

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 21/04/2021 16:07 (SGT)
Date of Accident 19/04/2021 15:30 (SGT)
Exact Location of Accident 4 Jln Mat Jambol, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG3394H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HOTEL MARINA CITY PTE LTD
Company Reg No 1XXXXX201D
Email Address karen.teh@panpacific.com
Mobile Phone No (Phone) +65-97330302
Alternative Phone No (Office) +65-65338111

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Nhr85aue4aa
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 2999

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM110157841703
Cover Note Number -

DRIVER

Name of Driver CHOO KOK WAH
NRIC No SXXXX574H

Date Of Birth	13/01/1962
Occupation	Outdoor
Date Of Driving Pass	24/08/1998
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97330302
Alt. Phone Number	-
Email Address	wholesale.sin@panpacific.com
Address	BLK 864A TAMPINES STREET 83 #08-450
Address complement	-
Postcode	521864
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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 19TH APRIL I WAS AT NO, 4 JALAN MAT JAMBOL S(119554) I JUST ARRIVE THE LOCATION AND WAS ABOUT TO MAKE DELIVERY. WHILE I WAS REVERSING MY TRUCK. VEHICLE GBB9957X TURN IN. DUE TO BLIND SPOT I DID NOT SEE VEHICLE GBB9957X COMING IN. I THEN ACCIDENTALLY HIT ON THE BODY OF THE VAN. WHEN THE ACCIDENT HAPPEN I WAS ALONE AND THE CHINA DRIVER WAS ALONE. VEHICLE GBB9957X THEN CALLED HIS BOSS MR. LIM. I THEN CALLED MY OFFICE TO REPORT THE SITUATION. AFTER THE CHINA DRIVER TOOK MY I/C PHOTO, WE LEFT THE SCENE.

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	GBB9957X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

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

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.

THE PAN PACIFIC HOTEL SINGAPORE
Business No. 28631800L
7 Raffles Boulevard, Marina Square,
Singapore 039595
Tel: 65-6336 8111 Fax: 65-6337 470*

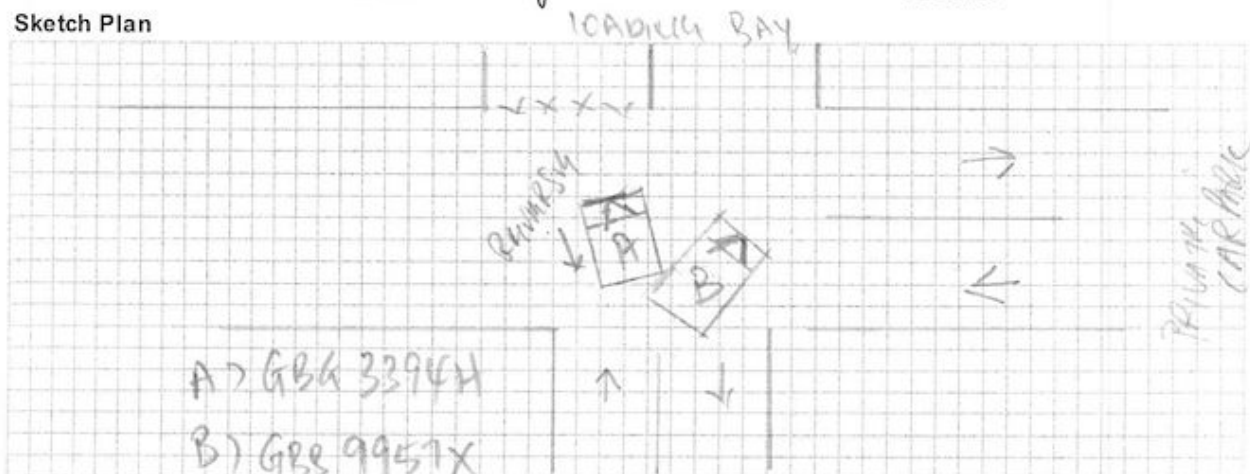
X

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

On 19 April, I was at 4 Jalan Mat Jambel (5114554).
 I just arrive the location and was about to make delivery.
 While I was reversing my truck vehicle GBB 9957X
 turn in. Due to Blind spot I did not see vehicle GBB 9957X
 coming in. I then accidentally hit on the body of the
 van. When the incident happen I was alone. and
 the china driver was alone. vehicle 9957X he called
 his Boss Mr. Lim. I then called my office to report
 the situation. After the china driver took my IC photo
 we left the scene.

Declaration

We declare the foregoing particulars are true in every respect.

THE PAN PACIFIC SINGAPORE
 Marina Square, 7 Raffles Boulevard
 Singapore 039595
 Tel 65-336 8111 Fax 65-337 3262

Policyholder's Signature / Date &
 Time

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

Witnessed by Reporting Centre
 Personnel



















PAN PACIFIC
SINGAPORE

RISK MANAGEMENT REPORT

Hotel	Pan Pacific Singapore	File	500	190421	CHOO
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TYPE OF INCIDENT (Check below)

<input type="checkbox"/>	Attempted Incident - 100/200	<input type="checkbox"/>	Property - 500
<input type="checkbox"/>	Life Health and Person - 300	<input type="checkbox"/>	Major Crime - 600
<input type="checkbox"/>	Public Order - 400	<input checked="" type="checkbox"/>	Other - 700
Details of Other:	NIL		
Estimated Value:	Repair charge to be advise by another Party		
Insurance Claim: (Yes/No Give Details)	Yes. Pending for Claim from another party.		

PERSONAL DETAILS

Name	Last Name	Choo	
	Given Name	Kok Wah	
Title	Mr		
Address:			
Sex	Male	DOB	Nil
Tel: Work	Nil	Fax:	Nil
Tel: Home		E. Mail:	
Date of Incident	19 April 2021	Time of Incident	1530pm



Police File No: **FOLLOW UP: ACTIVITY RECORD**

For guest related Risk Management Report, clearly state the root causes of the guest issues, what actions are taken to resolve the root causes, how the issues were resolved with the guest (state of recovery), and include all supporting correspondences associated in the follow up.

DATE	FOLLOW UP ACTIVITY

SIGNATURES

Wholesale Butchery Business Development Manager:	Karen Teh
Executive Chef :	Michele Greggio
Safety and Security Manager :	Mohd Tahar
Director of Finance:	Ivy Zhao
Director of Operations :	Edeline Tiong
General Manager :	Margaret Paul