

## 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 ..... 22/04/2021 14:21 (SGT)  
Date of Accident ..... 20/04/2021 07:35 (SGT)  
Exact Location of Accident ..... Greenwich Dr, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB9962E

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PAN PACIFIC VAN & TRUCK LEASING PTE LTD  
Company Reg No ..... 201511635R  
Email Address ..... ppemclaims@gmail.com  
Mobile Phone No ..... (Phone) +65-86707570  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
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 ..... TAY CHONG TECK  
NRIC No ..... S7012333I

Date Of Birth .....	01/04/1970
Occupation .....	Outdoor
Date Of Driving Pass .....	10/02/2006
Driving experience .....	15 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86707570
Alt. Phone Number .....	-
Email Address .....	taychongteck01@gmail.com
Address .....	BLK 151 SERANGOON NORTH AVENUE 2 #04-63
Address complement .....	-
Postcode .....	550151
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 - Change/cross lane
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 .....	Geylang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008486999
Alt. Police Station Phone No .....	(Fax) +65-68486799
Police Station Address .....	1 Cassia Link Singapore 397618
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
Reasons for not uploading a video of the accident .....	SD CARD WITH WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLA5948K
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezel
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	TAY CHONG TECK
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURY TO RIGHT SHOULDER
Injured person in which vehicle? .....	GBB9962E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

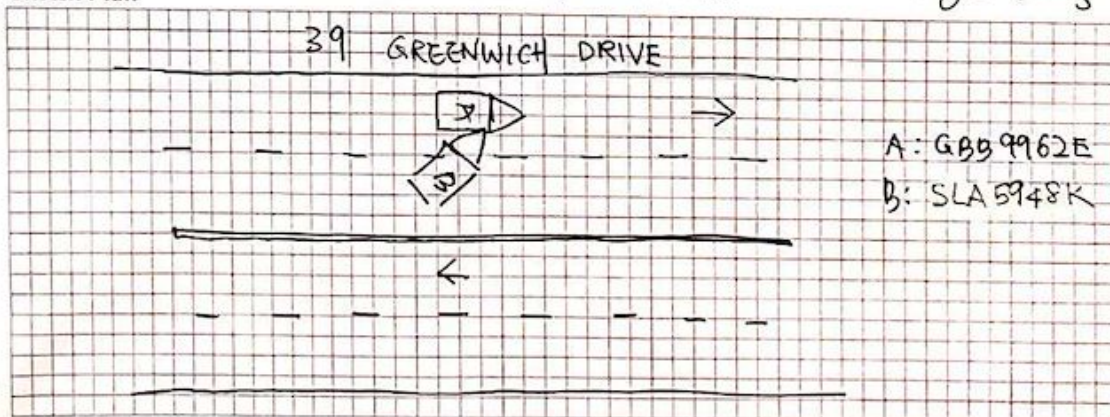
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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



Describe Circumstances of the Accident

REFER TO POLICE REPORT

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

26.04.2021 1440 HRS

408













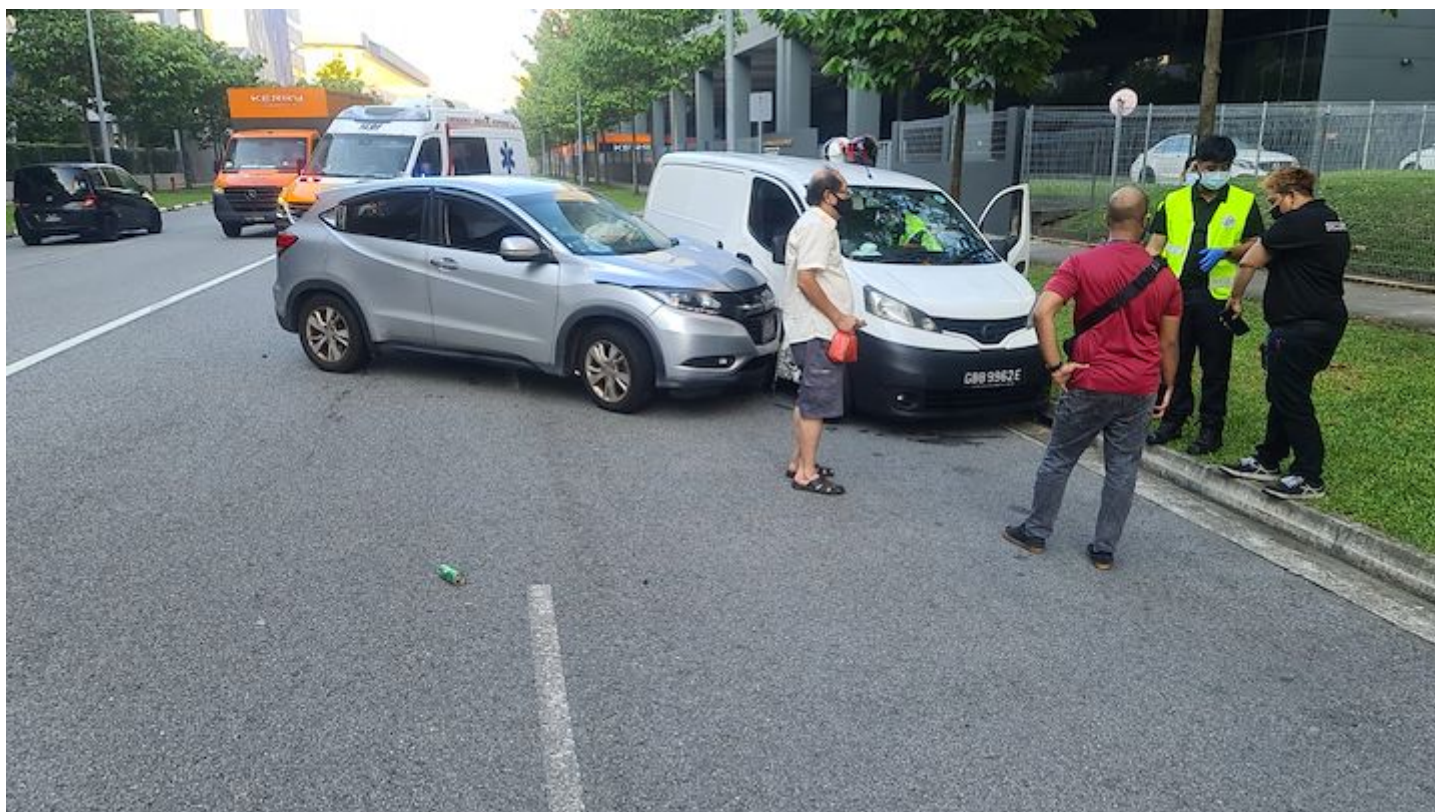


























# SINGAPORE POLICE FORCE



T/20210420/2136

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

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Report No. T/20210420/2136

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2021 19:56	Vide Report No.:	Station Diary No.: 106
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### Informant's Particulars

Name of Informant: TAY CHONG TECK			Address: APT BLK 151 SERANGOON NORTH AVENUE 2 #04-63 SINGAPORE 550151	
ID Type / ID No.: NRIC NO / S7012333I			Contact No.: Home/Office: Mobile: 86707570	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 01/04/1970	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PARCEL DELIVERY			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/04/2021 07:35	Type of Location: Straight Road
Location:  GREENWICH DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB9962E	Van	NISSAN				0

### Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20210420/2136

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Report No. T/20210420/2136

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

**CONTINUATION OF REPORT**

Driver			
Name	TAY CHONG TECK	ID No.	S7012333I
Related Vehicle	GBB9962E (Van)	Contact No.	86707570
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/04/2021	Date Discharge	20/04/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On 20/04/2021, at around 0715hrs, I was travelling along Greenwich Dr, going toward my office at 39 Greenwich Dr. I was on the most left lane travelling at about 40km/h when suddenly another vehicle which was travelling on the right lane in the same direction, suddenly collided into the right side of my vehicle, at the driver side door. The impact was so sudden and hard that I was not able to notice how the accident happened and did not manage to take down the other vehicle's details.

Ambulance and traffic police came to my accident. The traffic police officer took my SD card from my in-car camera, and I was conveyed to Sengkang General Hospital. I would like to state that due to the impact I was not fully aware of what had happened after and I am unsure if there was any other damages.

Based on the medical report from Seng Kang General Hospital, I had suffered injury to my right shoulder and I am due for further checks in the coming days.



**SINGAPORE  
POLICE FORCE**

T/20210420/2136

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

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Report No. T/20210420/2136

**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:

G /

Sgt 3 JOHANN PAK ZHUO-EN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOOR HIDAYAH BINTE

ABDULLAH

Contact No.: 65476251

Authentication Stamp

NP168



SIGNATURE

Signature Of Informant:

Date/Time:

20/04/2021 19:56

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: S66SS0020G / 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 : SJ04214M000G Vehicle Registration No: GBB9962E

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 : 20/04/2021 Time of Accident : 07:35

Place of Accident : Greenwich Dr, Singapore

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:

- AMEND TO OD

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Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Shayne  
NRIC/FIN No.:  
Date: 28/04/2021