

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 12/01/2022 12:18 (SGT)
Date of Accident 11/01/2022 15:05 (SGT)
Exact Location of Accident Paya Lebar Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK3252M

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) +65-91875043
Alternative Phone No (Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
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 2488

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 KHAIRUL ASRAF BIN ABDUL RAUF
NRIC No S9115820E

Date Of Birth	13/05/1991
Occupation	Outdoor
Date Of Driving Pass	15/01/2019
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-91875043
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	BLK 622A TAMPINES AVENUE 12 #04-31
Address complement	-
Postcode	521622
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	Collision - Head to Rear
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 11/01/2022 AT ABOUT 15:05HRS. I WAS DRIVING VEHICLE A, (GBK3252M) TRAVELLING ALONG PIE TOWARDS TUAS AT THE MOST LEFT LANE THEN I EXITED THE EXPRESSWAY GOING TOWARDS PAYA LEBAR ROAD. I WAS SLOWING DOWN AND I CHECKED MY ONCOMING TRAFFIC FROM THE RIGHT TO GIVE WAY TO THE UNKNOWN VEHICLE. WHEN THE TRAFFIC WAS CLEARED, I PRESSED ONTO MY ACCELERATOR AND LOOKED TO THE FRONT AND I REALISED VEHICLE B IN FRONT OF ME WAS IN A STATIONARY POSITION. I COULDN'T REACT CAUSE IT WAS TOO CLOSED AND MY VEHICLE REAR ENDED VEHICLE B.

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	GBG3113C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	WONG SHIN ONN
Contact Number	(Phone) +65-92303113
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**

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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 16:55 11-06-22

Witnessed by Reporting Centre Personnel MD NA2222



A - GBX3252M

B - GBG3113C

Describe Circumstances of the Accident

ON 11/01/2022 AT ABOUT 15:05HRS. I WAS DRIVING VEHICLE A, GBK3252M TRAVELLING ALONG PIE TOWARDS TUAS AT THE MOST LEFT KANE THEN I EXITED THE EXPRESSWAY GOING TOWARDS PAYA LEBAR ROAD. I WAS SLOWING DOWN AND I CHECKED MY ONCOMING TRAFFIC FROM THE RIGHT TO GIVE WAY TO THE UNKNOWN VEHICLE. WHEN THE TRAFFIC WAS CLEARED, I PRESSED ONTO MY ACCELERATOR AND LOOKED TO THE FRONT AND I REALISED VEHICLE B IN FRONT OF ME WAS IN A STATIONARY POSITION. I COULDN'T REACT CAUSE IT WAS TOO CLOSED AND MY VEHICLE REAR ENDED VEHICLE B.

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 16:55 11.01.22

Witnessed by Reporting Centre
Personnel MD NAZIRIN





















