

## 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 ..... 11/03/2021 17:33 (SGT)  
Date of Accident ..... 09/03/2021 20:20 (SGT)  
Exact Location of Accident ..... Ang Mo Kio Ave 6, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ4508A

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PAN PACIFIC VAN & TRUCK LEASING PTE LTD  
Company Reg No ..... 2XXXXX635R  
Email Address ..... ppemclaims@gmail.com  
Mobile Phone No ..... (Phone) +65-81612749  
Alternative Phone No ..... (Office) +65-62840827

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
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 - Claiming third party  
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 ..... MOHAMED ZAKI BIN MOHAMED SAID  
NRIC No ..... SXXXX543D  
Date Of Birth ..... 06/01/1973  
Occupation ..... Outdoor

Date Of Driving Pass .....	18/12/2006
Driving experience .....	14 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81612749
Alt. Phone Number .....	-
Email Address .....	ppemclaims@gmail.com
Address .....	BLK 780A WOODLANDS CRESCENT #02-05
Address complement .....	-
Postcode .....	731780
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	MOHAMMAD HAIRIL BIN RAIMI
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210309/2152

#### 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 .....	GBL8383E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ZHUO WEIJIE
NRIC No .....	SXXXXX743C
Contact Number .....	(Phone) +65-84971117
Address .....	BLK 407 FAJAR ROAD #05-323
Address complement .....	-
Postcode .....	670407
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MOHAMED ZAKI BIN MOHAMED SAID
Address .....	BLK 780A WOODLANDS CRESCENT #02-05
Address Complement .....	-
Post Code .....	731780
Approximate Age Years Old .....	48
Injuries Sustained .....	NUMBNESS IN LEFT KNEE AND BACK
Injured person in which vehicle? .....	GBJ4508A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	MOHAMMAD HAIRIL BIN RAIMI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN IN RIGHT SHOULDER
Injured person in which vehicle? .....	GBJ4508A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

## 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' 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.

(collectively the "Purposes")

(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

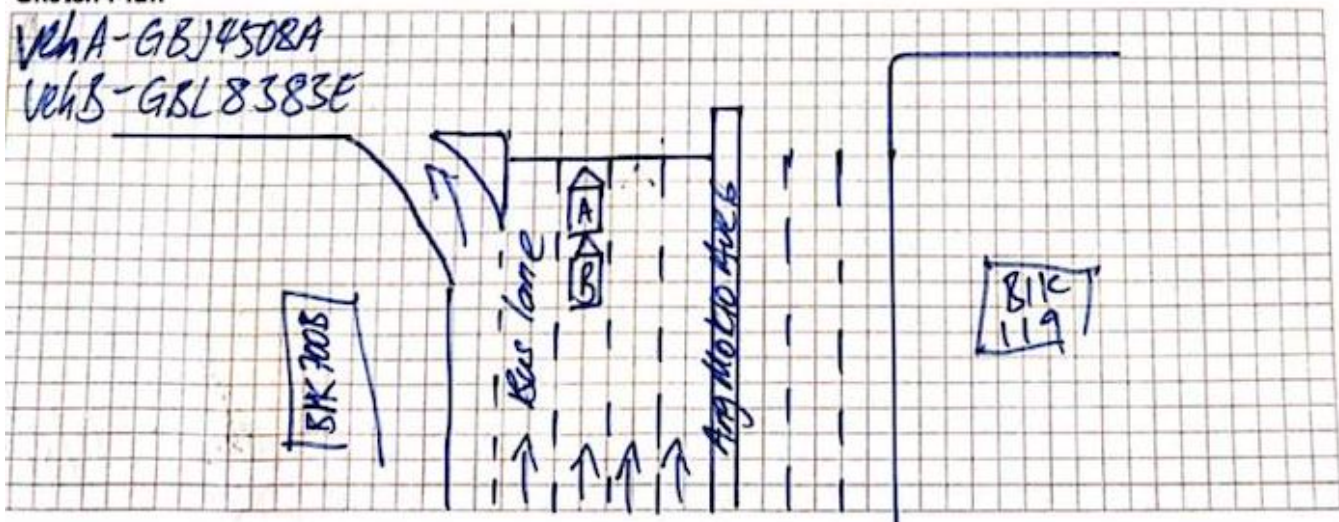
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan





Describe Circumstances of the Accident

Please Refer to Police Report 7/20210309/2152

Declaration

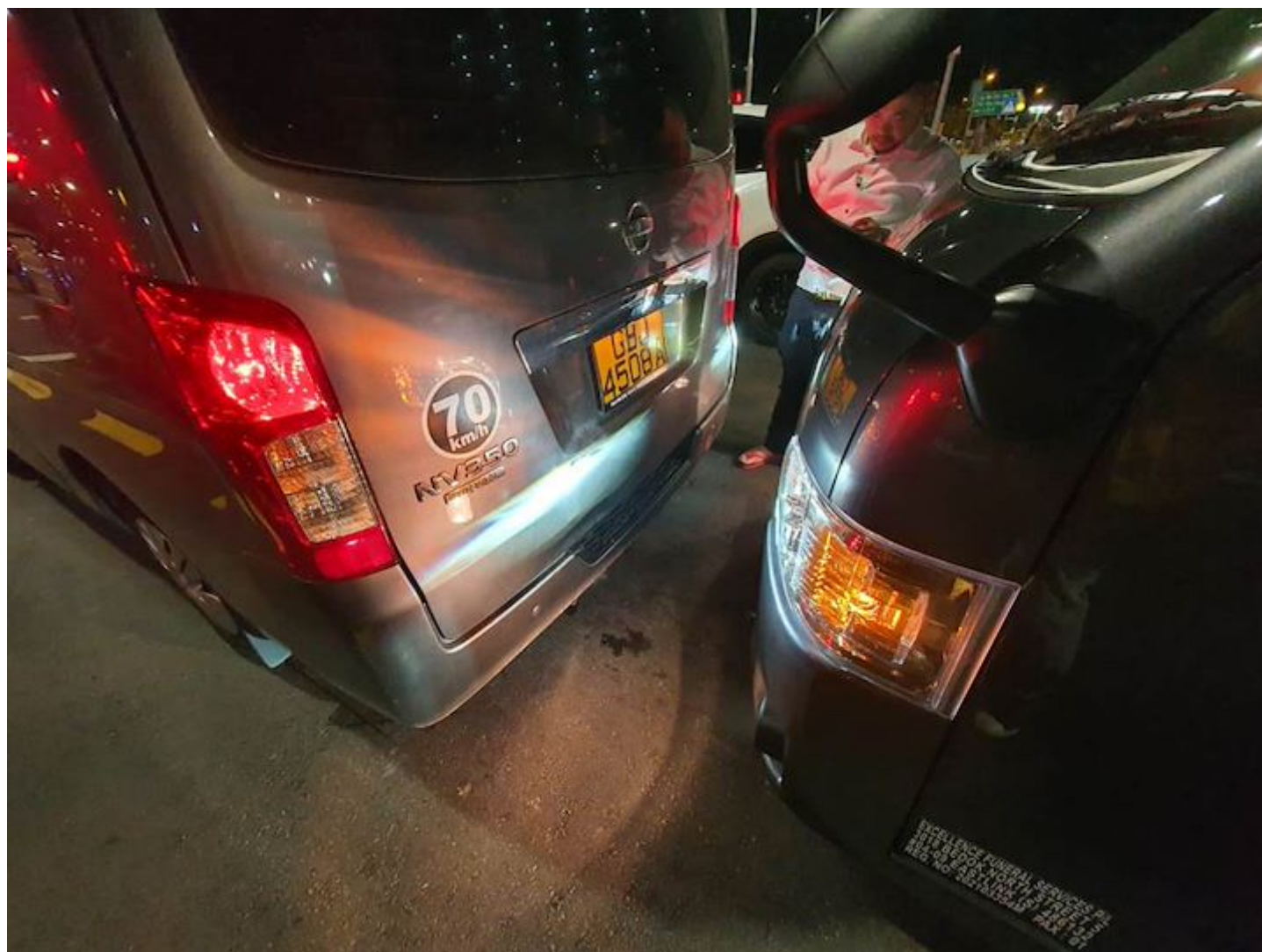
We declare the foregoing particulars are true in every respect.

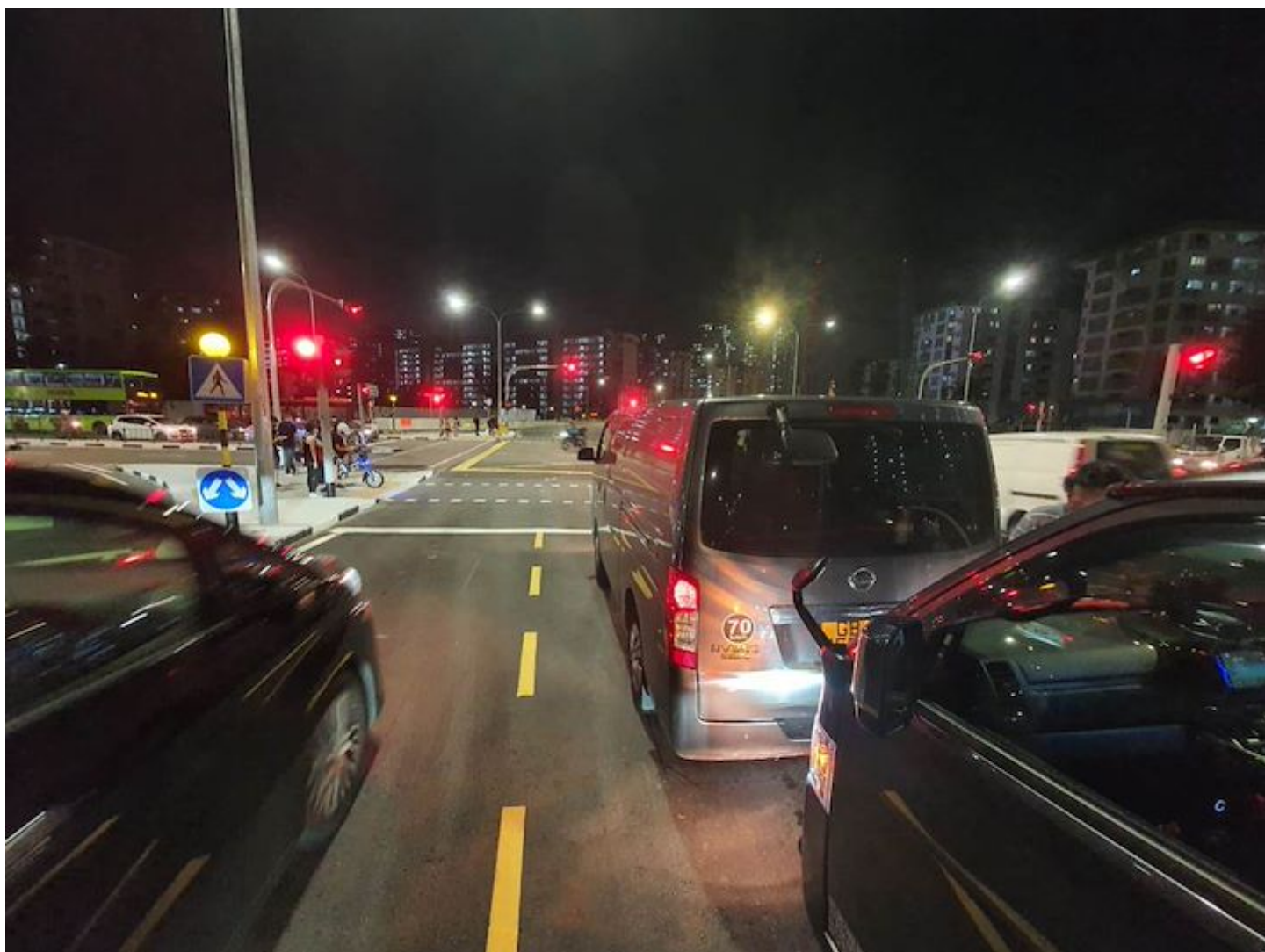
Policyholder's Signature / Date & Time

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

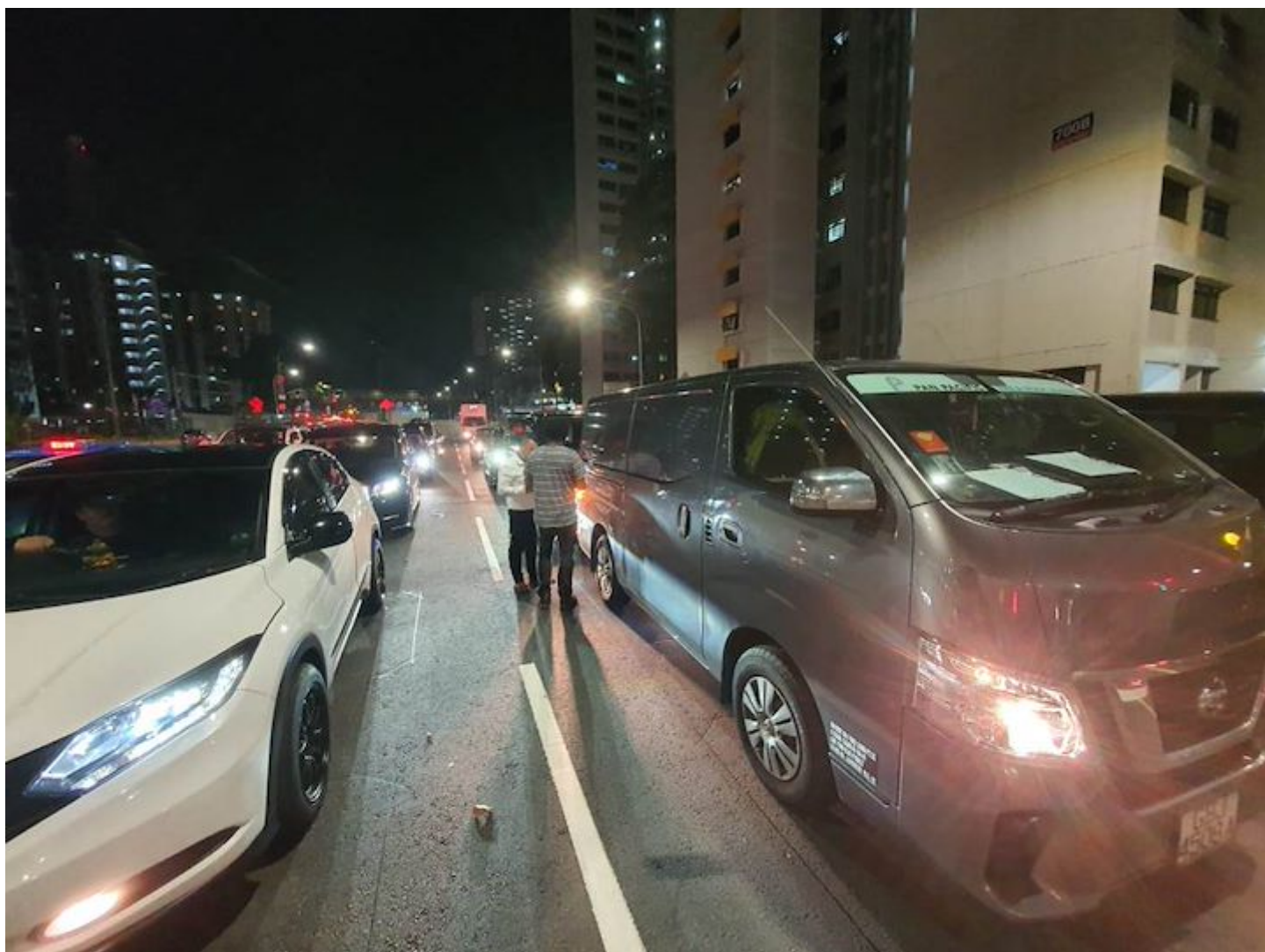
Witnessed by Reporting Centre Personnel

Download with CamScanner

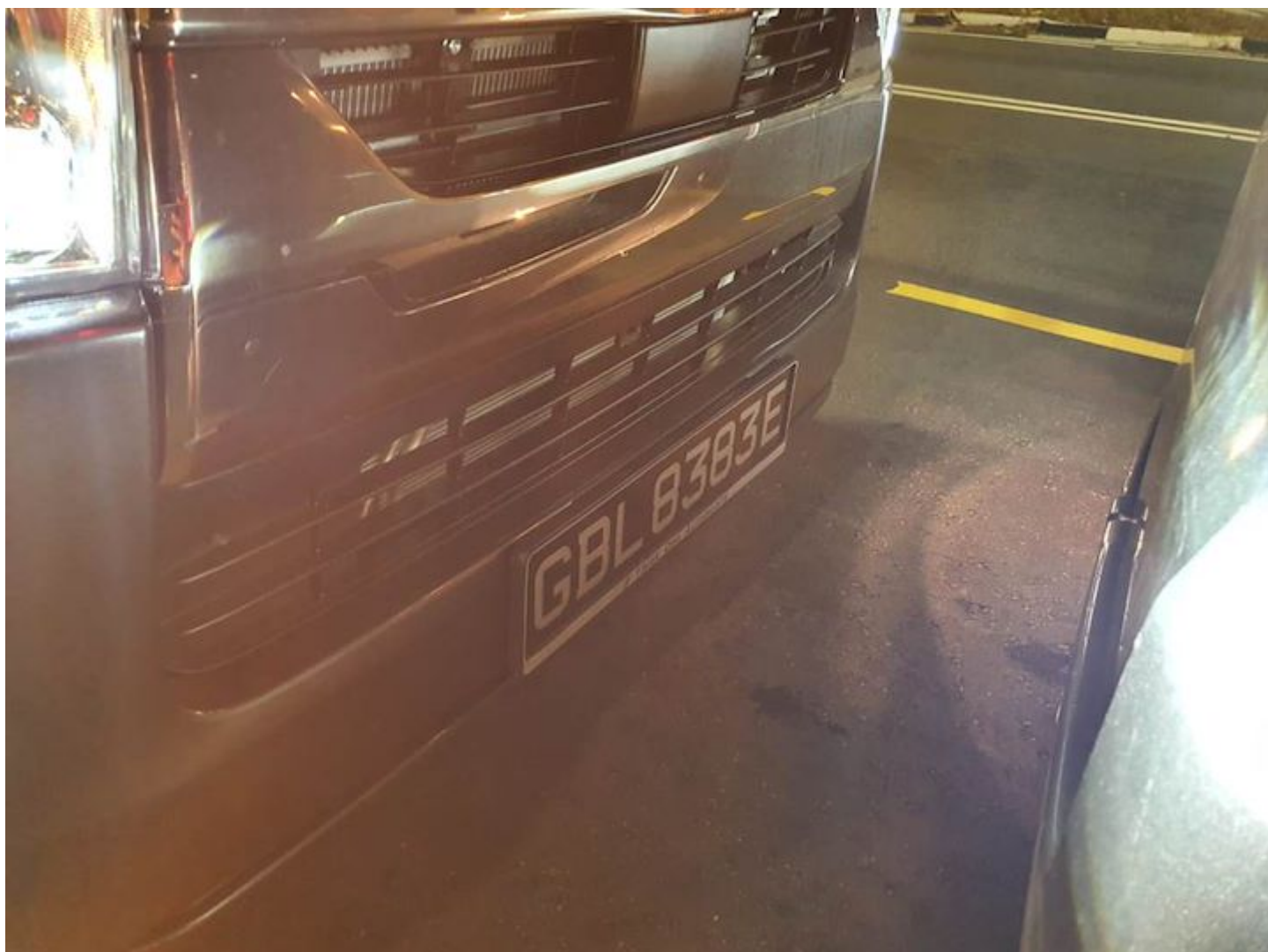



















**SINGAPORE  
POLICE FORCE**


T/20210309/2152

1 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No. 1800-2949999

Report No. T/20210309/2152

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/03/2021 22 16	Vide Report No.:	Station Diary No.: 194
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**Informant's Particulars**

Name of Informant MOHAMMAD HAIRIL BIN RAIMI			Address APT BLK 224 YISHUN STREET 21 #03-479 SINGAPORE 760224		
ID Type / ID No.: NRIC NO / S8137022B			Contact No.: Home/Office: Mobile: 88898701		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 07/11/1981	Type of Informant: Passenger		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICAL CONSULTANT			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/03/2021 20:20	Type of Location: X-Junction
Location:  ANG MO KIO AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ4508A	Van		NV350 PANEL VAN 2.5 5MT 5DR		Slightly Damaged	1
GBL8383E	Van		HIACE SUPER GL DARK PRIME II 2.8 AUTO			1





**SINGAPORE  
POLICE FORCE**



T/20210309/2152

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Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20210309/2152

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No			
No. of Pedestrians Injured NIL		Use of Pedestrian Crossing NA	
Passenger			
Name	MOHAMMAD HAIRIL BIN RAIMI	ID No.	S8137022B
Related Vehicle	GBJ4508A (Van)	Contact No.	88898701
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
Name	MOHAMED ZAKI BIN MOHAMED SAID	ID No.	A7300543D
Related Vehicle	GBJ4508A (Van)	Contact No.	81612749
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.**

On 09/03/2021 at about 2020hrs, My colleague and I were driving our company van bearing plate number "GBJ4508A". my colleague was the driver. Our vehicle was stationary at that time as the traffic light was red. We then felt a hard bump from the back of our vehicle. We went down to make a check and saw the vehicle bearing license plate "GBL8383E". The vehicle has collided with the rear of our vehicle. As such, our company vehicle sustained scratches and dents on the rear bumper. We managed to exchanged particulars with the other party. I felt numb in my left knee and back and my colleague felt pain in his right shoulder. However, we did not inform the other party as we were still in shock. We have reported this accident to our company and is lodging this report for insurance purposes.

Other driver particulars as follows:

Zhuo Wei Jie  
S87080743C  
8497 1117


**SINGAPORE  
POLICE FORCE**


T/20210309/2152

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Report No. T/20210309/2152

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**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

A /

Sgt 2 CHONG JUN KIT, JAYSON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

09/03/2021 22:16

Classification Of Case: