

# 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 ..... 19/01/2021 18:24 (SGT)  
Date of Accident ..... 19/01/2021 07:35 (SGT)  
Exact Location of Accident ..... KPE, Singapore  
Additional Location Information ..... TOWARDS ECP  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH819P

### 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) +65-88925403  
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 ..... SUKIRMAN BIN SUGIMAN  
NRIC No ..... S1538702E  
Date Of Birth ..... 18/05/1962  
Occupation ..... Outdoor

Date Of Driving Pass .....	27/06/1994
Driving experience .....	26 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88925403
Alt. Phone Number .....	-
Email Address .....	SUKIMANBINSUGIMAN1962@GMAIL.COM
Address .....	BLK 131B CANBERRA CRESCENT #04-554
Address complement .....	-
Postcode .....	752131
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 .....	3
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 19/1/2021 AT ABOUT 0735HRS , I WAS DRIVING MY VEHICLE GBH819P ( VEH A ) ON KPE TOWARDS ECP. NEAR THE P49K EMERGENCY EXIT , I WAS DRIVING ON THE MIDDLE LANE OF A 3 LANE ROAD. VEHICLE GZ5532D ( VEH B ) WHICH WAS IN FRONT OF MY VEHICLE A GBH819P SUDDENLY BRAKE , I IMMEDIATELY APPLIED BRAKE BUT NOT IN TIME HENCE I REAR-ENDED VEHICLE B. I GOT DOWN VEHICLE AND REALISED IT WAS A 3 CAR CHAIN COLLISION. THE FIRST CAR IS VEHICLE SMX8666X ( VEH C ). DUE TO THE IMPACT 3 INDIAN MALE WORKERS IN VEHICLE B WAS CONVEYED TO HOSPITAL. THEY SUSTAINED BLEEDING ON THEIR HANDS AND IMPACT ON THEIR SHOULDERS.

#### 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 .....	GZ5532D
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SEBASTHI ANTONYSAMY
Passport No/FIN .....	G7430621M

Contact Number .....	(Phone) +65-84982128
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	4

PASSENGER 1

Name .....	WORKER
Gender .....	Male

PASSENGER 2

Name .....	WORKER
Gender .....	Male

PASSENGER 3

Name .....	WORKER
Gender .....	Male

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMX8666X
Vehicle Manufacturer .....	Audi
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIM CHUN KEET
NRIC No .....	S7986861B
Contact Number .....	(Phone) +65-87787797
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	UNKNOWN
Gender .....	-

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	UNKNOWN WORKER
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BLEEDING ON HANDS AND IMPACT ON SHOULDERS
Injured person in which vehicle? .....	GZ5532D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 2

Name of injured person .....	UNKNOWN WORKER
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BLEEDING ON HANDS AND IMPACT ON SHOULDERS

Injured person in which vehicle? ..... GZ5532D  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

INJURED 3

Name of injured person ..... UNKNOWN WORKER  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BLEEDING ON HANDS AND IMPACT ON SHOULDERS  
Injured person in which vehicle? ..... GZ5532D  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

**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.

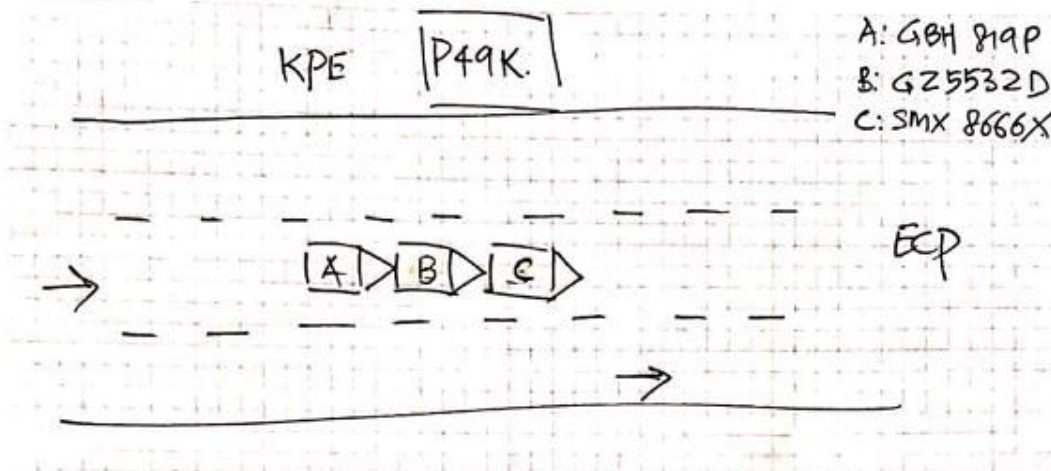
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19.01.2021  
1130HRS

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19.01.2021 AT ABOUT 0735 HRS I WAS DRIVING MY VEH A GBH 819P ON KPE TOWARDS ECP. NEAR THE P49K EMERGENCY EXIT, I WAS DRIVING ON THE MIDDLE LANE OF A 3 LANE ROAD. VEH B GZ5532D WHICH WAS IN FRONT OF MY VEH A GBH 819P SUDDENLY BRAKE, I IMMEDIATELY APPLIED BRAKE BUT NOT IN TIME HENCE I REAR-ENDED VEH B. I GOT DOWN VEHICLE AND REALISED IT WAS A 3 CAR CHAIN COLLISION. THE FIRST CAR IS VEH C SMX 8666X. DUE TO THE IMPACT 3 INDIAN MALE WORKERS IN VEH B WAS CONVEYED TO HOSPITAL. THEY SUSTAINED BLEEDING ON THEIR HANDS AND IMPACT ON THEIR SHOULDERS.

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: 19.01.2021  
1130HRS

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













