

SJ042177000G / JP Knights Pte Ltd  
ENTRY DATE & TIME: 07/07/2021 19:01 (SGT)  
SUBMITTED BY: Suria  
VERSION: 1 (07/07/2021 19:01 (SGT))

Your NCD will be affected due to late reporting

## 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 ..... 07/07/2021 19:01 (SGT)  
Date of Accident ..... 02/07/2021 21:00 (SGT)  
Exact Location of Accident ..... Flanders Square, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK1883E

#### 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) +65-86120038  
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? ..... No - Claiming third party  
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 ..... WON KIN WAN  
NRIC No ..... SXXXX729F

Date Of Birth ..... 30/07/1978  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 16/01/2003  
 Driving experience ..... 18 YEARS AND 6 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-86120038  
 Alt. Phone Number ..... -  
 Email Address ..... ppemclaims@gmail.com  
 Address ..... BLK 16 UPPER BOON KENG ROAD #01-1083  
 Address complement ..... -  
 Postcode ..... 380016  
 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 vehicle or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 0  
 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

ON 02/07/2021 AT ABOUT 2100HRS, I WAS PARKED MY VEHICLE A (GBK1883E) AT PARRALLEL PARKING LOT NEAR FLANDERS SQUARE. AFTER PARKED , I WENT OUTSIDE. AFTER THAT I WENT BACK TO MY VEHICLE . THEN THERE WAS UNKNOWN GUY TOLD ME THAT MY VEHICLE WAS MET IN AN ACCIDENT. I REACHED TO MY VEHICLE AND REALISED, THERE WAS DAMAGES ONTO MY VEHICLE. THE UNKNOWN GUY TOLD ME THAT VEHICLE B WHICH WAS PARKED INFRONT OF ME WAS REVERSE AND COLLIDED ONTO MY VEHICLE. MY REAR WINDSCREEN SCATTERED. THERE WAS NOBODY INSIDE VEHICLE B (GT3333G). SOMEONE CALLED POLICE. AFTER POLICE REACHED TO THE SCENE VEHICLE B DRIVER CAME TO SCENE AND CLAIMED THAT HE REVERSED AND KNOCKED ONTO MY VEHICLE. NOBODY WAS INJURED.

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**

Vehicle Registration Number ..... GT3333G  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -



Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-86731568  
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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- 6 The 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

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.

*[Handwritten Signature]*

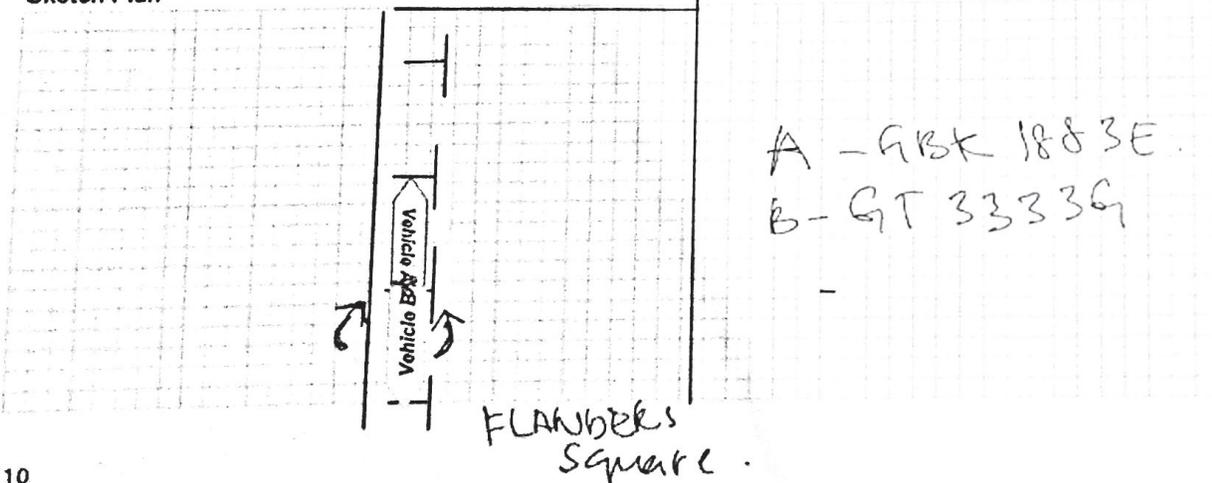
*[Handwritten Signature]*  
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

6/7/2021 - 21/20/21

Sketch Plan



Describe Circumstances of the Accident

ON 020721 AT ABOUT 2100HRS, I WAS PARKED MY VEHICLE AT PARRALLEL PARKING LOT NEAR FLANDERS SQUARE. AFTER PARKED , I WENT OUTSIDE. AFTER THAT I WENT BACK TO MY VEHICLE . THEN THERE WAS UNKNOWN GUY TOLD ME THAT MY VEHICLE WAS MET IN AN ACCIDENT. I REACHED TO MY VEHICLE AND REALISED, THERE WAS DAMAGES ONTO MY VEHICLE. THE UNKNOWN GUY TOLD ME THAT VEHICLE B WHICH WAS PARKED INFRONT OF ME WAS REVERSE AND COLLIDED ONTO MY VEHICLE. MY REAR WINDSCREEN SCATTERED. THERE WAS NOBODY INSIDE VEHICLE B. SOMEONE CALLED POLICE. AFTER POLICE REACHED TO THE SCENE VEHICLE B DRIVER CAME TO SCENE AND CLAIMED THAT HE REVERSED AND KNOCKED ONTO MY VEHICLE.NOBODY WAS INJURED.

**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

*[Signature]*  
6/7/2021 - 21:00

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

*[Signature]*  
*[Signature]*