

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 Submission 28/12/2020 18:44 (SGT)
Date of Accident 27/12/2020 15:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE towards City from Woodlands
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG8716E

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) +65-93855484
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 Yes
Policy Number D19MFL0005549_01
Cover Note Number -

DRIVER

Name of Driver A Mohan
NRIC No S1616711H
Date Of Birth 30/05/1963
Occupation Outdoor

Date Of Driving Pass	21/01/2019
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93855484
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	Apt Blk 412 Commonwealth Avenue West
Address complement	#13-3027
Postcode	120412
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007759999
Alt. Police Station Phone No	(Fax) +65-67764246
Police Station Address	Blk 427 Clementi Avenue 3 #01-456 Singapore 120427
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO. T/20201227/2070

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	SHF512M
Vehicle Manufacturer	Renault
Vehicle Model	Latitude
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLS7259H
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-83380903
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBB6126Y
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-85156841
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	GW3811C
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHF512M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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)**

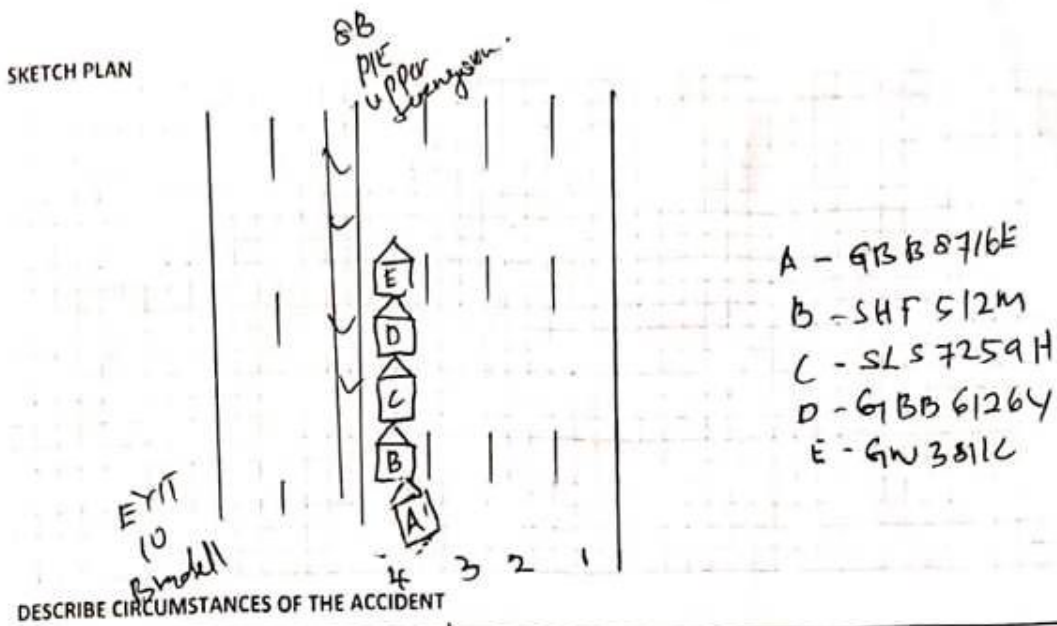
I understand, acknowledge, agree and consent that:

- (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: 27/12/2017 4:01

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



On 27/12/20, at about 1605hrs I was driving my vehicle GBB 8716E along CTE towards city. While driving on third lane, I intended to shift from third lane to fourth lane. After my vehicle was completely on fourth lane front vehicle B applied jambraked. I could not stop my vehicle in time and collided onto front vehicle SHF 512M. Vehicle B (SHF 512M) driver conveyed to hospital by ambulance. As I know I collided onto front vehicle B. But there was 5 vehicle involved in this accident. Maybe the vehicles C, D and E already not accident before.

DECLARATION

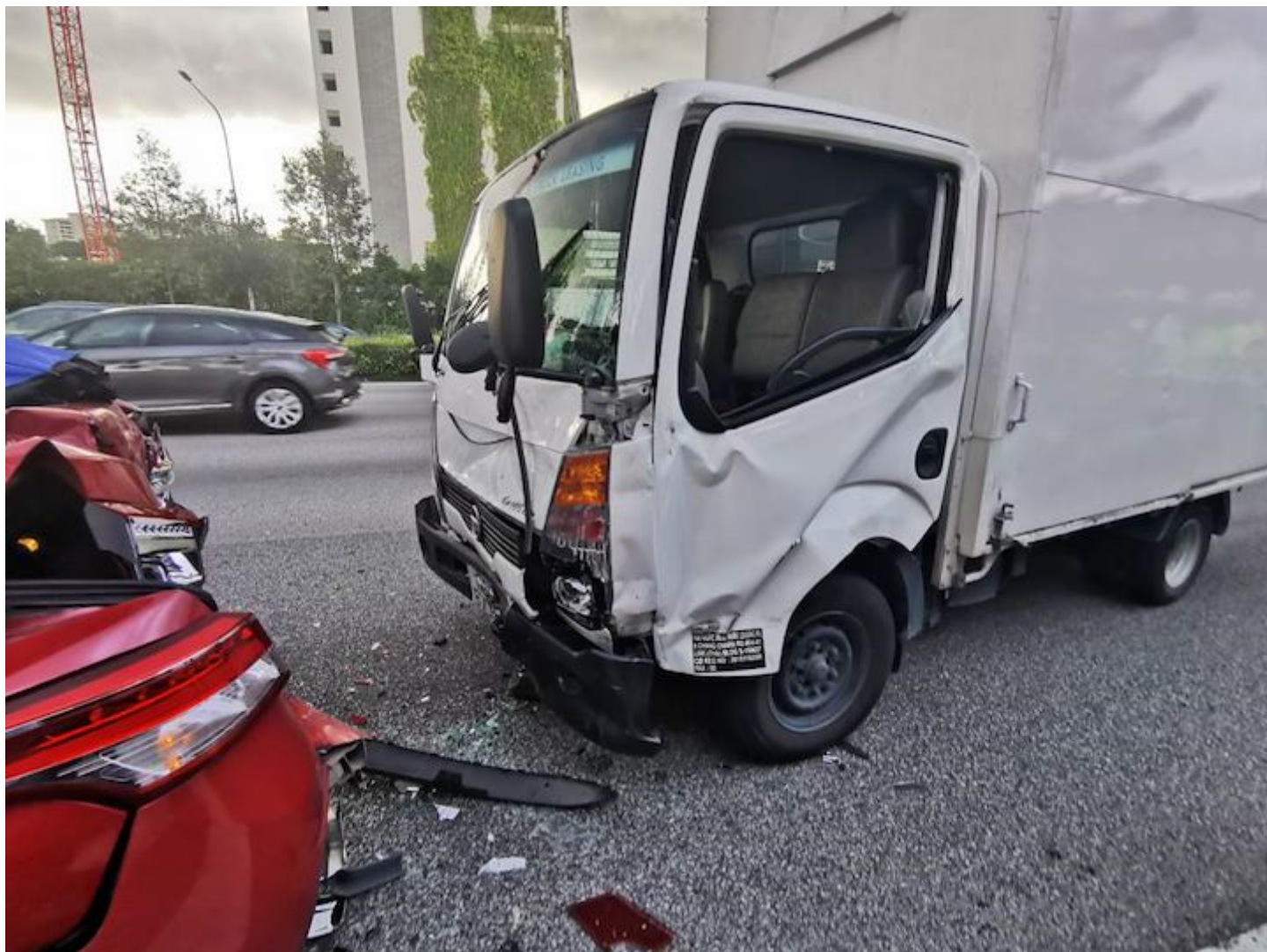
I/We declare the foregoing particulars are true in every respect

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/12/20 17:10 H

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











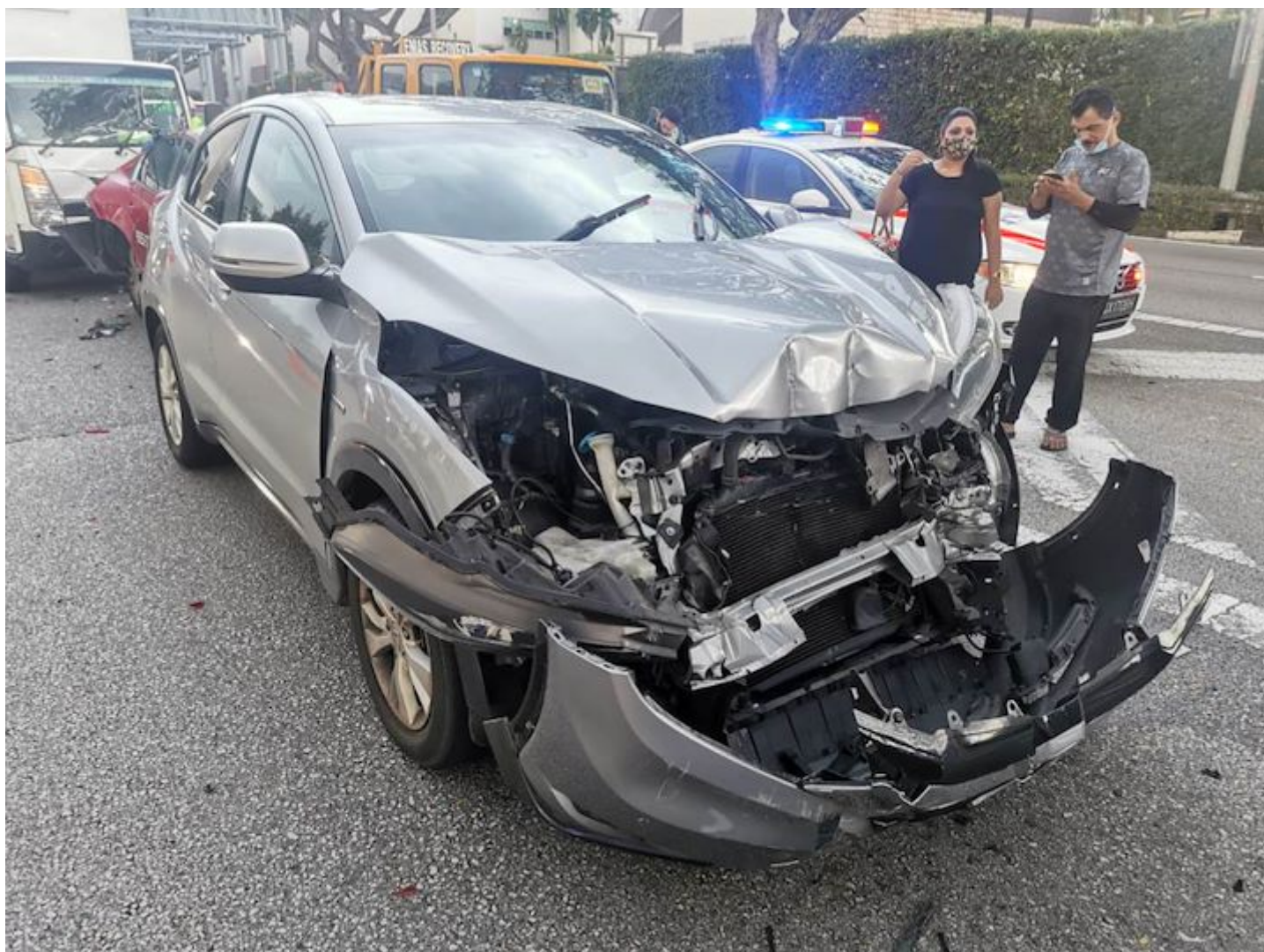























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-450
SINGAPORE 120427
Tel No: 1800-7759999



1/20201221/2519

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Report No: 1/20201221/2519

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2020 18:24		Vide Report No.: E/20201227/0146		Station Diary No 10
Informant's Particulars				
Name of Informant: A MOHAN		Address: APT BLK 412 COMMONWEALTH AVENUE WEST #13-3027 SINGAPORE 120412		
ID Type / ID No.: NRIC NO / S1616711H		Contact No.: Home/Office: Mobile: 93855484		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 30/05/1963	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Delivery		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/12/2020 15:45	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG8716E	Lorry				Slightly Damaged	0
SHF512M	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No 1800-7759000



120427/2020

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Report No: 120427/2020

CONTINUATION OF REPORT

Driver			
Name	A MOHAN	ID No	51616711H
Related Vehicle	GBG8716E (Lorry)	Contact No	93855484
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	SOH KEE HONG	ID No.	S0080629C
Related Vehicle	SHF512M (Car)	Contact No.	NIL
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

Brief Details.

On 27/12/2020 at about 1545hrs, I was driving in my vehicle(GBG8716E) along CTE towards City from Woodlands. I was travelling within the speed limit on Lane 4. When I just past Braddell exit, the vehicle(SHF512M) in front of me suddenly applied brakes. I applied my brakes but could not stop in time and collided into his vehicle.

After the collision, I immediately got out of my vehicle and make a check on the driver. It was then when I realized it was a 5 car collision and I was position at the last. The driver complained of pain and I called for police and ambulance. Ambulance and police came shortly and the driver was conveyed to hospital. I did not take down the particulars of the other drivers except for the driver in front of me. My vehicle suffered dents and the frame has damages.

There is in vehicle camera in my lorry but there is no SD card. The traffic police at the location, advice me to lodge a police report. I do not have any injuries and not in pain.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Clementi Nhp
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No 1800-7759999



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Report No: T100001271000

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:

D /
Sgt 3 BRENBAN LIM WEI JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt TAN JUN YAN
Contact No.: 65476311

Authentication Stamp
NP158

SM 40

SIGNATURE

Signature Of Informant:

Date/Time:
27/12/2020 18:24

Classification Of Case: