# **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 witholding 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.

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   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 25/01/2022 18:29 (SGT) Date of Accident 24/01/2022 14:20 (SGT) Exact Location of Accident Depot Ln, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBK9007R

#### 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

Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only 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 Policy Number D19MFL0005549\_02 Cover Note Number

## DRIVER

Name of Driver **CHAN KENG HWEE** NRIC No. S1573945B

Date Of Birth 03/05/1963 Occupation Outdoor Date Of Driving Pass 28/11/1983 Driving experience 38 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-97652873 Alt. Phone Number Email Address ppemclaims@gmail.com Address APT BLK 195D PUNGGOL ROAD Address complement #16-536 Postcode 824195 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name TAN HAN TIONG Gender Male PASSENGER 2 Name TAN MENG HENG Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Jurong Neighbourhood Police Post Police Station Phone No (Phone) +65-18002659999 Alt. Police Station Phone No (Fax) +65-62664987 Police Station Address Blk 158 Yung Loh Road #01-58 Singapore 610158 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO POLICE REPORT No. T/202201 25/2077 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

No

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SMY5776B
Vehicle Manufacturer	Lexus
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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- 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. 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.
- 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 w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell 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 cover 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 agent (including their law yers/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

25/01/2022 1700HRS

Witnessed by Reporting Centre



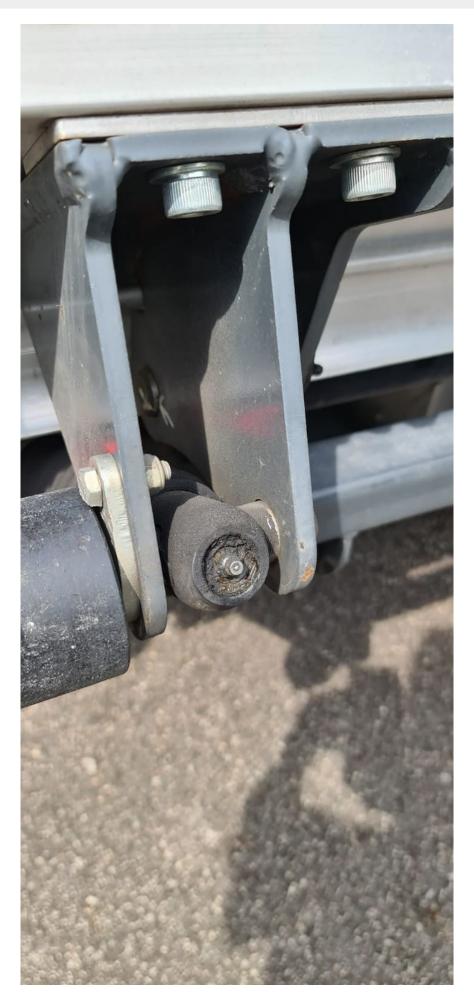
VEH
A:GBK9007
R

VEH B:
SMY5776B

Describe Circumstances of th	e Accident	
PLS REFER TO F	POLICE REPORT No. T/20220125	5/2077
Declaration  I/We declare the foregoing particular	ars are true in every respect.	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time 25/01/2022 1700HRS	Witnessed by Reporting Centre Personnel

























Police Station Of Origin:

Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

Tel No: 1800-2659999

1 of 3 Report No. T/20220125/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2022 15:24		Made:	Vide Report No.:	Station Diary No.: 20	
Informa	nt's Partic	ulars			
Name of Informant: CHAN KENG HWEE			Address: APT BLK 195D PUNGGOL ROAD #16-536 SINGAPORE 824195		
ID Type / ID No.: NRIC NO / S1573945B		45B	Contact No.: Home/Office: Mobile: 97652873		
National SINGAP	ity: ORE CITIZ	EN .	Email:		
Sex: Male	Age: 58	Date of Birth: 03/05/1963	Type of Informant: Driver		
Race: Chinese		-	Language: Institution / School Nat		
Occupation: Lorry driver			Driving Licence Information: Class: 3,4,5  Date of Expiry:		

General Infor	mation of the Accid	ent		MARIER RECEVERS	
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/01/2022 14:20	Type of Location: Car Park	
Location: DEPOT LAN	E				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:	
Type of Collis Between Mov	sion: ring Vehicles - Head "	To Rear		Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK9007R	2.5					0
SMY5776B	Car	_		_		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





112022012312011

Police Station Of Origin: Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

Tel No: 1800-2659999

Report No. T/20220125/2077

CONTINUATION OF REPORT

Driver	THE PARTY OF	and content	and the same		AHE !	
Name	CHAN KENG HWEE		ID No		S1573945B	
Related Vehicle	GBK9007R (Lorry)			Conta	ct No.	97652873
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	ted Medical Leave	Degree o	f Injury	NIL		

### Brief Details.

On 24/01/2022 at about 1420hrs, I was driving V1) GBK9007R along Depot lane and I was reversing into a parking lot. While V1 was reversing, V1 collided onto the front right side of another parked vehicle inside lot number 145 bearing registration plate number V2) SMY5776B. I then waited for some time however no driver or car owner had approached me. I then left the location as I have pending deliveries to complete. After I had left the location, I recalled that I did not leave any notes behind.

I wish to state that I had took photos of the damages of V2. I am not sure If there is any active cameras installed on V2.





Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE

Report No. T/20220125/2077

610158

Tel No: 1800-2659999

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 J /	Signature Of Informant:
Sgt 2 NG WEI LIN	Stran
Signature Of Interpreter:	Date/Time:
Not applicable	25/01/2022 15:24
Officer In Charge Of Case:	Classification Of Case:
TP / GIA / DSP (2) YIP YEW SENG NEI SON POLICE FORCE	
Doi (2) III TETT OF THE PARTY	
Contact No.: 65476182	1/10
Authentication Stamp	K-7
NP168	
SI	GNATURE