

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	30/03/2021 17:16 (SGT)
Date of Accident	30/03/2021 10:15 (SGT)
Exact Location of Accident	Ubi Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5590A
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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) +65-90847194
Alternative Phone No	(Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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
Transmission	Manual
CC	2998

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	THANGARASU ARULARASAN
Passport No/FIN	FXXXX490X

Date Of Birth	06/03/1975
Occupation	Outdoor
Date Of Driving Pass	27/10/2020
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90847194
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	22 WILBY ROAD #05-10
Address complement	-
Postcode	276306
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	STAFF
Gender	Male

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

30/03/2021, 10:15HRS I WAS TRAVELLING ALONG UBI AVE 2 WITH MY CO-WORKER ONE MALE. AT THE TRAFFIC LIGHT JUNCTION UBI AVE 2 AND UBI RD 1. SUDDENLY WE FELT IMPACT FROM REAR SIDE. AFTER THE IMPACT WE WENT DOWN AND REALISED OUR VEHICLE A (GBF5590A) BEEN HIT BY VEHICLE B (GBD3885Z). WE CONFIRMED NO INJURY FOR ALL PARTIES. WE TOOK SCENE PHOTOS AND EXCHANGED PARTICULARS.

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	GBD3885Z
Vehicle Manufacturer	Nissan
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WOO FOOK HOI
NRIC No	SXXXX844Z
Contact Number	(Phone) +65-98473092
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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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 enquires 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.

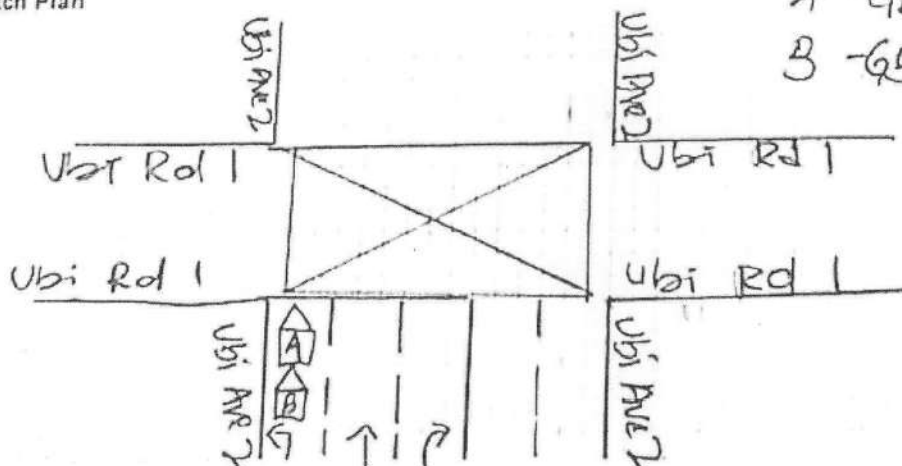
Policyholder's Signature / Date & Time:

T. Arulmohan

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

Witnessed by Reporting Centre Personnel 11:57 30/3/2021

Sketch Plan



A - 68F5590X
B - 68D38852

Describe Circumstances of the Accident

30/3/2021 10:15 hrs I was travelling along Ubi Ave 2 with my co-worker one male. At the traffic light junction Ubi Ave 2 and Ubi Rd I suddenly we felt impact from rear side. After the impact we went down and realised our vehicle A (GBF559CA) been hit by vehicle B (GBD38852). We confirmed no injury for all parties. We took scene photos and exchange particulars.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Dyl Hashim
11:57am 30/3/21