

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 19/01/2022 11:56 (SGT)
Date of Accident 18/01/2022 16:00 (SGT)
Exact Location of Accident 177 Ang Mo Kio Ave 4, Singapore 560177
Additional Location Information OPEN CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG9627Y

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 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 Auto
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 CHONG CHEE HIONG
NRIC No S7421685D

Date Of Birth	01/07/1974
Occupation	Outdoor
Date Of Driving Pass	17/05/2006
Driving experience	15 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80283988
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	APT BLK 552 WOODLANDS DRIVE 44
Address complement	#09-38
Postcode	730552
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	Side Swipe
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 18/01/2022 AT ABOUT 1600HRS I WAS DRIVING ALONG BLK 177 ANG MO KIO AVE 4 OPEN CARPARK. I WAS WITHIN MY VEHICLE BEARING REGISTRATION NO. GBG9627Y WITH THE HAZARD LIGHT ON. I WAS ABOUT TO INCH OUT WHEN SUDDENLY ANOTHER VEHICLE BEARING SMZ8376Y SUDDENLY SQUEEZE IN ON MY LEFT SIDE AND GRAZED THROUGH MY LEFT FRONT BUMPER. I WISH STATE THAT NOBODY WAS INJURED AND I TOOK DOWN HIS PARTICULARS.

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	SMZ8376Y
Vehicle Manufacturer	BMW
Vehicle Model	318i
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DARYL TEO JIAN RONG
NRIC No	S9141232B

Contact Number	-
Address	APT BLK 225C COMPASSVALE WALK
Address complement	#04-347
Postcode	543225
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

Witnessed by Reporting Centre Personnel **Mamat**

18/01/2021, 2100hrs

Sketch Plan

VEH A

VEH B

VEH A GBG9627Y

VEH B SMZ8376Y

BLK 177 ANG MO KIO AVE 4 OPEN CARPARK

Describe Circumstances of the Accident

ON 18/01/2022 AT ABOUT 1600HRS I WAS DRIVING ALONG BLK 177 ANG MO KIO AVE 4 OPEN CARPARK. I WAS WITHIN MY VEHICLE BEARING REGISTRATION NO. GBG9627Y WITH THE HAZARD LIGHT ON. I WAS ABOUT TO INCH OUT WHEN SUDDENLY ANOTHER VEHICLE BEARING SMZ8376Y SUDDENLY SQUEEZE IN ON MY LEFT SIDE AND GRAZED THROUGH MY LEFT FRONT BUMPER. I WISH STATE THAT NOBODY WAS INJURED AND I TOOK DOWN HIS PARTICULARS.

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 18/01/202, 2100hrs



Witnessed by Reporting Centre
Personnel Mamat



















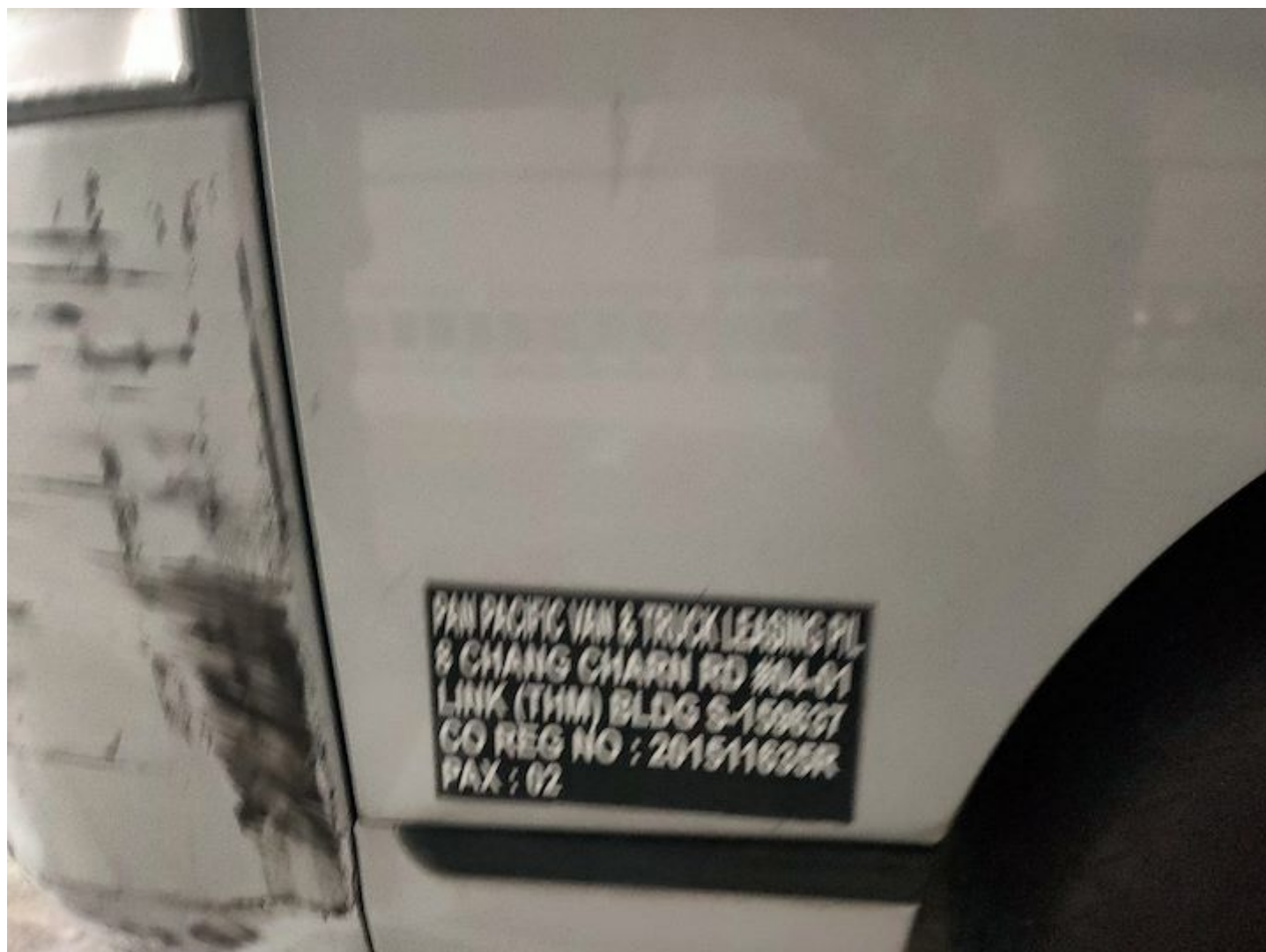
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1P221J0002 Vehicle Registration No: GBG9627Y
 Name (as shown in NRIC): PAN -PACIFIC VAN & TRUCK LEASING PTE LTD NRIC/FIN/Passport No: 201511635R
 ("Vehicle Driver/Vehicle Owner") (*) Please delete as appropriate
 Address: 8 CHANG CHARN RD #04-01 LINK BLD Singapore (159637)
 Contact (Tel): 87233003 Mobile No.: 87233003
 Email Address: ppemclaims@gmail.com
 Date of Accident: 18/01/2022 Time of Accident: 16:00 PM
 Place of Accident: 177 ANG MO KIO AVE 4 OPEN CARPARK
 Insurance Company: INDIA INTERNATIONAL INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- Third Party to Reporting only



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC / FIN No.:
Date: