

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 14/06/2021 12:27 (SGT)
Date of Accident 13/06/2021 15:15 (SGT)
Exact Location of Accident Kim Keat Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH1454B

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) +65-88566835
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 SIN KIM CHUAH
NRIC No S1326952A

| | |
|--|---------------------------|
| Date Of Birth | 01/07/1958 |
| Occupation | Outdoor |
| Date Of Driving Pass | 30/01/1976 |
| Driving experience | 45 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88566835 |
| Alt. Phone Number | - |
| Email Address | ppemclaims@gmail.com |
| Address | BLK 79 INDUS ROAD #13-419 |
| Address complement | - |
| Postcode | 161079 |
| 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 - Major/Minor Rd |
| 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? | No |
| 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 | UNKNOWN |
| 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

13062021 1515HRS I WAS DRIVING STRAIGHT ALONG KIM KEAT ROAD. VEH B FROM THE MINOR ROAD SUDDENLY ENCROACHED ONTO MY LANE AND COLLIDED ONTO MY VEHICLE FRONT LEFT PORTION.NO SERIOUS INJURY BUT MYSELF GIVEN 2 DAYS MC FROM SENGKANG HOSPITAL.

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 | SLU7340U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|---------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LEE TECK MENG |
| NRIC No | -1 |
| 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 | SIN KIM CHUAH |
| Address | BLK 79 INDUS ROAD #13-419 |
| Address Complement | - |
| Post Code | 161079 |
| Approximate Age Years Old | - |
| Injuries Sustained | 2 DAYS MC |
| Injured person in which vehicle? | GBH1454B |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

Describe Circumstances of the Accident

13062021 1515HRS I WAS DRIVING STRAIGHT ALONG KIM KEAT ROAD.VEH B FROM THE MINOR ROAD SUDDENLY ENCROACHED ONTO MY LANE AND COLLIDED ONTO MY VEHICLE FRONT LEFT PORTION.NO SERIOUS INJURY BUT MYSELFY GIVEN 2 DAYS MC FROM SENGKANG HOSPITAL.

Declaration

I/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

Da 13/6/21







































