

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 29/04/2021 10:04 (SGT)
Date of Accident 27/04/2021 14:10 (SGT)
Exact Location of Accident Tampines Ave 5, Singapore
Additional Location Information BEFORE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK3838Z

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) +65-88411915
Alternative Phone No (Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 2982

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 MUHAMMAD ERRIE BIN ABDUL RAZAK
NRIC No S9005135J

Date Of Birth	11/02/1990
Occupation	Outdoor
Date Of Driving Pass	31/12/2010
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88411915
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	BLK 632 YISHUN STREET 61 #02-02
Address complement	-
Postcode	760632
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

I WAS DRIVING ON THE 3RD LANE BEHIND VEH B WITH WET SURFACE AND RAIN. I KEPT A SAFE DISTANCE AND STARTED TO BRAKE FROM FAR AFTER I SAW VEH B E-BRAKE. HOWEVER MY VEHICLE STILL MOVING FORWARD AND COLLIDED ONTO VEHICLE B. VEH B SURGED FORWARD AND COLLIDED ONTO VEH C REAR PORTION. AFTER IMPACT, VEH C DRIVER SAID THERE WAS A MOTORCYCLE SKIDDED IN FRONT OF HIM. HOWEVER THIS CHAIN COLLISION ONLY INVOLVED 3 VEHICLES (NOT INCLUDING MOTORCYCLE). NOBODY INJURED.

VEH A (OWN) - GBK3838Z
 VEH B (TP) - GBG8079K
 VEH C (TP) - SJY7113L

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	GBG8079K
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMED ALI BIN ABDUL SALAM
NRIC No	S7126470Z
Contact Number	(Phone) +65-97123047
Address	535 BEDOK ST 3 #08-98
Address complement	-
Postcode	460535
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJY7113L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DANNY LIM BOON TONG
NRIC No	S7132769H
Contact Number	(Phone) +65-98186081
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

I was driving on the 3rd lane behind veh B with wet surface and rain. I kept a safe distance and start brake from far after I saw veh B e-brake. However my vehicle still moving forward and ~~the~~ collided onto vehicle B. Veh B surged forward and collided onto veh C rear portion. After Impact veh C driver said there was a motorcycle skidated in front of him. However this chain collision is only involved 3 vehicles (not include motorcycle) Nobody injured.

Veh A (own) - GBK 3838Z
 Veh B (TP) - GBG 8079K
 Veh C (TP) - SJY 7113L

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 Det Hashim
 13:49 hrs 28/4/21































