

## 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	11/11/2020 18:47
Date Of Accident	11/11/2020 10:55
Exact Location Of Accident	CTE / CITY AFTER RANGOON RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3873X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	201511635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82887681
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?	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	DE ROZARIO JOHN ASLEY ALEXANDRA
NRIC No	S8828073C
Date Of Birth	16/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2011
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82887681
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 645 JURONG WEST STREET 61 #03-110
Postcode	640645
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	CHAIN COLLISION
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	3
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: : BROTHER 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 11.11.2020 AT ABOUT 1053HRS, I WAS DRIVING MY VEH A GBK3873X TOWARDS CTE / CITY. AFTER THE RANGOON EXIT, VEH C SHA9794H SUDDENLY BRAKED. I APPLIED BRAKE BUT NOT IN TIME HENCE I REAR-ENDED VEH C. I GOT DOWN VEHICLE AND REALISED THAT VEH C HAD REAR-ENDED VEH B SBF20L. IT IS A 3 CAR CHAIN COLLISION. AFTER CHECKING WITH VEH C, THE DRIVER TOLD ME THAT HE HAD REAR-ENDED VEH C THEN MY VEH A REAR-END VEH C. WE CONFIRMED WITH EACH OTHER THAT NO ONE IS INJURED IN THIS ACCIDENT. LTA AND EMAS WAS ON SCENE AND CONFIRMED WITH EVERYONE THAT THERE IS NO INJURIES. NOTE: THERE WAS AN UNKNOWN CAR WHO CAME AND PICKED VEH C MALE PASSENGER (INDIAN). IN THE UNKNOWN CAR THERE WERE 3 CHINESE MALES.

#### 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	SBF20L
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM
NRIC/Passport Number	
Contact Number	96682500
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA9794H

Vehicle Make/Model/Colour COMFORT / HYUNDAI

Details Of Properties

Vehicle Category TAXI

Name of Driver TAN KAI SENG

NRIC/Passport Number S1273524C

Contact Number

Address BLK 702 HOUGANG AVE 2 #03-415

Postcode 530702

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

## Sketch Plan

### SKETCH PLAN

#### 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. The 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 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.

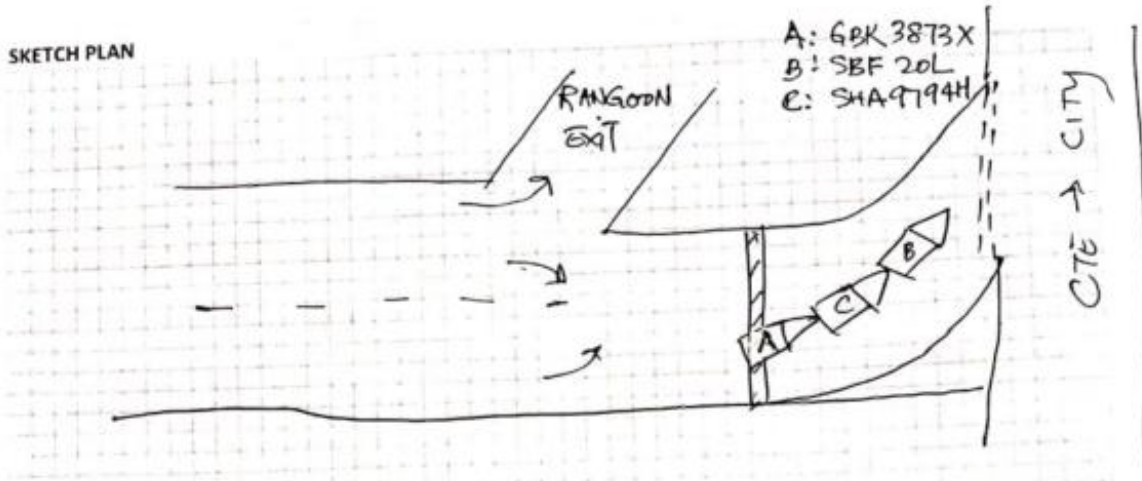
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11.11.2020  
145hs

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11.11.2020 at about 1053hrs I was driving my veh A GBK 3873X towards CTE/City. After the Rangoon Exit Veh C SHA 9794H suddenly brake. I applied brake but not in time hence I rear-ended Veh C. I got down vehicle and realised that Veh C had rear-ended Veh B SBF 20L. It is a 3 car chain collision. After checking with Veh C, the driver told me that he had rear-ended Veh B then my veh A rear-end Veh C. We confirmed with each other that no one is injured in this accident. LTA and Emas was on scene and confirmed with everyone that there is no injured.

Note: There was an unknown car who came and pick Veh C male passenger. (Indian). In the unknown car there were 3 Chinese male.

### 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:

11.11.2020  
1415hrs

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

(Ryan-Yong)



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

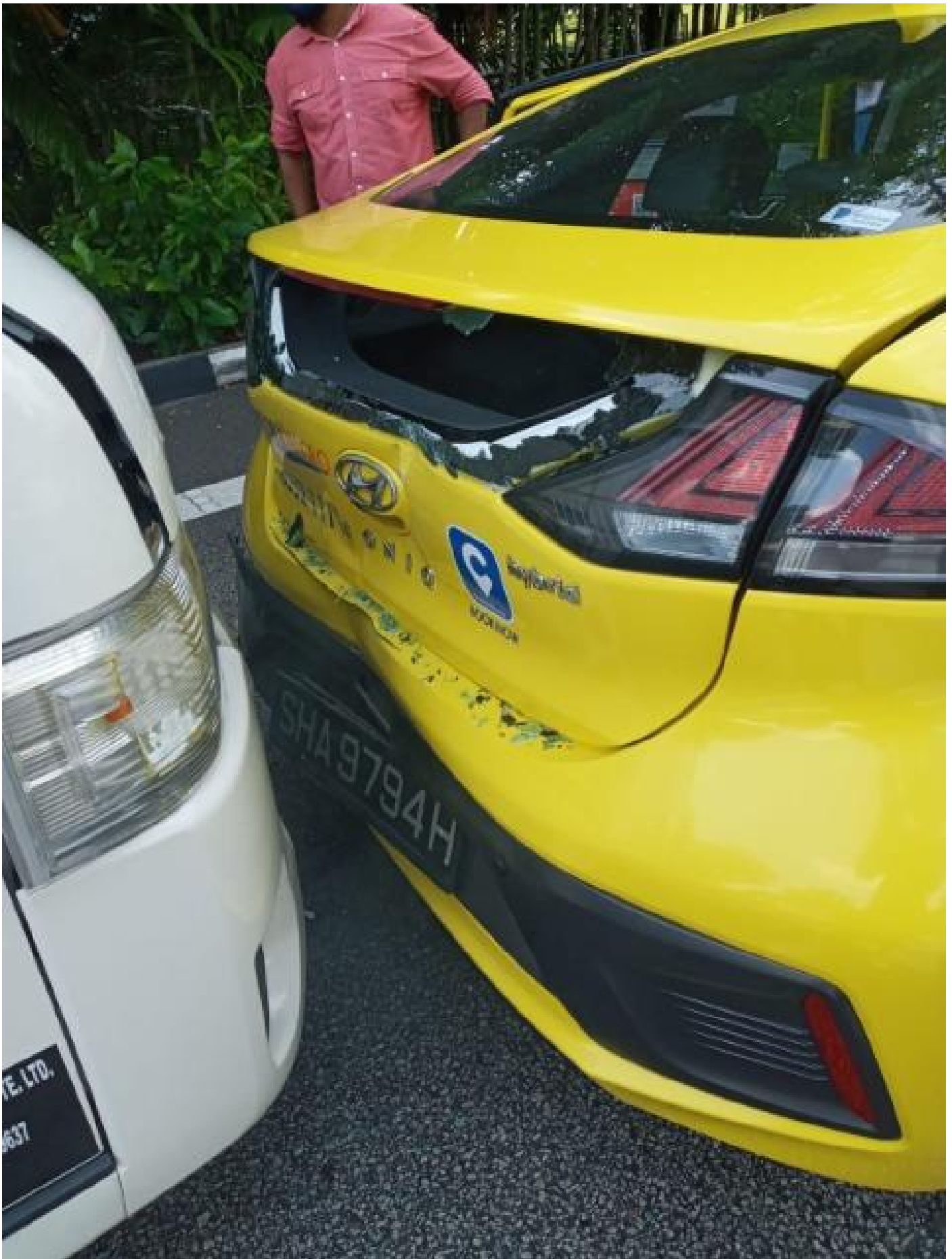




Accident Photo



Accident Photo




Accident Photo



Identification Card

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S8828073C**



Name  
**DE ROZARIO JOHN ASLEY  
ALEXANDRA**

Race  
**EURASIAN**

Date of birth  
**16-05-1988**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**



Identification Card





Driving License



## Driving License

