

# 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 ..... 14/01/2021 15:10 (SGT)  
Date of Accident ..... 13/01/2021 16:55 (SGT)  
Exact Location of Accident ..... Bedok Reservoir Rd, Singapore  
Additional Location Information ..... WATERFRONT KEY CONDO  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH7332E

### 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) +65-84984989  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2488

### 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 ..... QUAH NIAN CHUN  
NRIC No ..... SXXXX973B

Date Of Birth .....	03/02/1998
Occupation .....	Outdoor
Date Of Driving Pass .....	06/04/2020
Driving experience .....	9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84984989
Alt. Phone Number .....	-
Email Address .....	NIANCHUN_TOMMY@YAHOO.COM
Address .....	BLK 327 HOUGANG AVENUE 5 #02-154
Address complement .....	-
Postcode .....	530327
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 .....	Collided into Motorcyclist
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? .....	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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
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? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBR4569G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	MOHAMMAD AFIQ BIN ZAMRI
NRIC No .....	TXXXX470A
Contact Number .....	(Phone) +65-81758711
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MOHAMMAD AFIQ BIN ZAMRI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	20
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBR4569G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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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:

13.01.2021  
1920HRS

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

Kym Yong



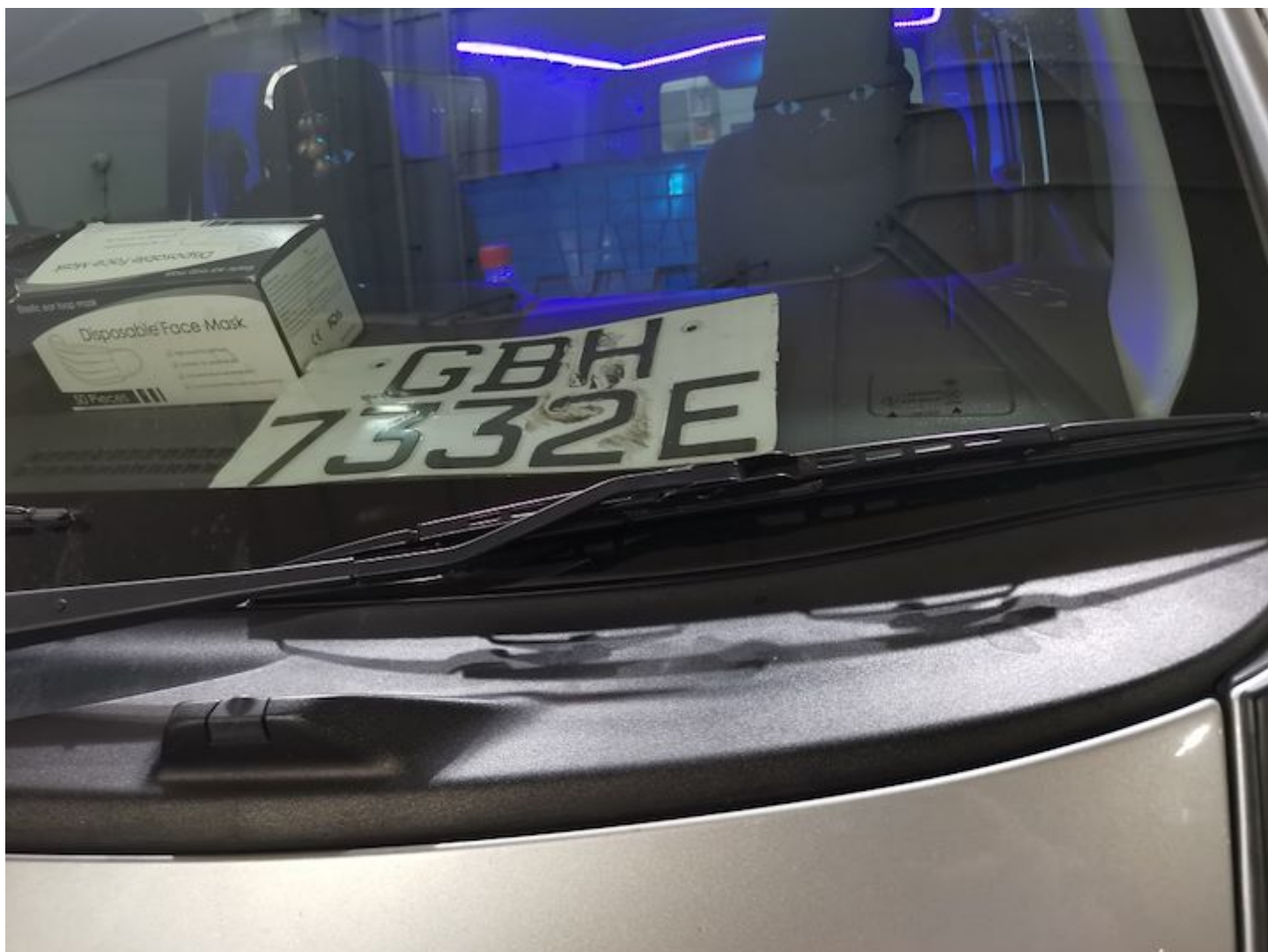








































































**SINGAPORE  
POLICE FORCE**



T/20210113/7035

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210113/7035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/01/2021 21:56		Vide Report No.: G/20210113/0128		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: QUAH NIAN CHUN			Address: 327 HOUGANG AVENUE 5 #02-154 SINGAPORE 530327		
ID Type / ID No.: NRIC NO / S9803973B			Contact No.: Home/Office:                      Mobile: 84984989		
Nationality: SINGAPORE CITIZEN			Email: NIANCHUN_TOMMY@YAHOO.COM		
Sex: Male	Age: 22	Date of Birth: 03/02/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: delivery man			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2021 16:55	Type of Location: Y-Junction
Location:  BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR4569G	Motorcycle		YAMAHA	Red		0
GBH7332E	Van					0

**Details of Person Involved**

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



**SINGAPORE  
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T/20210113/7035

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Tel No: 65470000

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Report No. T/20210113/7035

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	MOHAMMAD AFIQ BIN ZAMRI		ID No. T0110470A
Related Vehicle	FBR4569G (Motorcycle)		Contact No. 81758711
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
<b>Driver</b>			
Name	QUAH NIAN CHUN		ID No. S9803973B
Related Vehicle	GBH7332E (Van)		Contact No. 84984989
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

ON 13/1/2021 AT AROUND 1655HRS I WAS STATIONARY WAITING FOR TRAFFIC TO CLEAR MAKING A RIGHT TURN TOWARDS TAMPINES DIRECTION . JUST WHEN I WANTED TO MAKE A RIGHT TURN I REALISE FROM MY FRONT RH SIDE THERE IS A WHITE VEHICLE MAKING A RIGHT TURN TOWARDS MY DIRECTION SO I BRAKE AND WAITED FOR THE VEHICLE TO COMPLETE HIS TURN . SECONDS AFTER THE WHITE VEHICLE HAD COMPLETED HIS TURN , SUDDENLY A MOTOR BIKE BELIVE TO BE SPEEDING AND USING HIS MOBILE ON A VIDEO CALL NUMBER PLATE (FBR4569G) COLLIDED AND GRINDED ON TO THE FRONT RH SIDE OF MY BONNET AND BUMPER OF MY VEHICLE(GBH7332E) . MOMENTS LATER I STRAIGHT ALIGHTED MY VEHICLE AND RUN FORWARD TO ASSIST HIM . JUST AS I GO TO HIM ,HE WAS LYING ON THE FLOOR HOLDING ON TO HIS PHONE ON A VIDEO CALL THATS WHEN I SUSPECTED HE WAS ON A VIDEO CALL THAT OBSTRUCK HIS ROUTE . THAT ASIDE AS I WAS MORE CONCERN ON HIS SITUATION I SUPPORTED HIM AND HIS BIKE OVER TO THE SIDE OF THE ROAD AND ASKED IF HE WANTED TO CONVEYED TO AMBULANCE BUT HE KEEP SAYING NO . AFTER THAT HIS FRIEND REACH , AND ASK ME HOW I WANTED TO SETTLE THIS ACCIDENT AND KEEP INSISTING THAT ITS MY FAULT AND TOLD ME THAT TO PAID HIM FOR HIS INJURY AND BIKE DAMAGE . AFTER THAT THEY CALLED POLICE AND ALSO AMBULANCE CAME . WHILE WAITING FOR AMUBULANCE AND POLICE RIDER WAS LOOKING FINE AND JOKING AROUND WITH HIS FRIEND AND AFTER THE AMBULANCE REACH , THE MEDICS SETTLED THE WOUNDS FOR THE RIDER AND THEN THE POLICE ARRIVE TO ASSIT THE SITUATION AND TAKEN OUR IDS AND GATHERED ME AND THE RIDER AND TELLING US THAT THERE WONT BE ACTION TAKEN TO US BUT AS DUE TO THIS IS MY COMPANY RENTAL VEHICLE , I TOLD THE POLICE THAT ACCIDENT REPORT WILL BE STILL MAKE AS ITS MY COMPANY SOP . SECONDS AFTER I SAID , THE RIDER SUDDENLY SAID THAT HE NOT FEELING



**SINGAPORE  
POLICE FORCE**



T/20210113/7035

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20210113/7035

**CONTINUATION OF REPORT**

WELL NEEDED TO CONVEYED TO AMBULANCE . SO THE MEDICS BROUGHT THE STRETCHER TO ASSIST HIS JUST AFTER HE WAS BEING PLACED AND SEATED ON THE STRETCHER , HE WAS STILL LAUGHING AND JOKING WITH HIS FRIEND WITH PHOTO TAKING . AFTER THAT THEY ALL LEFT THE SCENE AND TRAFFIC POLICE TAKEN MY IN CAR CAMERA SD CARD FOR INVESTIGATION AND AFTER I ALSO LEFT THE SCENE . THIS ACCIDENT WAS RECORDED BY MY IN CAR CAMERA .



**SINGAPORE  
POLICE FORCE**

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T/20210113/7035

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Report No. T/20210113/7035

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
HO JIEKANG, IVAN  
Contact No.: 65476170

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
13/01/2021 21:56

Classification Of Case:





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SJ04211E0005 Vehicle Registration No: GBH7332E  
 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 BUILDING Singapore( 159637 )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 87233003 - ACCIDENT HOTLINE  
 Email Address : \_\_\_\_\_  
 Date of Accident : 13/01/2021 Time of Accident : 16:55  
 Place of Accident : BEDOK RESERVOIR RD WATERFRONT KEY CONDO  
 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:

CHANGE CLAIM TYPE FROM 'CLAIMING THIRD PARTY' TO 'OWN DAMAGE'

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Policyholder/Driver's Signature  
 Date: \_\_\_\_\_

GA

Reporting Centre Personnel's Signature  
 Name: Ashikin  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 20/04/2021