

# 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 ..... 30/01/2021 11:40 (SGT)  
Date of Accident ..... 29/01/2021 14:25 (SGT)  
Exact Location of Accident ..... Pandan Flyover, Singapore  
Additional Location Information ..... MERGING INTO AYE TOWARDS TUAS  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP9801R

### 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) +65-97894982  
Alternative Phone No ..... (Office) +65-62840827

### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... XZU710R  
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 ..... BOOMINATHAN LAKSHMANAN  
Passport No/FIN ..... G2490210U  
Date Of Birth ..... 29/05/1989  
Occupation ..... Outdoor

|  |                                |
|--|--------------------------------|
| Date Of Driving Pass .....   | 30/12/2014                     |
| Driving experience .....   | 6 YEARS AND 1 MONTH            |
| Gender .....   | Male                           |
| Mobile Number .....  | (Phone) +65-97894982           |
| Alt. Phone Number .....  | -                              |
| Email Address .....  | BLAKSHMANAN2269@GMAIL.COM      |
| Address .....  | C/O SARAVANA ENG & CON PTE LTD |
| Address complement .....   | -                              |
| Postcode .....   | -                              |
| 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 .....   | Collision - Head to Rear |
| 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) .....   | 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 29/1/2021 AT ABOUT 1425HRS , I WAS DRIVING MY VEHICLE YP9801R ( VEH A ) ON PANDAN FLYOVER MERGING INTO AYE TOWARDS TUAS. AS I WAS ABOUT TO EXIT OUT OF THE PANDAN FLYOVER ROUNDAABOUT ENTERING AYE , THERE WAS A VAN IN FRONT OF ME STOPPING AT THE BROKEN LINE. THE VEHICLE REGISTRATION PLATE IS GBJ2365H ( VEH B ). I SLOW DOWN AND STOPPED MY VEHICLE BEFORE HIM. I TURN AND GLANCE TO MY RIGHT TO CHECK FOR INCOMING VEHICLES AND I NOTICED THE VEHICLE INFRONT OF ME STARTED TO MOVE OFF. UPON REALISING THAT THE ROAD IS CLEAR FROM INCOMING VEHICLE , I ACCELERATE AND QUICKLY ENTER THE LANE BUT THEN AS I STEP ON MY GAS THE VAN IN FRONT OF ME SUDDENLY JAM BRAKE AND IT WAS TOO LATE FOR ME TO BRAKE AND MY LEFT SIDE MIRROR CRASH INTO HIS REAR BACK GLASS WINDOW AND SHATTERED HIS BACK WINDOW. WE BOTH GET OFF OUR VEHICLES AND I REQUEST TO EXCHANGE DETAILS AND HAND PHONE NUMBER BUT HE ONLY EXCHANGE HIS HAND PHONE NUMBER. NO INJURY SUSTAINED.

#### 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 ..... | GBJ2365H |
| Vehicle Manufacturer .....        | Toyota   |
| Vehicle Model .....               | Hiace    |
| Vehicle Variant .....             | -        |

|   |                      |
|---|----------------------|
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Commercial vehicle   |
| Name of Driver .....                          | UNKNOWN              |
| Contact Number .....                          | (Phone) +65-91896633 |
| 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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## 6. 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' law yers/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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

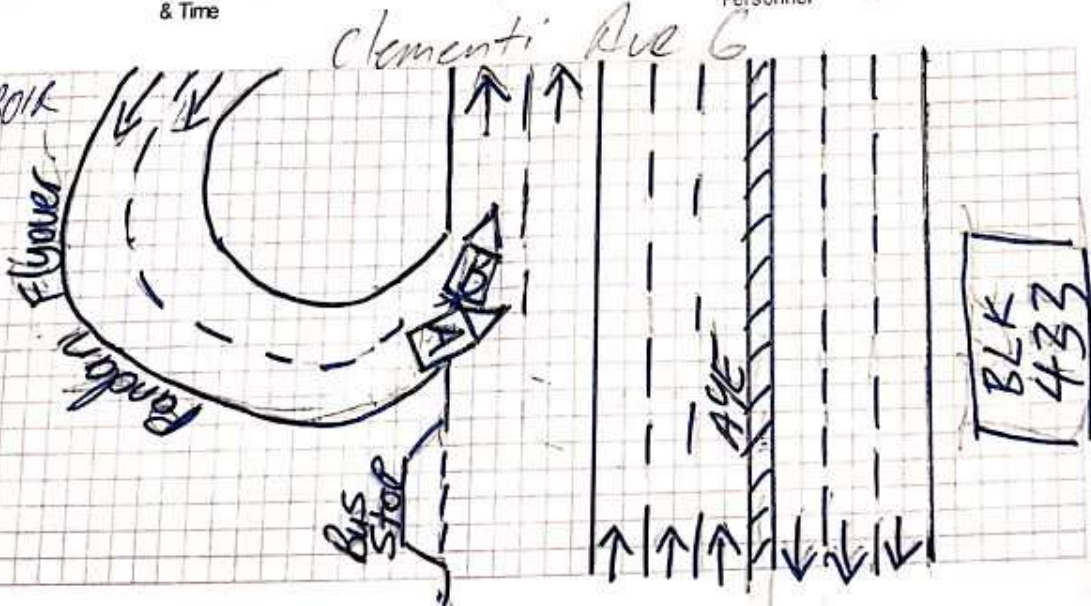
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

Veh A - YP9801K  
Veh B - GRJ2365H





## Describe Circumstances of the Accident

On 29/1/21 at about 2.25pm, I was driving my vehicle YP9801R on Pandan flyover ~~entering~~ merging into AYE towards Tuas. As I was about to exit out of the Pandan flyover roundabout entering AYE, ~~there~~ there was a van in front of me stopping at the broken line. The vehicle registration plate is GBJ286ST. I slow down and stopped my vehicle before him. I turn and glance to my right to check for incoming vehicles and I noticed the vehicle in front of me started to move off. Upon realising that the road is clear from incoming vehicle, I accelerate and quickly enter the lane but ~~the~~ then as I step on my gas the van in front of me suddenly jam brake and it was too late for me to brake and my left side mirror crash into his rear ~~back~~<sup>glass</sup> window and shattered his back window. We both get off our vehicles and I request to exchange details and hp no but he only exchange his hp no. no injury sustained.

## Declaration

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

Witnessed by Reporting Centre Personnel













