

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 13/07/2021 14:02 (SGT)
Date of Accident 13/07/2021 05:20 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK1727Z

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) +65-92473309
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 KHONG YORK PAN
NRIC No TXXXX646B

Date Of Birth	17/05/2000
Occupation	Outdoor
Date Of Driving Pass	09/12/2016
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92473309
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	BLK 818 JURONG WEST STREET 81 #02-250
Address complement	-
Postcode	640818
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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

ON 13/07/2021 AT 0520HRS , I WAS DRIVING VEHICLE A GBK1727Z ALONG PIE TOWARDS CHANGI. WHILE TRAVELLING STRAIGHT ON FIRST LANE, I NOTICED THERE WAS ACCIDENT OCCURRED ON SECOND AND THIRD LANE. WHILE TRAVELLING STRAIGHT, EMAS RECOVERY TRUCK ON SECOND LANE, AND THEY PUT CONE ON ROAD MARKING. IT WAS TO TIGHT FOR ME TO DRIVE BECAUSE SOME OF THE CONES ARE OUT FROM LANE MARKING. APPROACHING BEND I APPLIED BRAKED AND VEHICLE A SKIDDED AND COLLIDED ONTO ONE OF EMAS RECOVERY TRUCK. VEHICLE B PASSENGER WAS INJURED ON HIS FACE AND CONVEYED BY AMBULANCE TO 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	YP6970E
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD ARJUNA BIN PARIAN
NRIC No	SXXXX595F
Contact Number	(Phone) +65-87111984
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	PASSENGER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURY ON FACE
Injured person in which vehicle?	YP6970E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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")

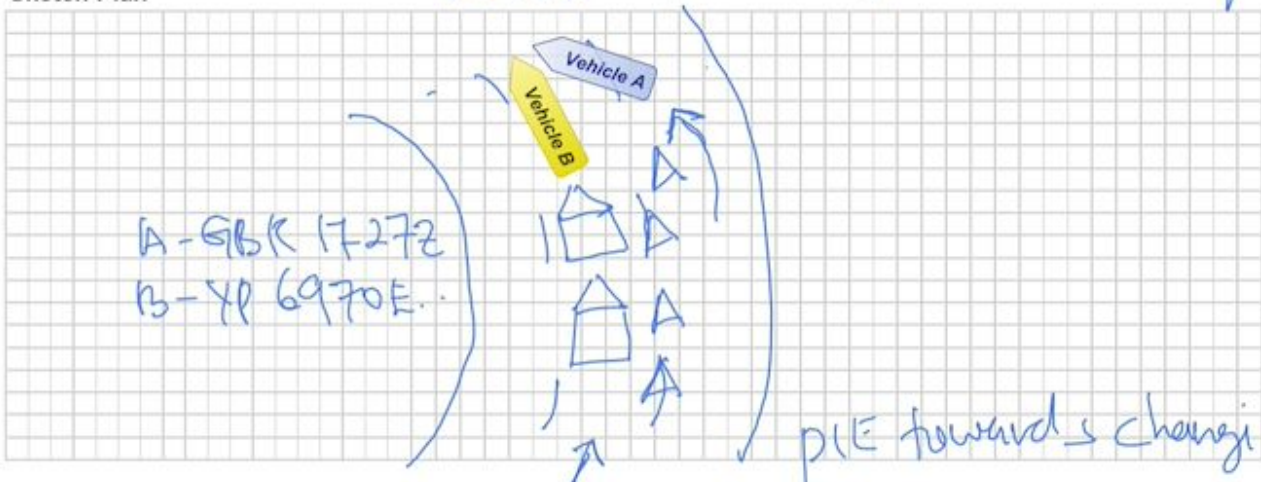
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

ON 13/07/2021 AT 0520HRS , I WAS DRIVING VEHICLE A GBK1727Z ALONG PIE TOWARDS CHANGI. WHILE TRAVELLING STRAIGHT ON FIRST LANE, I NOTICED THERE WAS ACCIDENT OCCURED ON SECOND AND THIRD LANE. WHILE TRAVELLING STRAIGHT, EMAS RECOVERY TRUCK ON SECOND LANE, AND THEY PUT CONE ON ROAD MARKING. IT WAS TO TIGHT FOR ME TO DRIVE BECAUSE SOME OF THE CONES ARE OUT FROM LANE MARKING. APPROACHING BEND I APPLIED BRAKED AND VEHICLE A SKIDDED AND COLLIDED ONTO ONE OF EMAS RECOVERY TRUCK. VEHICLE B PASSANGER WAS INJURED ON HIS FACE AND CONVEYED BY AMBULANCE TO HOSPITAL

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

7 / 10

Driver's Signature (If driver is not the policyholder) / Date & Time

Heling

13/7/21- 0830H

Witnessed by Reporting Centre Personnel

Wharvey
















































**SINGAPORE
POLICE FORCE**

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



T/20210713/2020

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Report No. T/20210713/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2021 10:15	Vide Report No.: G/20210713/0029	Station Diary No.: 17
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Informant's Particulars

Name of Informant: KHONG YORK PAN			Address: APT BLK 818 JURONG WEST STREET 81 #02-250 SINGAPORE 640818		
ID Type / ID No.: NRIC NO / T0020646B			Contact No.: Home/Office: Mobile: 92473309		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 17/05/2000	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/07/2021 05:15	Type of Location: Bend
Location: MOUNT PLEASANT ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK1727Z	Van	TOYOTA	HIACE VAN TURBO 5DR MT	White	Seriously Damaged	0
YP6970E	Lorry	ISUZU	NPR75UK5 W	White	Seriously Damaged	1

Details of Person Involved

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


**SINGAPORE
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Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



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Report No. T/20210713/2020

CONTINUATION OF REPORT

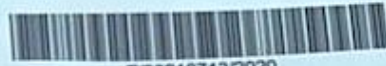
Driver		ID No.	
Name	KHONG YORK PAN	T0020646B	
Related Vehicle		Contact No.	
GBK1727Z (Van)		92473309	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NIL		Class: 3 Date of Expiry: NIL	
Date Treatment		Date Discharge	
NIL		NIL	
No. of Days granted Medical Leave		Degree of Injury	
NIL		NIL	
Name		ID No.	
MUHAMMAD ARJUNA BIN PARIAN		NIL	
Related Vehicle		Contact No.	
YP6970E (Lorry)		87111984	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NIL		Class: 2B,3,4 Date of Expiry: NIL	
Date Treatment		Date Discharge	
NIL		NIL	
No. of Days granted Medical Leave		Degree of Injury	
NIL		NIL	

Brief Details.

On 13/07/2021, at about 0520 hrs, I was driving my vehicle, of plate number GBK1727Z, along PIE towards Changi. After driving past Stevens Road Exit, I noticed that there was an accident that had occurred on the second and third lane. There were three EMAS recovery trucks on the second lane and there were cones placed along the road marking. It was too narrow for me to drive through as some of the cones were out of the markings, thus I applied my brakes when approaching the bend. However, my vehicle skidded as the floor was wet and my vehicle collided into one of EMAS recovery trucks of vehicle plate YP6970E. The passenger of vehicle plate YP6970E was injured and conveyed by ambulance to the hospital.

Traffic police was also at scene and advised me to come to the nearest police station to lodge a report.

I would like to add that I had an in-car camera and I have already handed the SD card over to the traffic police.

**SINGAPORE
POLICE FORCE**

T/20210713/2020

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

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Report No. T/20210713/2020

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 CHAN SHI YING, SHARLENESignature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Contact No.: 65476247

Authentication Stamp

NP168



SIGNATURE

Signature Of Informant:

Date/Time:
13/07/2021 10:15

Classification Of Case: