

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	12/10/2020 12:32
Date Of Accident	10/10/2020 18:15
Exact Location Of Accident	WHITLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH464D
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Insured/Policyholder

Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	2XXXXX635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81257749
Alternative Phone No	OFFICE-62840827

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	THIRD PARTY
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	ARMA BIN HUSSEIN
NRIC No	SXXXX097J
Date Of Birth	13/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	23/08/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81257749
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 606C TAMPINES STREET 61 #03-386
Postcode	523606
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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT T/20201010/7026.

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	SJF9980L
Vehicle Make/Model/Colour	MERCEDES / SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SWE TING
NRIC/Passport Number	SXXXX219H
Contact Number	98787161
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT BUMPER

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

ARMA BIN HUSSEIN

Approximate Age

Injuries Sustain

NECK AND SHOULDER PAIN

Injured person in which vehicle?

GBH464D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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:

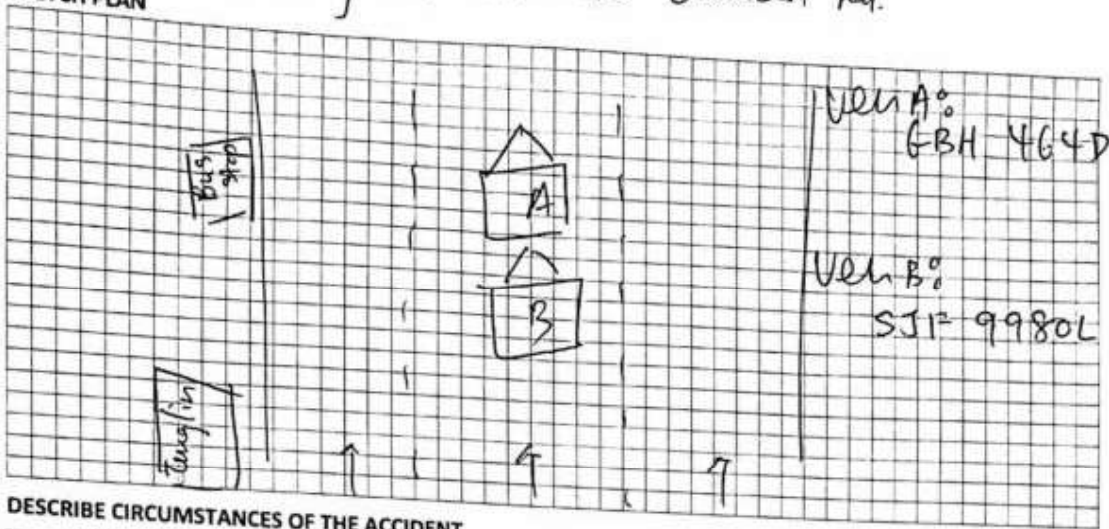
Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/10/20

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

Sketch Plan #2

Whitley Rd towards Oakhurst Rd.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/c refer to Police Report
T/20201010/7026.

[The remaining lines of the form are crossed out with a diagonal line.]

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: 11/10/20

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

GAIA/ME SketchPlanForm_V3

Police Report



**SINGAPORE
POLICE FORCE**



T/20201010/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201010/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2020 20:42	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: ARMA BIN HUSSEIN		Address: 606C TAMPINES STREET 61 #03-386 SINGAPORE 523606	
ID Type / ID No.: NRIC NO / S7526097J		Contact No.: Home/Office: Mobile: 81257749	
Nationality: SINGAPORE CITIZEN		Email: flasharma@gmail.com	
Sex: Male	Age: 45	Date of Birth: 13/09/1975	Type of Informant: Driver
Race: Boyanes		Language: English	Institution / School Name:
Occupation: Project Supervisor		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2020 18:15	Type of Location: Straight Road
Location: WHITLEY RD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH464D	Lorry				Slightly Damaged	0
SJF9980L	Car			Silver	Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20201010/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201010/7026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ARMA BIN HUSSEIN	ID No.	S7526097J
Related Vehicle	GBH464D (Lorry)	Contact No.	81257749
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	10/10/2020	Date	10/10/2020
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I WAS DRIVING MY COMPANY VEHICLE BEARING THE REGISTRATION PLATE GBH464D

I WAS TRAVELLING STRAIGHT ON THE SAID LOCATION ON THE CENTRE LANE.

THE TRAFFIC LIGHT WAS RED AND I WAS ALREADY STATIONERY FOR QUITE SOME TIME.

SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR.

I ALIGHTED TO MAKE A CHECK, IT WAS A CAR BEARING THE REGISTRATION PLATE SJF9980L THAT COLLIDED ONTO THE REAR OF MY VEHICLE.

POLICE AND AMBULANCE WERE NOT CALLED TO THE SCENE.

FOLLOWING, I CARRIED ON WITH MY JOURNEY.

SUBSEQUENTLY, I FELT PAIN ON MY NECK, BACK AND SHOULDER AREA HENCE I WENT TO CONSULT A CLINIC AT TAMPINES AND WAS GIVEN 5 DAYS OF MC FROM THE DOCTOR.

I AM MAKING THIS REPORT FOR INSURANCE CLAIM PURPOSES.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201010/7026

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201010/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
10/10/2020 20:42

Classification Of Case:

Accident Photo



HUAWEI P30 Pro
LEICA QUAD CAMERA

Accident Photo

