

## 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 ..... 13/01/2021 14:04 (SGT)  
Date of Accident ..... 10/01/2021 11:20 (SGT)  
Exact Location of Accident ..... 810 Woodlands Street 81, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP1918R

#### 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) +65-89284126  
Alternative Phone No ..... (Office) +65-62840827

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
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? ..... No - Reporting only  
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 ..... MUHAMMAD ALIFF HAIDAR BIN MUHAMMAD NUR  
NRIC No ..... S9325691C  
Date Of Birth ..... 26/07/1993  
Occupation ..... Outdoor

Date Of Driving Pass .....	17/01/2014
Driving experience .....	7 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-89284126
Alt. Phone Number .....	-
Email Address .....	aliff.haidar@gmail.com
Address .....	BLK 220 YISHUN STREET 21 #03-397
Address complement .....	-
Postcode .....	760220
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 .....	Collided into Motorcyclist
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	DINESH
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 10.1.21 AT ABOUT 1120HRS, I WAS REVERSING MY VEHICLE YP1918R FROM THE RUBBISH CHUTE OF BLK 810 WOODLANDS ST 81. WHILE I WAS REVERSING SLOWLY SUDDENLY VEHICLE FBR4361M COLLIDED ON MY RIGHT BOX. HE WAS USING HIS PHONE AND COULD NOT REACT ACCORDINGLY. NO INJURIES REPORTED.

#### 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 .....	FBR4361M
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

Name of Driver .....	HUA HONGJIAN
Passport No/FIN .....	G7922632M
Contact Number .....	(Phone) +65-84204127
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

# 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 12/1/21

22001HCS

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 10/1/21 AT ABOUT 1120HRS, I WAS REVERSING MY VEHICLE YP 198R FROM THE RUBBISH CHUTE OF BLK 810 WOODLANDS ST 81. WHILE I WAS REVERSING SLOWLY SUDDENLV VEHICLE FBR 4361M COLLIDED ON MY RIGHT BOX. HE WAS USING HIS PHONE AND COULD NOT REACT ACCORDINGLY.  
NO INJURIES REPORTED

DECLARATION

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

Polic holder's Signature  
Date & Time

Driver's Signature  
(If driver is not the polic holder)  
Date & Time 12/1/21  
2200HRS

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















