

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 15/12/2021 15:03 (SGT)
Date of Accident 15/12/2021 08:45 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information ALONG BKE (PIE), SLIP ROAD KJE (PIE)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ8817G

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) +65-87233003
Alternative Phone No (Office) +65-87233003

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 1461

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 SILVESTAR KRITTASPRABU
Work Permit No G8347318K

Date Of Birth	02/04/1982
Occupation	Outdoor
Date Of Driving Pass	12/08/2014
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82863659
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	3 WOODGROVE DRIVE
Address complement	#02-04
Postcode	738230
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	Chain 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	4
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SANKAR
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA3020A
Vehicle Manufacturer	Mazda

Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	A ESWARAN REDDIAR
NRIC No	S8330027B
Contact Number	(Phone) +65-92723510
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	SMG268D
Vehicle Manufacturer	Honda
Vehicle Model	Freed
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	TAN CHEE SENG (CHEN ZHISHENG)
NRIC No	S8236075A
Contact Number	(Phone) +65-98892684
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 3

Vehicle Registration Number	SGY91Y
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIN YUSHENG
NRIC No	S8407212E
Contact Number	(Phone) +65-91731441
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	A ESWARAN REDDIAR
Gender	Male
Phone No	(Phone) +65-92723510
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	38
Injuries Sustained	RIGHT HAND

Injured person in which vehicle?	SLA3020A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

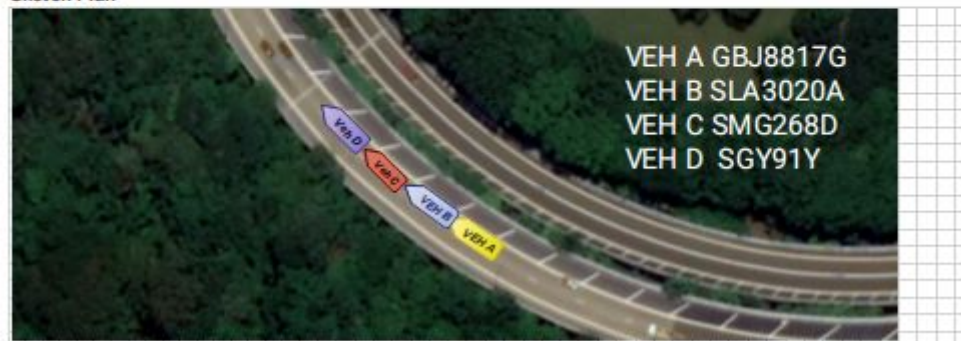
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' law yers/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' law yers/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



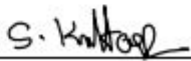
Describe Circumstances of the Accident

REFER TO POLICE REPORT

Declaration

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 15/12/2021, 1130hrs



Witnessed by Reporting Centre
Personnel Mamat

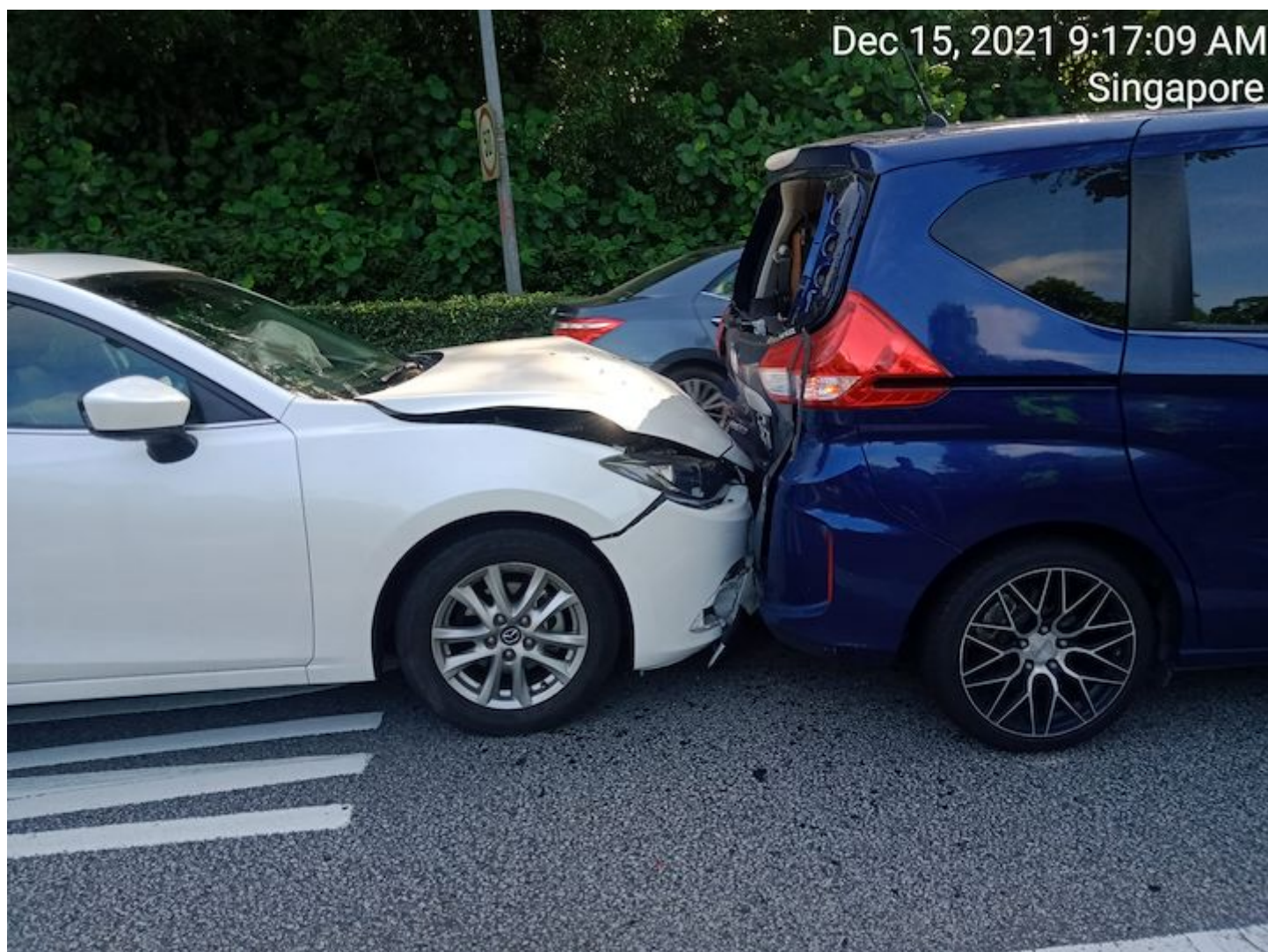










































**SINGAPORE
POLICE FORCE**



T/20211215/2025

Police Station Of Origin:
Pasir Ris N.P.C.
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4
Report No: T/20211215/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2021 12:39		Vide Report No.: E/20211215/0041	Station Diary No.: 32
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Informant's Particulars

Name of Informant: SILVESTAR KRITTASPRABU		Address:	
ID Type / ID No.: FIN NO / G8347318K		Contact No.: Home/Office:	Mobile: 82863659
Nationality: INDIAN		Email:	
Sex: Male	Age: 39	Date of Birth: 02/04/1982	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: FLOTECH CONTROLS.		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Driver: No	Date/Time of Accident: 15/12/2021 08:45	Type of Location: SLIP ROAD TO KJE
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Location:
T:
BUKIT TIMAH EXPRESSWAY
R:
C:

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control:	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ8817G	Van	NISSAN		Black	Slightly Damaged	1
SCY91Y	Car			Silver	Slightly Damaged	0
SLA3020A	Car	MAZDA	5	White	Slightly Damaged	0
SMG288D	Car	HONDA		Blue	Slightly Damaged	0


**SINGAPORE
POLICE FORCE**


T/20211215/2025

2 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20211215/2025

CONTINUATION OF REPORT
Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	SILVESTAR KRITTASPRABU	ID No.	G8347318K
Related Vehicle	GBJ8817G (Van)	Contact No.	82863659
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIN YUSHENG	ID No.	S8407212E
Related Vehicle	SGY91Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	e swaran riddiar	ID No.	S8330027B
Related Vehicle	SLA3020A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

SINGAPORE POLICE FORCE		T/20211215/2025	
Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999		3 of 4 Report No: T/20211215/2025	
CONTINUATION OF REPORT			
Driver			
Name	TAN CHEE SENG	ID No.	S8236075A
Related Vehicle	SMG268D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 15/12/2021 at about 8.45AM, I was travelling along BKE towards the slip road of KJE. Suddenly there are vehicles in front which had accident in which I lost control and collided on to the rear of one vehicle SLA3020A which was already involved with 2 other vehicles SGY91Y and SMG268D. TP and ambulance came to scene. The driver from vehicle SLA3020A was conveyed via the ambulance as he had some injuries. TP took the SD card from my vehicle for their investigation. I and passenger do not have any injuries. I was informed by my company to lodge a police report.

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