

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 28/05/2021 10:07 (SGT)
Date of Accident 24/05/2021 12:55 (SGT)
Exact Location of Accident Jln Tenaga, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH6890S

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) +65-83397637
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? No - Claiming third party
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 KHOR MENG HOW
Passport No/FIN GXXXX702N

Date Of Birth	24/03/1982
Occupation	Outdoor
Date Of Driving Pass	10/12/2014
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83397637
Alt. Phone Number	-
Email Address	khorthowi@gmail.com
Address	BLK 647 JALAN TENAGA #05-121
Address complement	-
Postcode	410647
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 Parked Vehicle
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?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFB1715H
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	NG HUP LEE
NRIC No	SXXXX266H
Contact Number	(Phone) +65-90176113
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 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

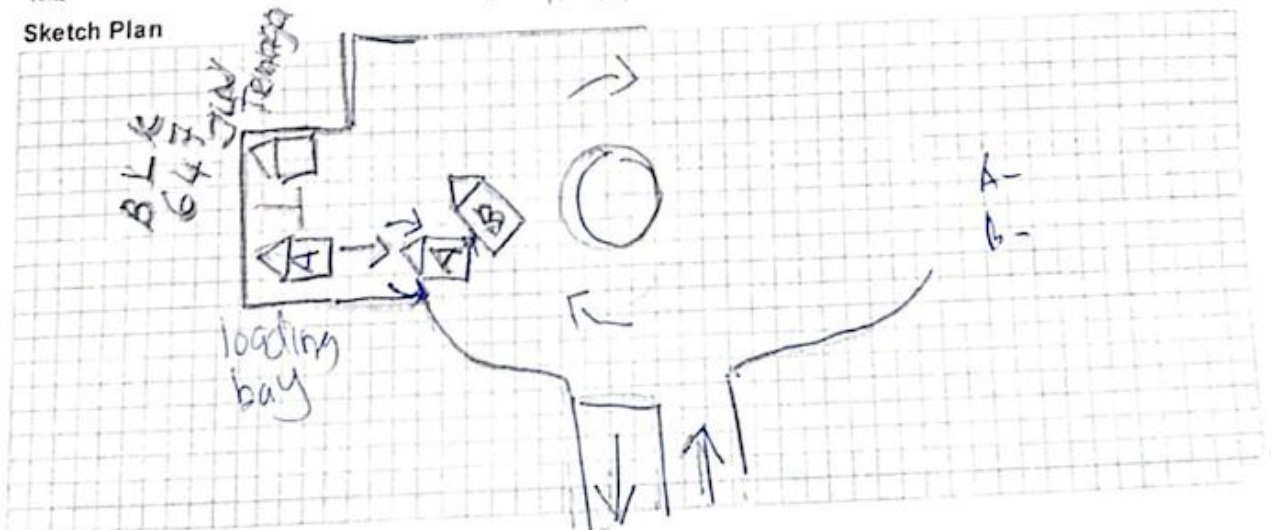
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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





















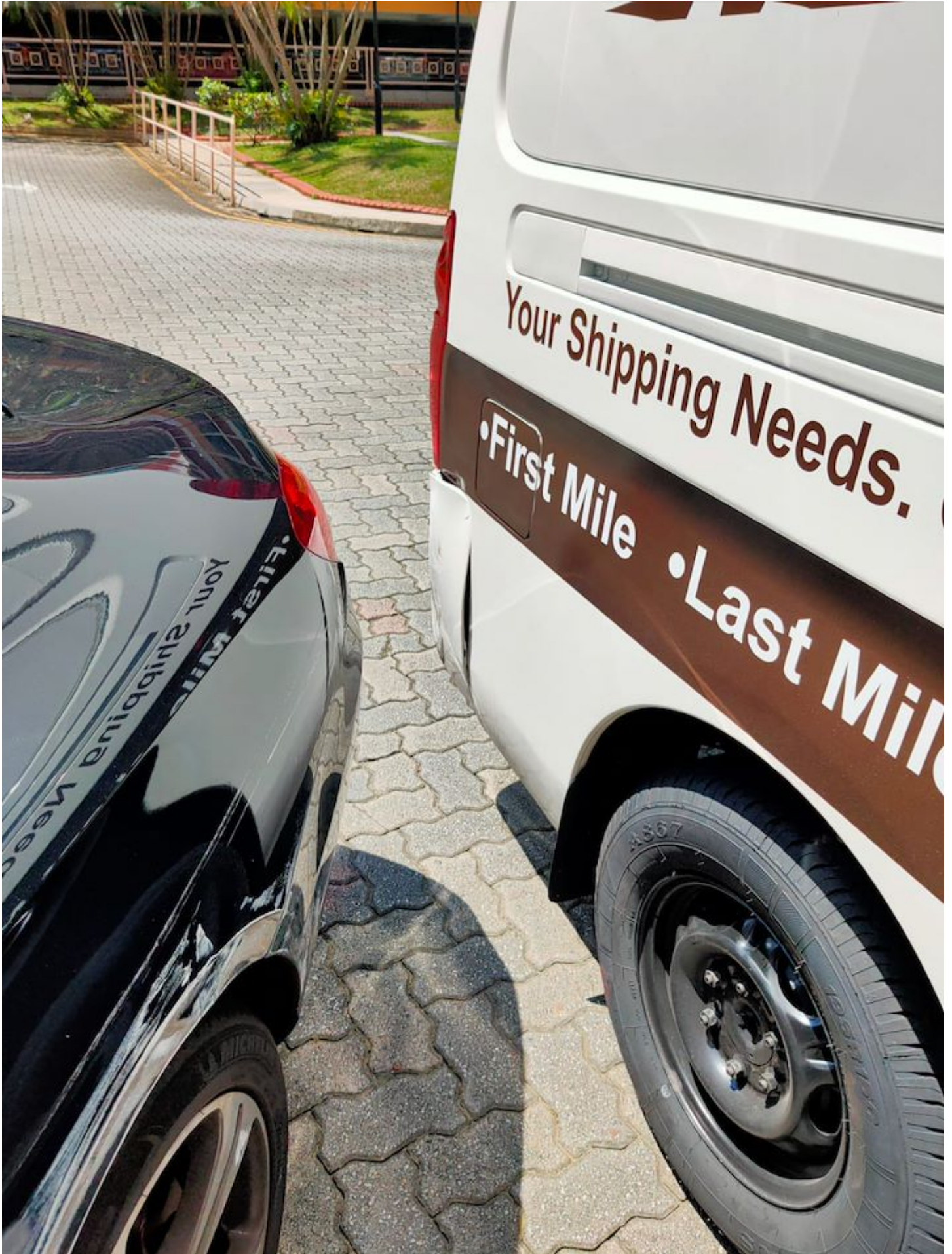


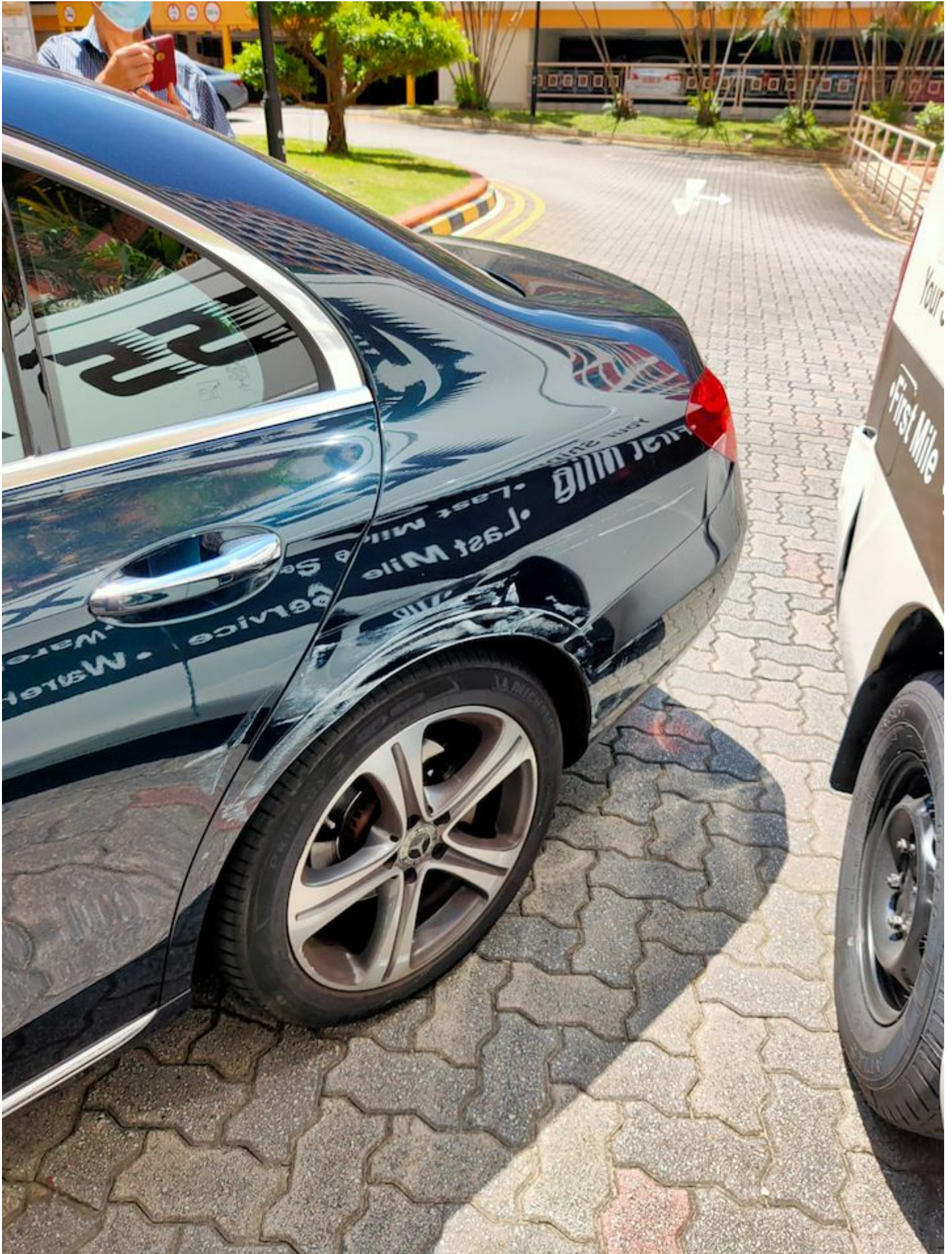


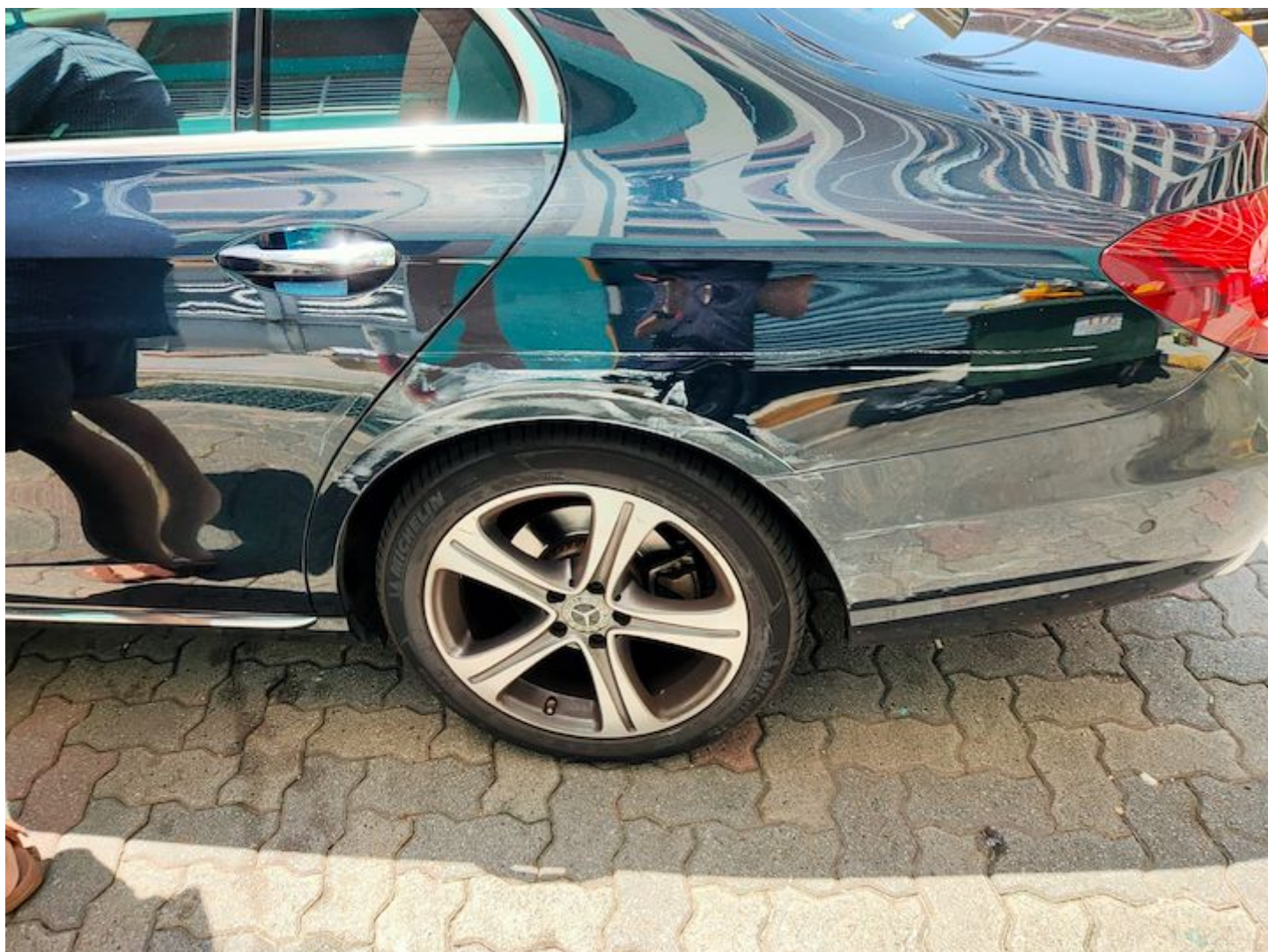














**SINGAPORE
POLICE FORCE**



T/20210525/2044

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20210525/204

CONTINUATION OF REPORT**Brief Details.**

On 24/5/2021, at about 12.55pm, I was delivering goods for my company at Jalan Tenaga. I stopped my company vehicle GBH6890S at the loading/unloading bay near to Blk 647 Jalan Tenaga. I then went down to deliver the goods and came back to my vehicle. While I was driving off, I reversed my company vehicle out of the loading/unloading bay and came to a stop. While I was about to drive forward to leave the location, I suddenly felt an impact from the back of my company vehicle.

When I came down, I saw that it was a vehicle, SFB1715H, who collided onto the back of my vehicle. At that point in time, my vehicle was stationary as I had already come to a stop and preparing to drive forward. From my observation, there was a dent and some scratches on the rear right bumper of my company vehicle. I then spoke to the other vehicle driver and exchanged particulars with the person. Initially, we agreed on private settlement. However, I was notified by my boss that the other party had lodged a police report. Hence, my boss told me to lodge a police report. I was not injured in this accident.



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519457
Tel No: 1800-5852999



T/20210525/2044

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Report No: T/20210525/2044

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 2 OH JIA KAI JACKIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/05/2021 13:52

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



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