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1110H
Insured/Policyholder	
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96136912
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?	YES
If No, Please state action to be taken	
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	NAGARAJAN VIVEK
Passport No/FIN	G2672380P
Date Of Birth	16/02/1994
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2018
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96136912
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 113 RANGOON ROAD
Postcode	218932
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 - MAJOR/MINOR RD
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 5 OCT 2020, AT ABOUT 1500HRS, I WAS DRIVING MY VEHICLE GBJ1110H ALONG 61 UPPER CHANGI RD EAST BASEMENT CARPARK FOR DELIVERY. WHILE I'M TURNING TO MY LEFT ALONG BASEMENT CARPARK, SUDDENLY ONE VEHICLE, SMU9068G WHICH WAS TRAVELLING STRAIGHT, COLLIDED ONTO MY LEFT SIDE FRONT OF MY VEHICLE. EXCHANGED PARTICULARS. NOBODY WAS INJURED. (I STOPPED MY VEHICLE BEFORE THE STOPPING LINE BEFORE I TURN LEFT.)

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	SMU9068G
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEK CHIN HENG
NRIC/Passport Number	S7122545C
Contact Number	93682679
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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)**

(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 :

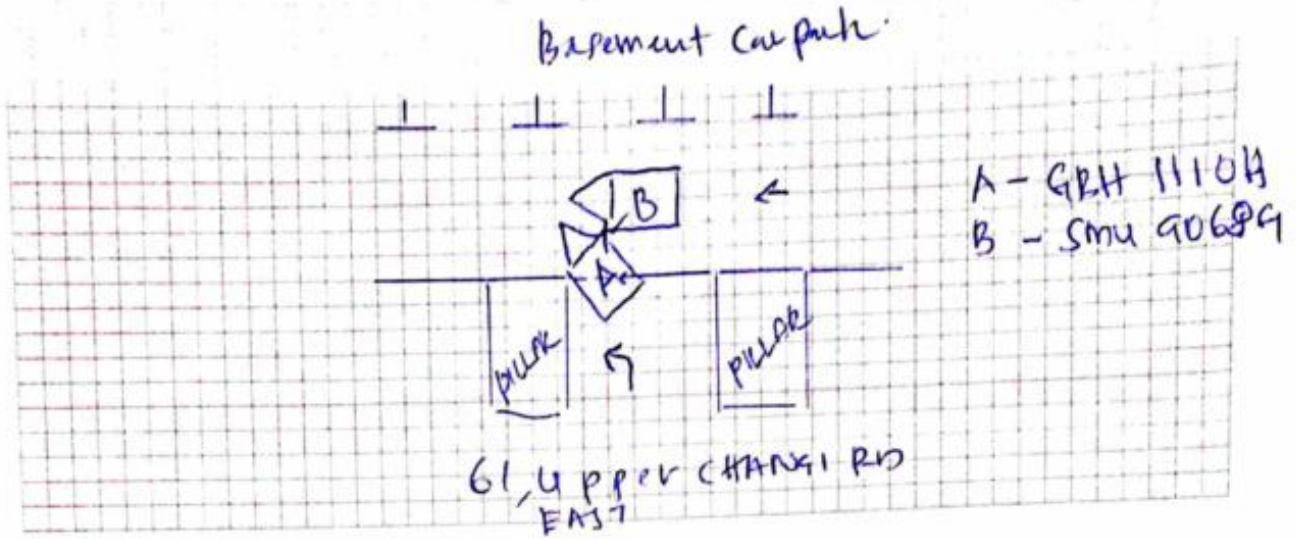
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

Driver's Signature
(If driver is not the policyholder)
Date & Time: 01/16/20

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5 OCT 2020, at about 1500hrs, I was driving my vehicle GBH 1110H along 61, Upper Changi Rd East basement carpark for delivery. While I turning to my left along basement carpark, suddenly one vehicle SMU 9068G which travelling straight, was collided onto my left side front of my vehicle. Exchanged particulars. Nobody was injured. (I stop my vehicle before the stopping line before turn left).

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:

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

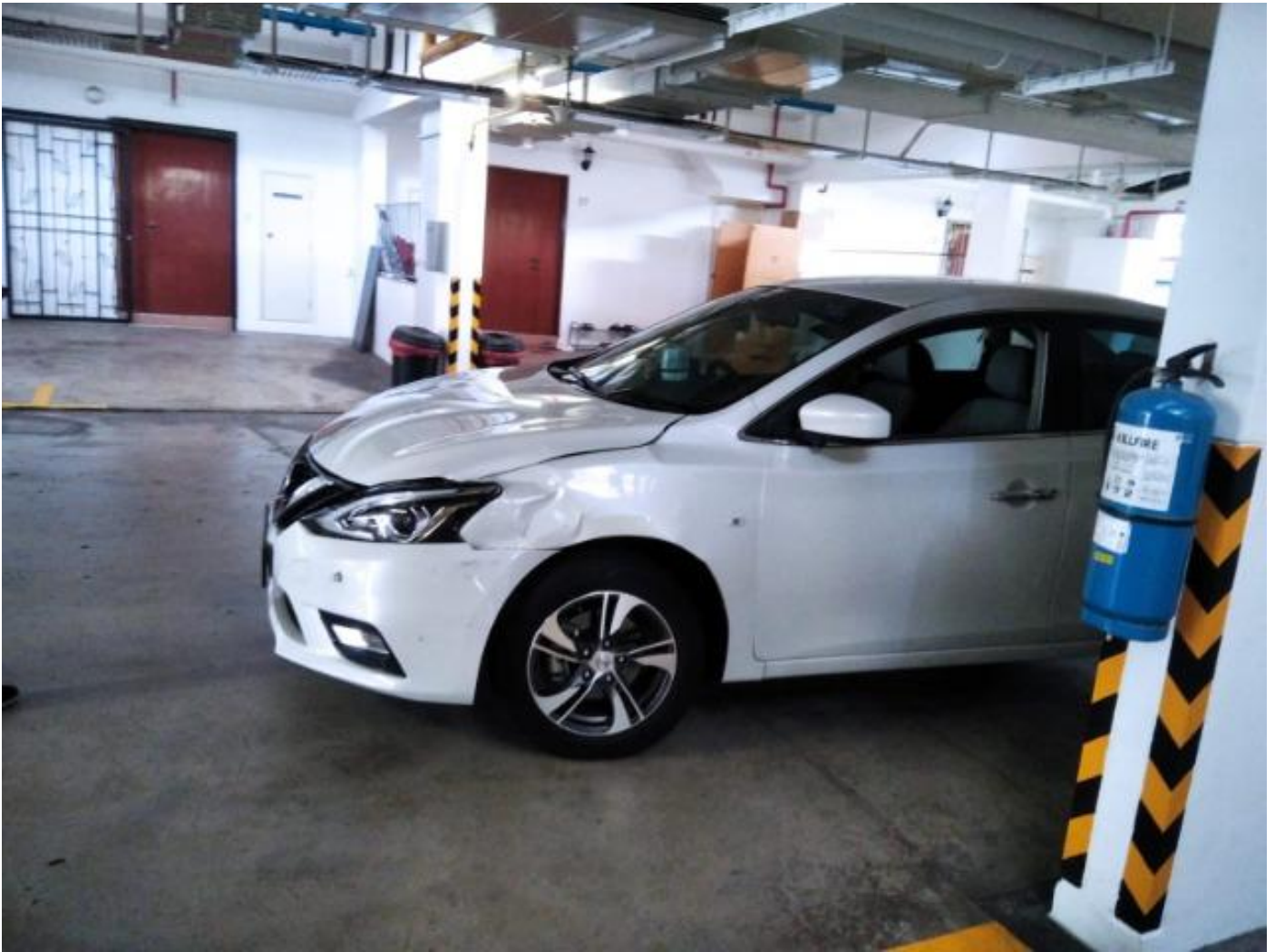


A close-up photograph of the front left corner of a white vehicle, likely a car or van. The vehicle features a prominent blue stripe running diagonally across the hood and front fender. The white front bumper is visibly damaged, with a large section missing or crushed, exposing the internal components. The headlight is intact but partially obscured by the damaged bumper. A black rectangular sticker is affixed to the lower left side of the bumper, containing white text in Vietnamese. The vehicle is parked on a dark, textured surface, possibly asphalt.

Accident Photo



Accident Photo




Accident Photo




Accident Photo



Identification Card

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


Employer
MPS ENGINEERING & CONSTRUCTIONS PTE. LTD.




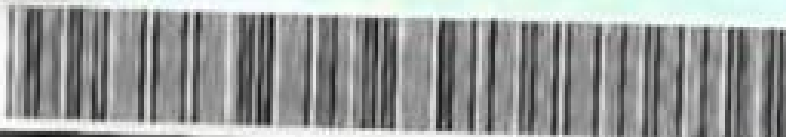
Name
NAGARAJAN VIVEK

Work Permit No
0 36673273

Sector
CONSTRUCTION







K2206157

VISIT PASS
Immigration Regulations

30-06-2028

Name
NAGARAJAN VIVEK



FIN
G2672380P

Date of Birth
16-02-1994

Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status





Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G 2 6 7 2 3 8 0 P**


Name: **NAGARAJAN VIVEK**

Birth Date: **16 Feb 1994**

Issue Date: **27 Jun 2017**

Valid Till **26/06/2022**



 002697780K

Driving License

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

		EFFECTIVE DATE
Class 2B	Motorcycles \leq 200 CC	27 Jun 2017
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	25 Apr 2018

G2672380P

S / No. 9000306572

Licence No: G2672380P

NP 428A

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
MTE: MA900204 / GST Reg. No.: MA00017735

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 : MJPK20088308 Vehicle Registration No: GBJ1110H
PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Name (as shown in NRIC) : _____ 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 : 5 OCTOBER 2020 Time of Accident : 15:00 HRS
Place of Accident : 61 UPPER CHANGI RD EAST
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:

- Amend policyholder details


Policyholder / Driver's Signature
Date: _____


Reporting Centre Personnel's Signature
Name: Shayne
NRIC/FIN No.: _____
Date: 09/10/2020