

# 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 ..... 25/04/2021 22:21 (SGT)  
Date of Accident ..... 16/04/2021 13:00 (SGT)  
Exact Location of Accident ..... Ang Mo Kio Ave 4, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH7365K

### 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) +65-96635125  
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  
Transmission ..... Manual  
CC ..... 1461

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D19MFL0005549\_01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG BOON SENG  
NRIC No ..... SXXXX756H

Date Of Birth .....	04/10/1969
Occupation .....	Outdoor
Date Of Driving Pass .....	10/07/1995
Driving experience .....	25 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96635125
Alt. Phone Number .....	-
Email Address .....	ppemclaims@gmail.com
Address .....	BLK 234 SERANGOON AVENUE #05-80
Address complement .....	-
Postcode .....	550234
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? .....	Yes
Police Station Name .....	Serangoon Neighbourhood Police Centre
Police Station Address .....	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210417/2019

#### 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 .....	SMV5533B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ANDY
Contact Number .....	(Phone) +65-88812816

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLANIMPORTANT NOTICE

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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 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.
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.

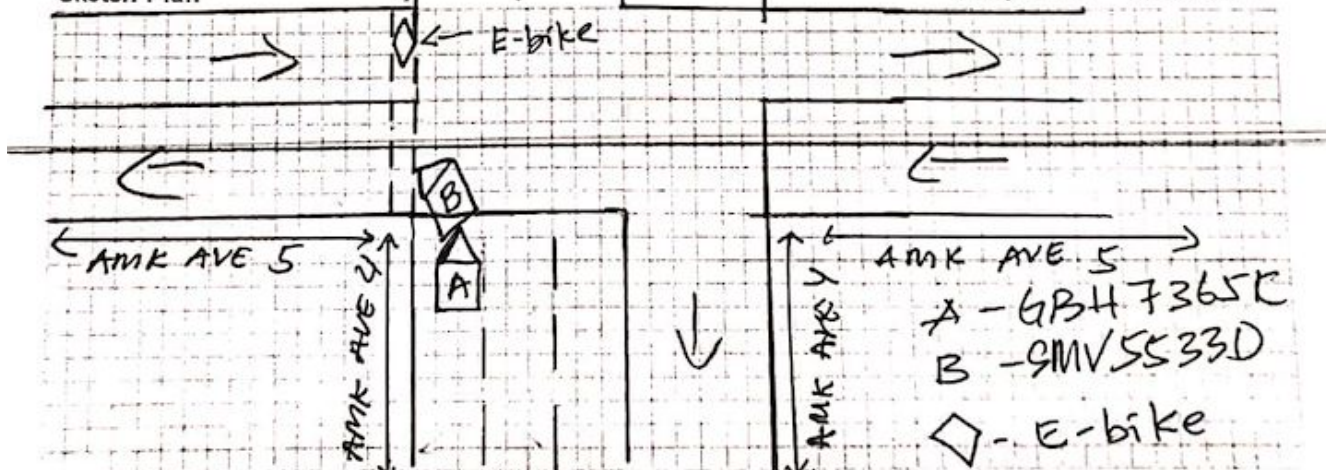
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

12:30hrs. 25/4/21



Describe Circumstances of the Accident

*Refer to Police Report T/20210417/2019*

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 *Dal Hashim*  
*25/4/21 12:30hrs*




































**SINGAPORE  
POLICE FORCE**


T/20210417/2019

1 of 3

Report No: T/20210417/2019

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
17/04/2021 09:04

Vide Report No.:

Station Diary No.:  
25

**Informant's Particulars**

Name of Informant:  
NG BOON SENG

Address:  
APT BLK 234 SERANGOON AVENUE 3 #05-80 SINGAPORE  
550234

ID Type / ID No.:  
NRIC NO / S6934756H

Contact No.:  
Home/Office: Mobile: 96635125

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Male 51 04/10/1969

Type of Informant:  
Driver

Race:  
Chinese

Language:  
English

Institution / School Name:

Occupation:  
Van driver

Driving Licence Information:  
Class: 3

Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury  
Others

Drink Drive:  
No

Date/Time of Accident:  
16/04/2021 13:00

Type of Location:  
X-Junction

Location:

ANG MO KIO AVENUE 4

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
Two Way

Traffic Control:  
Traffic Light - Working

Traffic Volume:  
Moderate

Type of Collision:  
Between Moving Vehicles - Head To Rear

Anyone conveyed by ambulance:  
No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH7365K	Van	NISSAN	MV200	Black	No Damage	0
SMV5533B	Car	MITSUBISHI	ATTRAGE	Silver	No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA





# SINGAPORE POLICE FORCE

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50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999



T/20210417/2019

2 of 3

Report No. T/20210417/2019

## CONTINUATION OF REPORT

<b>Driver</b>		<b>ID No.</b>		S6934756H	
<b>Name</b>	NG BOON SENG			<b>Contact No.</b>	96635125
<b>Related Vehicle</b>	GBH7365K (Van)			<b>Class of Driving Licence &amp; Expiry Date</b>	Class: 3 Date of Expiry: NIL
<b>Hospital/Clinic</b>	NIL			<b>Date Treatment</b>	NIL
<b>Date Treatment</b>	NIL	<b>Date Discharge</b>	NIL		
<b>No. of Days granted Medical Leave</b>	NIL	<b>Degree of Injury</b>	NIL		

### Brief Details.

On 16 April 2021, at around 1300hrs, I was driving my company's van of vehicle no. GBH7365K along Ang Mo Kio Avenue 4. While approaching a cross junction, I stopped on the traffic light behind a car of vehicle no. SMV5533B, to turn left towards Ang Mo Kio Avenue 5, while waiting for pedestrian to cross the road.

When the pedestrian traffic light turns red and there are no more pedestrians, the car in front of me turned left so I proceeded forward following him. Suddenly, an e-bike suddenly beat the pedestrian red light and dash in front of the car, causing the car to sudden brake. When the car brake in a sudden, I also step on my brake however the front of my van collided to the rear of the car.

There was no injuries for me and the car driver and no damage on my van. However, there was a very minor scratch on the other car rear that was not visible. The contact number of the car, SMV5533B, driver is 88812816. I am lodging this report for record purposes.





**SINGAPORE  
POLICE FORCE**



T/20210417/2019

3 of 3

Report No. T/20210417/2019

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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:

F /

Sgt 2 MUHAMMAD RIDHWAN BIN AHMAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/04/2021 09:04

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476229

Authentication Stamp  
NP158

SN 158

Classification Of Case:

SIGNATURE