

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 16/06/2021 10:29 (SGT)
Date of Accident 15/06/2021 10:25 (SGT)
Exact Location of Accident 25 Greenwich Dr, Singapore 533073
Additional Location Information Level 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH7452S

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) +65-89493008
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? Yes
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 MUHAMMAD NOR LUQMAN BIN NOOR HAKIM
NRIC No S9943224A

Date Of Birth	01/08/1999
Occupation	Outdoor
Date Of Driving Pass	05/05/2021
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-89493008
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	BLK 38 BEDOK SOUTH ROAD #03-671
Address complement	-
Postcode	460038
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 - Head on collision
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 15.06.2021 AT ABOUT 1025HRS, I WAS DRIVING MY VEHICLE A ALONG LEVEL 2 SLOPE DOWNHILL OF UNIT 25 GREENWICH DR LEVEL 2. WHILE APPROACHING BEND I APPLIED BRAKED AND ACCIDENTALLY COLLIDED ONTO VEHICLE B WHICH WAS FROM OPPOSITE DIRECTION. NOBODY WAS INJURED AT THE POINT OF ACCIDENT.

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	YQ8888S
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-94507920
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YQ8888S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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 :

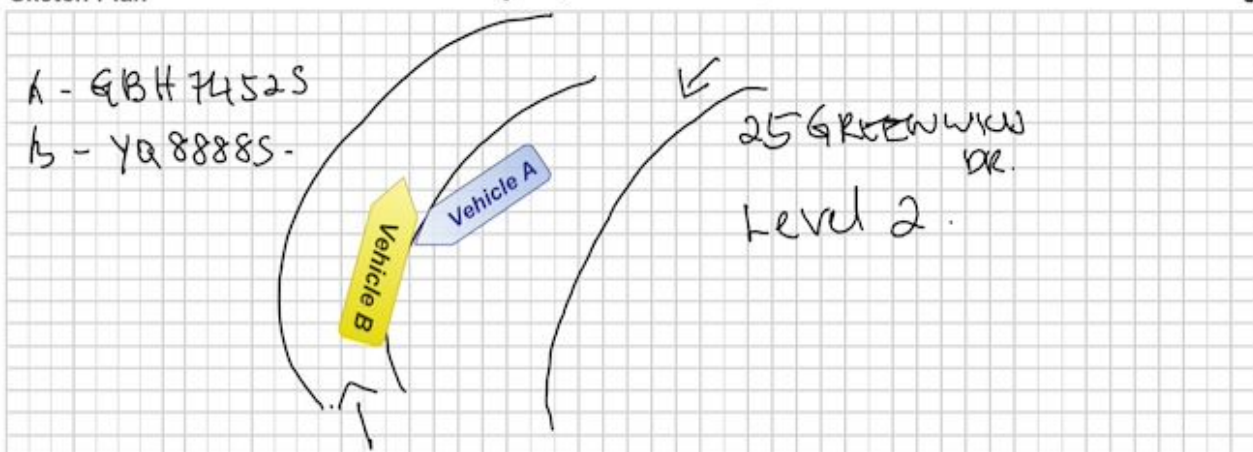
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

ON 150621 AT ABOUT 1025HRS I WAS DRIVING MY VEHICLE A
ALONG LEVELN2 SLOPE DOWNHILL OF UNIT 25 GREENWICH
DR LEVEL 2. WHILE APPROACHING BEND I APPLIED BRAKED
AND ACCIDENTALLY COLLIDED ONTO VEHICLEVB WHICH WAS
FROM OPPOSITE DIRECTION.NOBODY WAS INJURED AT THE
POINT OF ACCIDENT.

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

15/6/21 - 1330H

Witnessed by Reporting Centre
Personnel

Witnessed by Reporting Centre
Personnel





























**SINGAPORE
POLICE FORCE**



T/20210615/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210615/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2021 14:15	Vide Report No.: G/20210615/0075	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD NOR LUQMAN BIN NOOR HAKIM			Address: 38 BEDOK SOUTH ROAD #03-671 SINGAPORE 460038		
ID Type / ID No.: NRIC NO / S9943224A			Contact No.: Home/Office: Mobile: 89493008		
Nationality: SINGAPORE CITIZEN			Email: LUKKILICIOUS99@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 01/08/1999	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/06/2021 10:25	Type of Location: Bend
Location: GREENWICH DRIVE				
Weather: Sunny		Road Surface: Uneven		Road Speed Limit: 15 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH7452S	Van					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210615/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210615/7018

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD NOR LUQMAN BIN NOOR HAKIM	ID No.	S9943224A
Related Vehicle	GBH7452S (Van)	Contact No.	89493008
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 15 June 2021, at about 1025 hrs i was driving my vehicle (GBH7452S) along level 2 slope downhill of unit 25 Greenwich drive level 2. While i approaching the bend, i applied my brakes and accidentally collided onto the opposite vehicle (YQ8888S), that was from the opposite direction. During the point of accident, there was no injury reported from both parties, me and the other driver. The trailer driver company called for the ambulance assistance and Traffic police. When the ambulance came, the trailer driver went up the ambulance and leave the scene, he took photo of my particulars, but i did not manage to get in exchange of his particulars. When the Police came, they asked for my particulars and issued me a case card. I then asked if i'm able to proceed and then went off to my company workshop to send in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20210615/7018

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Report No. T/20210615/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/06/2021 14:15

Classification Of Case: