

## 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 ..... 08/07/2021 14:16 (SGT)  
Date of Accident ..... 04/07/2021 22:30 (SGT)  
Exact Location of Accident ..... West Coast Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE8874S

#### 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) +65-93951557  
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 ..... AUNG ZAW LIN  
Passport No/FIN ..... GXXXX587L

Date Of Birth .....	31/05/1992
Occupation .....	Outdoor
Date Of Driving Pass .....	28/05/2015
Driving experience .....	6 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93951557
Alt. Phone Number .....	-
Email Address .....	chelsealin16@gmail.com
Address .....	BLK 729 CLEMENTI WEST STREET 2 #12-352
Address complement .....	-
Postcode .....	120729
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 .....	Hit by fallen tree / Other objects
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	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 .....	Clementi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008729999
Alt. Police Station Phone No .....	(Fax) +65-68728039
Police Station Address .....	No. Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20210705/2000

#### 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 .....	SLT6009P
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Civic
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car

Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMY8925T
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

**Sketch Plan**

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

07/07/24 / 18:00hrs

Witnessed by Reporting Centre Personnel

B. S.

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

**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

*09/02/11* / *18:20 hrs*

Witnessed by Reporting Centre  
Personnel

*[Signature]*





**SINGAPORE  
POLICE FORCE**



T/20210705/2000

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3  
Report No: T/20210705/2000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2021 00:15	Vide Report No.: D/20210704/0160	Station Diary No.: 11
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## Informant's Particulars

Name of Informant: AUNG ZAW LIN	Address: APT BLK 729 CLEMENTI WEST STREET 2 #12-352 SINGAPORE 120729		
ID Type / ID No.: FIN NO / G3074587L	Contact No.: Home/Office: Mobile: 93951557		
Nationality: MYANMAR	Email:		
Sex: Male	Age: 29	Date of Birth: 31/05/1992	Type of Informant: Driver
Race: Burmese	Language: English		Institution / School Name:
Occupation: Van driver	Driving Licence Information: Class: 3,4 Date of Expiry:		

## General Information of the Accident

General Information for the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/07/2021 22:30	Type of Location: X-Junction
Location:  WEST COAST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8874S	Van	TOYOTA	HIACE DX 3.0 MANUAL	Silver	Slightly Damaged	0
SLT6009P	Car	HONDA	CIVIC 1.6 VTI CVT	Blue	Seriously Damaged	0
SMY8925T	Car	TOYOTA		Beige	Seriously Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20210705/2000

2 of 3

Report No. T/20210705/2000

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

**CONTINUATION OF REPORT****Brief Details.**

On 04/07/2021 at about 2230hrs, I was driving my van (GBE8874S) along Clementi Avenue 2 towards Clementi West St 2. The traffic light at the junction was red hence my van came to a complete stop.

Out of a sudden, two vehicles (SLT6009P & SMY8925T) collided head on with each other. The vehicle (SLT6009P) was travelling along West Coast Road towards West Coast Drive direction, turning into Clementi Ave 2. The other vehicle (SMY8925T) was travelling along West Coast Road towards Clementi West St 1 direction. After colliding with each other, the vehicle (SLT6009P) hit onto a lamp post and light fall onto my van.

Traffic police and ambulance at scene. I did not suffer any injury from the accident. There is CCTV installed in my van and traffic police already retrieved the SD card. I then came to lodge a police report.



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999



T/20210705/2000

3 of 3

Report No. T/20210705/2000

## 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: D / Sgt 3 TAN WEN HONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2021 00:15
Officer In Charge Of Case: TP / SGT SINGAPORE Clementi N.P.C Sgt 3 ABDUL MUHAMMAD BIN HUSSAIN Clementi Division Contact No.: 65476090 20 Clementi Ave 5 S(129858) Authentic Stamp NPT168	Classification Of Case:
SIGNATURE	