# **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 witholding 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.

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   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 Submission 21/12/2020 13:28 (SGT) Date of Accident 19/12/2020 10:20 (SGT) Exact Location of Accident Sentosa, Singapore Additional Location Information Allanbrooke Road Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBH396S** 

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PAN PACIFIC VAN & TRUCK LEASING PTE LTD Company Reg No 201511635R **Email Address** ppemclaims@gmail.com Mobile Phone No (Phone) +65-97743583 Alternative Phone No (Office) +65-62840827

#### VEHICLE PARTICULARS

Manufacturer Nissan Model Cabstar Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company India International Type of Coverage Comprehensive Fleet Policy Policy Number D19MFL0005549 01 Cover Note Number

#### DRIVER

Name of Driver KARUPPIAH KANNAN Passport No/FIN F7966453R Date Of Birth 02/03/1974 Occupation Outdoor



Date Of Driving Pass 06/08/2009 Driving experience 11 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97743583 Alt. Phone Number Email Address kannankannanmari@gmail.com Address 66 WHITE HOUSE PARK Address complement #03-28, THE CLAREMONT HOTEL Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? No Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **UNKNOWN** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Rochor Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002949999 Alt. Police Station Phone No (Fax) +65-63918583 Police Station Address 11 Kampong Kapor Road Singapore 208678 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN AND POLICE REPORT.

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

ATTACHMENT(S)

#### 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
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

21/12/20 - 1130 H

Reporting Centre Personnel's Signature

Name: Munry
NRIC/FIN No.:

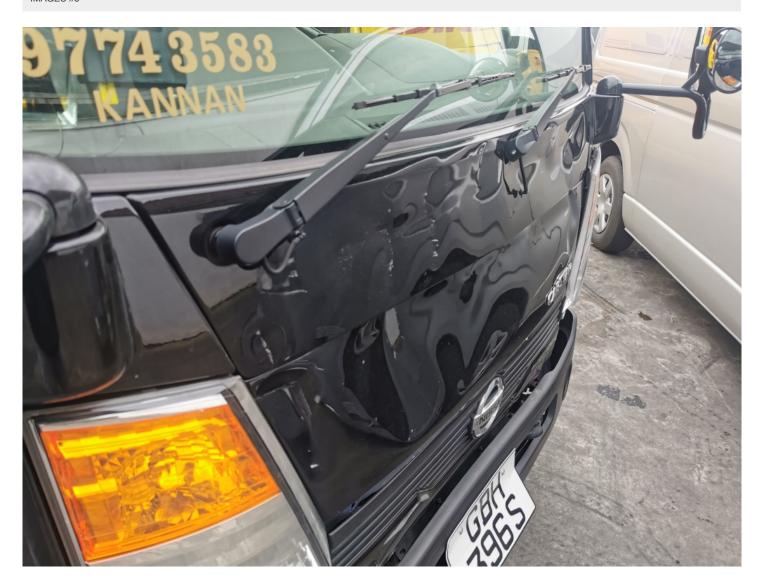
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SKETCH PLAN	LANGE CLOSENT	
DESCRIBE CIRCUMSTANCE	A T	L-9BH 3965 B-SHD 403E
	PLEASE REFER TO POLICE	REPORT-
		,
DECLARATION /We declare the foregoing parti	iculars are true in every respect.	John
folicyholder's Signature Nate & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 21/12/20 - Wook	Reporting Centre Personnel's Signature Name: NRIC/FIN No :

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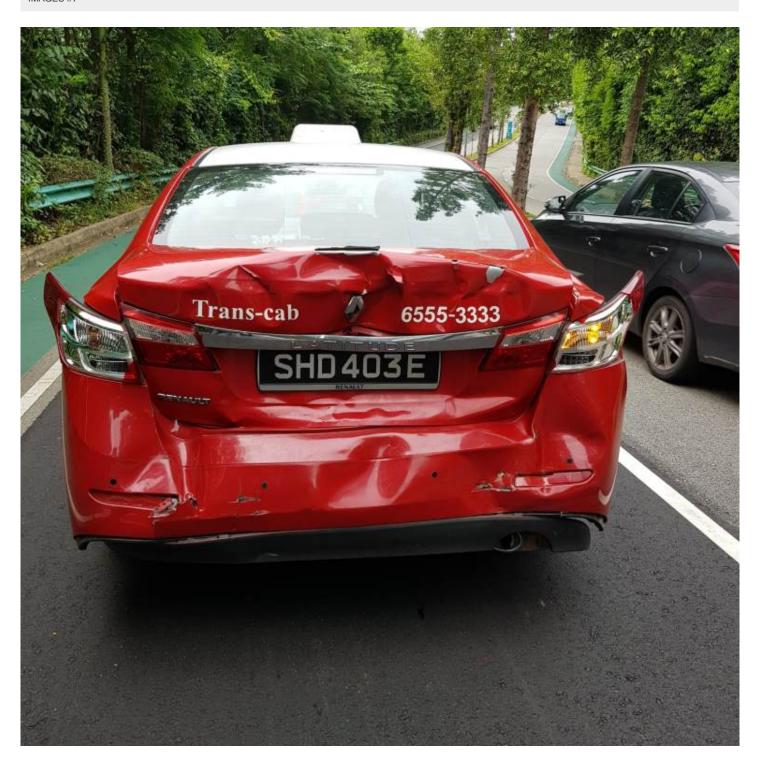




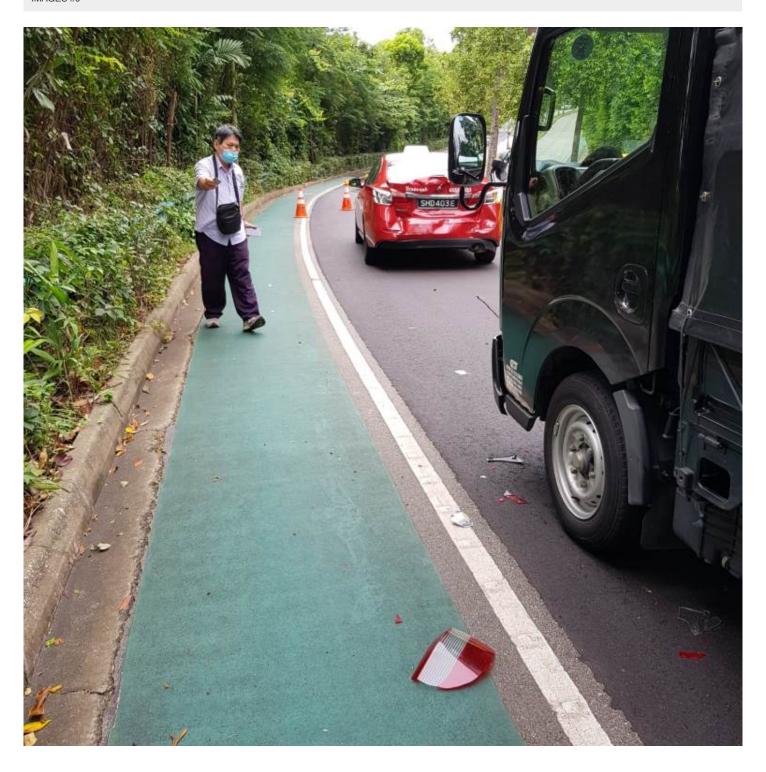
















Police Station Of Origin: Rochor N.P.C

11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

1 of 3 Report No. T/20201219/2071

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 89

Informant's Particulars Name of Informant: Address: 66 WHITE HOUSE PARK #03-28 THE CLAREMONT HOTEL KARUPPIAH KANNAN SINGAPORE SINGAPORE 257629 ID Type / ID No.: Contact No.: FIN NO / F7966453R Mobile: 97743583 Home/Office: Nationality: Email: INDIAN Date of Birth: Age: Type of Informant: Sex: 02/03/1974 46 Driver Male Institution / School Name: Race: Language: English Indian Occupation: Driving Licence Information: Class: 3 Date of Expiry: 05/08/2023 Construction

Seneral Infor	nation of the Accide	nt			
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 19/12/2020 10:2	20	Type of Location Curve
Location:					
ALLANBROO Weather:	OKE ROAD	Road Surface:		Road	d Speed Limit:
		Dry		1	
		T - #5 Control:		T	:- \
Traffic Flow: One Way		Traffic Control: Controlled by Othe	ers e.g. Workmen	Traff Mode	ic Volume: erate

Details of V	ehicle Invo	lved	9			
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
		NISSAN	- 20		Slightly	1
GBH396S	H396S   Lorry   NISSAN		#		Damaged	
01151005		RENAULT	100		Slightly	0
SHD403E Car		RENAULI	100		Damaged	

Details of Person Involved	E of the last term of the control of
Any Pedestrian Involved: No	Live & Dedoctrion Crossing: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

2 of 3 Report No. T/20201219/2071

Tel No: 1800-2949999

Driver	-			1		
Name	KARUPPIAH KANNAN		ID No.		F7966453R	
Related Vehicle	GBH396S (Lorry)			Contact No.		97743583
Hospital/Clinic	NIL				g	Class: 3 Date of Expiry: 05/08/2023
Date Treatment NIL Date Dis			Date Disc	charge NIL		
No. of Days granted Medical Leave NIL			Degree of	Degree of Injury NIL		
Driver						
Name	BOEY TUCK WAH	6		ID No	.	S1248906D
Related Vehicle	SHD403E (Car)			Conta	ct No.	93279624
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

CONTINUATION OF REPORT

On 19/12/2020 at about 1020hrs, while I was driving my company lorry (GBH396S) along Allanbrooke Road (inside Sentosa) and while I was on the left lane of the said road, I was travelling at the back of a taxi (SHD403E). When the taxi came to a stop due to lane closure (water pipe leakage) at the left lane, I couldn't stop in time and I hit onto the rear of the taxi.

No one was suffer any injury and there was no passenger inside the taxi. The rear of the taxi had slight detned and my lorry front part had slight dent. I had taken photos and video of the accident. That is all.





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

3 of 3 Report No. T/20201219/2071

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.

life certificate with j	
Signature Of Officer Recording The Report: A / Sgt 3 KENNETH CHEW SZE YIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2020 16:00
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stampore NP168 POLICE FORCE	

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