

# 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 ..... 28/10/2021 09:30 (SGT)  
Date of Accident ..... 27/10/2021 11:20 (SGT)  
Exact Location of Accident ..... Ocean Dr, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH412D

### 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) +65-93424332  
Alternative Phone No ..... (Office) +65-62840827

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Cabstar  
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 ..... 2953

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D19MFL0005549\_02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... THANGARASU SIVAMANI  
Passport No/FIN ..... G5465055N

|  |                                   |
|--|-----------------------------------|
| Date Of Birth .....  | 14/12/1987                        |
| Occupation .....   | Outdoor                           |
| Date Of Driving Pass .....   | 15/01/2018                        |
| Driving experience .....   | 3 YEARS AND 9 MONTHS              |
| Gender .....   | Male                              |
| Mobile Number .....  | (Phone) +65-93424332              |
| Alt. Phone Number .....  | -                                 |
| Email Address .....  | ppemclaims@gmail.com              |
| Address .....  | BLK 112 ALJUNIED CRESCENT #02-128 |
| Address complement .....   | -                                 |
| Postcode .....   | 380112                            |
| Is the driver the policyholder? .....                              | No                                |
| If No, Relationship of the Driver with the Insured .....           | Employee                          |
| 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 .....   | Chain Collision |
| Weather Conditions ..... | Clear           |
| Road Surface .....       | Dry             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | Yes |
| 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  |

#### FOREIGN VEHICLE 1

|                                   |            |
|-----------------------------------|------------|
| Vehicle Registration Number ..... | JRX7196    |
| Vehicle Category .....            | Motorcycle |

#### DETAILS OF POLICE ACTION

|   |  |
|---|--|
| Was the accident reported to the police? .....  | Yes  |
| Police Station Name .....                       | Telok Blangah Neighbourhood Police Post                  |
| Police Station Phone No .....                   | (Phone) +65-18002729999                                  |
| Alt. Police Station Phone No .....              | (Fax) +65-63776526                                       |
| Police Station Address .....                    | Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051 |
| Was notice of intended Prosecution given? ..... | No   |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

#### 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 ..... | SLH2298K |
| Vehicle Manufacturer .....        | -        |

|   |                      |
|---|----------------------|
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | -                    |
| Contact Number .....                          | (Phone) +65-91234564 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | 1                    |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | JRX7196              |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Motorcycle           |
| Name of Driver .....                          | -                    |
| Contact Number .....                          | (Phone) +65-83430399 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | 1                    |

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

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

|  |  |                        |
|--|--|------------------------|
| <p><b>A</b> 98# VTR-D</p> <p><b>B</b> SLA 209FK</p> <p><b>C</b> TRX 7196</p> | <p>VEHICLE B</p> <p>VEHICLE A</p> <p>DRIVER: DR. (Signature)</p> | <p>DR. (Signature)</p> |
|--|--|------------------------|

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

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

Witnessed by Reporting Centre Personnel

  
27/11/20 / 1800Hrs

 *Bmings*






































**SINGAPORE  
POLICE FORCE**


T/20211027/2106

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Report No. T/20211027/2106

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No. 1800-2729999

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>27/10/2021 21:03 | Vide Report No.: | Station Diary No.:<br>36 |
|--|------------------|--------------------------|

**Informant's Particulars**

|   |            |                              |   |                            |
|---|------------|------------------------------|---|----------------------------|
| Name of Informant:<br>THANGARASU SIVAMANI |            |                              | Address:<br>APT BLK 112 ALJUNIED CRESCENT #02-128 APT BLK<br>SINGAPORE 380112 |                            |
| ID Type / ID No.:<br>FIN NO / G5465055N   |            |                              | Contact No.:  | Mobile: 93424332           |
| Nationality:<br>INDIAN                    |            |                              | Home/Office:  |                            |
|   |            |                              | Email:  |                            |
| Sex:<br>Male                              | Age:<br>33 | Date of Birth:<br>14/12/1987 | Type of Informant:<br>Driver  |                            |
| Race:<br>Indian                           |            |                              | Language:<br>English  | Institution / School Name: |
| Occupation:<br>Lorry driver               |            |                              | Driving Licence Information:<br>Class: 2B,3                                   | Date of Expiry:            |

**General Information of the Accident**

|   |                            |                                 |   |                                 |
|---|----------------------------|---------------------------------|---|---------------------------------|
| Type of Accident:   | Non-Injury Foreign Vehicle | Drink Drive: No                 | Date/Time of Accident: 27/10/2021 11:20 | Type of Location: Straight Road |
| Location:<br><br>OCEAN DRIVE                              |                            |                                 |   |                                 |
| Weather: Clear  |                            | Road Surface: Dry               | Road Speed Limit: 15 Km/h               |                                 |
| Traffic Flow: Two Way                                     |                            | Traffic Control: Not Controlled | Traffic Volume: Light                   |                                 |
| Type of Collision: Between Moving Vehicles - Head To Rear |                            |                                 | Anyone conveyed by ambulance: No        |                                 |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make | Model | Color | Condition        | No of Passenger |
|-------------|------------|------|-------|-------|------------------|-----------------|
| GBH412D     | Lorry      |      |       |       | Slightly Damaged | 0               |
| JRX7196     | Motorcycle |      |       |       | Slightly Damaged | 0               |
| SLH2298K    | Car        |      |       |       | Slightly Damaged | 0               |

Scanned with CamScanner




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Report No: T/20211027/2106

**CONTINUATION OF REPORT**

| Details of Person Involved        |                      |  |                                    |
|-----------------------------------|----------------------|--|------------------------------------|
| Any Pedestrian Involved: No       |                      |  |                                    |
| No. of Pedestrians Injured: NIL   |                      | Use of Pedestrian Crossing: NA         |                                    |
| <b>Driver</b>                     |                      |  |                                    |
| Name                              | THANGARASU SIVAMANI  | ID No.                                 | G5465055N                          |
| Related Vehicle                   | GBH412D (Lorry)      | Contact No.                            | 93424332                           |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury                       | NIL                                |
| <b>Rider</b>                      |                      |  |                                    |
| Name                              | Devan                | ID No.                                 | NIL                                |
| Related Vehicle                   | JRX7196 (Motorcycle) | Contact No.                            | 83430399                           |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury                       | NIL                                |
| <b>Driver</b>                     |                      |  |                                    |
| Name                              | Toh Xun Wei          | ID No.                                 | S9618301A                          |
| Related Vehicle                   | SLH2298K (Car)       | Contact No.                            | 91234564                           |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury                       | NIL                                |

**Brief Details.**

On 27/10/2021 at 1120hrs, I was driving my company gold Nissan lorry registered GBH412D at Sentosa along Ocean Drive. I was doing my delivery. I came upon a silver car registered SLH2298K in front of me. We were not driving fast. There was a hump. The car in front of me went through the hump and so did I. After the hump, the car suddenly brake his vehicle abruptly. I managed to brake in time but soon after my lorry was hit by a motorcycle which due to an impact made my lorry hit the mentioned car in front of me.

I made a check and take the necessary photos. We all exchanged particulars. Nobody was injured. The said motorcycle was a Malaysian bike registered JRX7296 and so I was advised by the insurance



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Report No. T/20211027/2106


**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<br>D /<br>Staff Sgt JASFAH BIN AB<br>RAHMAN  | Signature Of Informant:<br>    |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>27/10/2021 21:03 |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SI TAN JEOK LENG<br>Contact No.: 65476151 | Classification Of Case:        |
| Authentication Stamp<br>NP168  | SN 045<br>2                    |

 **SINGAPORE  
POLICE FORCE**

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Report No: T/20211027/2106

**CONTINUATION OF REPORT**

company to make a police report.