

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 16/01/2021 17:31 (SGT)
Date of Accident 13/01/2021 17:00 (SGT)
Exact Location of Accident Jurong West Street 65, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK3238E

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) +65-88170646
Alternative Phone No (Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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 ANUAR BIN JAAFAR
NRIC No S2184836J
Date Of Birth 25/09/1963
Occupation Outdoor

Date Of Driving Pass	20/10/2020
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88170646
Alt. Phone Number	-
Email Address	ANUAR56JAAFAR@GMAIL.COM
Address	BLK 162 YISHUN STREET 11 #15-254
Address complement	-
Postcode	760162
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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	FRIEND
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

- REFER TO POLICE REPORT -

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	SLF3686C
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO KOK HUA
NRIC No	S8209851H
Contact Number	(Phone) +65-97866886
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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:

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

SKETCH PLAN

662A
BLK JURONG
WEST ST 52.



A - GBR 328 SE
B - SLF 368 K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- REFER TO POLICE REPORT -

DECLARATION

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

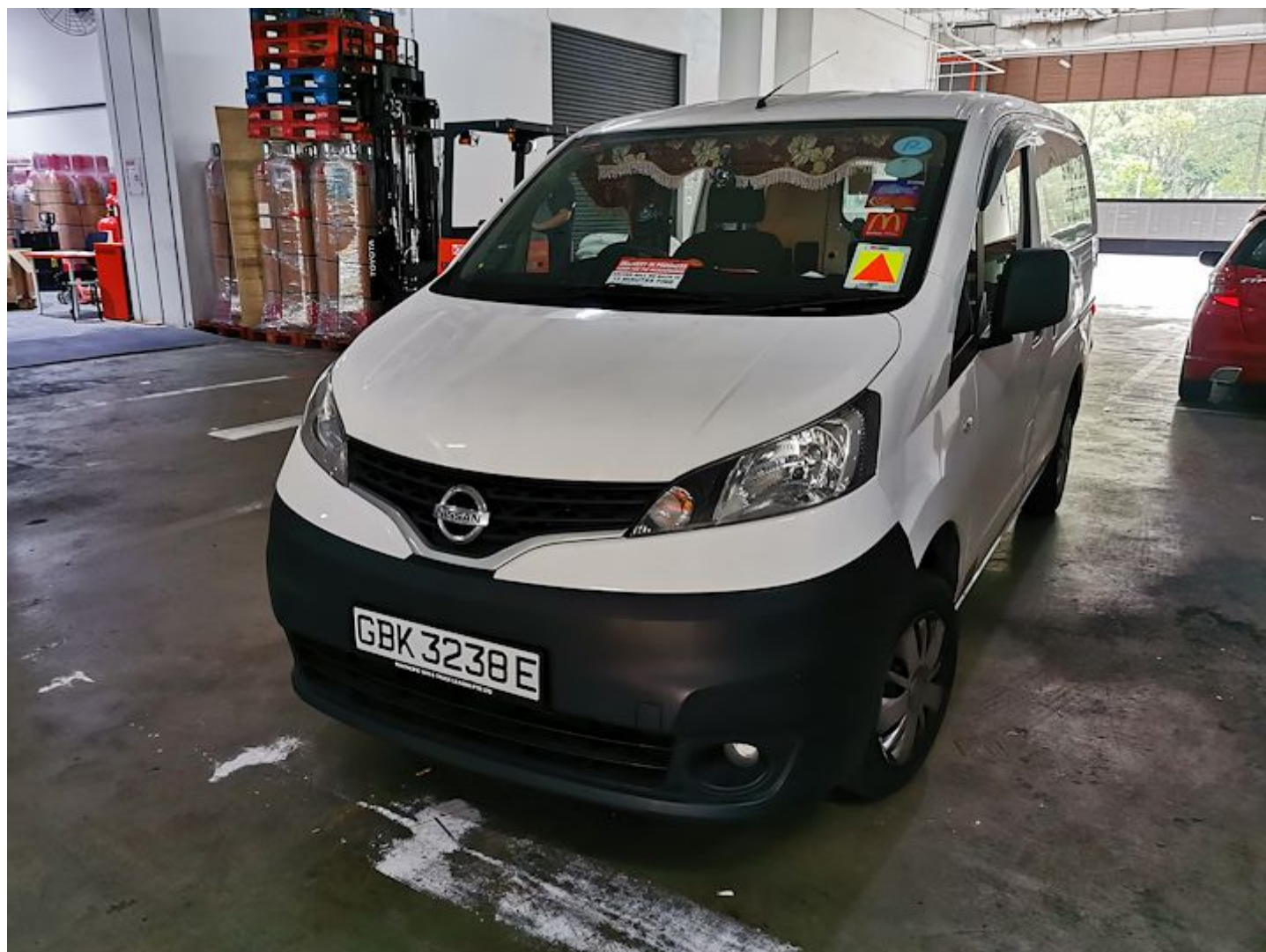
Policyholder's Signature
Date & Time:

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

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































**SINGAPORE
POLICE FORCE**



T/20210114/2120

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20210114/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2021 21:25	Vide Report No.:	Station Diary No.: 117
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Informant's Particulars

Name of Informant: ANUAR BIN JAAFAR			Address: APT BLK 162 YISHUN STREET 11 #15-254 SINGAPORE 760162	
ID Type / ID No.: NRIC NO / S2184836J			Contact No.:	Mobile: 88170646
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 57	Date of Birth: 25/09/1963	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2021 17:00	Type of Location: Car Park
Location: JURONG WEST STREET 65				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK3238E	Car				Slightly Damaged	1
SLF3686C	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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Tel No: 1800-8529999

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Report No. T/20210114/2120

CONTINUATION OF REPORT

Driver			
Name	ANUAR BIN JAAFAR		ID No. S2184836J
Related Vehicle	GBK3238E (Car)		Contact No. 88170646
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NEO KOK HUA		ID No. S8209851H
Related Vehicle	SLF3686C (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the above-mentioned person, and on the abovementioned date, time and location I was working as a delivery driver for my company. I was along the 2-way road in the carpark in front of 663A Jurong West St 52 when, I wanted to reverse into the turning out lane behind me. At this point of time I did not notice any cars behind me, however I had turned on my left turning signal.

As I was reversing, I suddenly observed a car trying to overtake me from behind on the right.. I then felt a slight bump at the rear right of my vehicle, upon which I got out. The driver of the other vehicle did the same. He did not want me to take any photos of the vehicles and insisted on moving the vehicles to the side to exchange particulars which I did. He also asked me why did I not turn on my hazard lights while reversing into the turning out lane, to which I replied him that regardless I had turned on my turning left signal and was slowly reversing thus he should not overtake me in such a manner. While exchanging particulars, he also mentioned that he will be claiming insurance against me, which I acknowledged.

He then drove off, and I then reported the incident to my company. The other driver then texted me later on that he had lodged a police report. I was advised by my boss to lodge a report, thus I am lodging this report for my record purposes.



**SINGAPORE
POLICE FORCE**



T/20210114/2120

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Report No. T/20210114/2120

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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:

L /

Insp M VIGNESWAREN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/01/2021 21:25

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 085

Authentication Stamp

NP168





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ04211E000B Vehicle Registration No: GBK3238E
 Name (as shown in NRIC): PAN PACIFIC VAN & TRUCK LEASING PTE LTD NRIC/FIN/Passport No: 201511635R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 8 CHANG CHARN ROAD #04-01 LINK (THM) BUILDING Singapore ()
 Contact (Tel): 62840827 Mobile No.: _____
 Email Address: _____
 Date of Accident: 13 JANUARY 2021 Time of Accident: 17:00 HRS
 Place of Accident: JURONG WEST STREET 65
 Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- Add police report

 Policyholder / Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name: Shayne
 NRIC/FIN No.:
 Date: 18/01/2021