

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 18/05/2021 12:52 (SGT)
Date of Accident 12/05/2021 15:30 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information Towards PIE (Mandai Flyover)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL1782H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Company Reg No 2XXXXX635R
Email Address ppemclaims@gmail.com
Mobile Phone No (Phone) +65-87488483
Alternative Phone No (Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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? Yes
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 Yes
Policy Number D19MFL0005549_01
Cover Note Number -

DRIVER

Name of Driver KAMARUDIN BIN MOHAMMAD NOOR
NRIC No SXXXX002B

Date Of Birth	22/07/1968
Occupation	Outdoor
Date Of Driving Pass	29/02/2008
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87488483
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	BLK 30 CHAI CHEE AVENUE #06-106
Address complement	-
Postcode	460030
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210514/7008

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KAMARUDIN BIN MOHAMMAD NOOR
Address	BLK 30 CHAI CHEE AVENUE #06-106
Address Complement	-
Post Code	460030

Approximate Age Years Old	52
Injuries Sustained	-
Injured person in which vehicle?	GBL1782H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

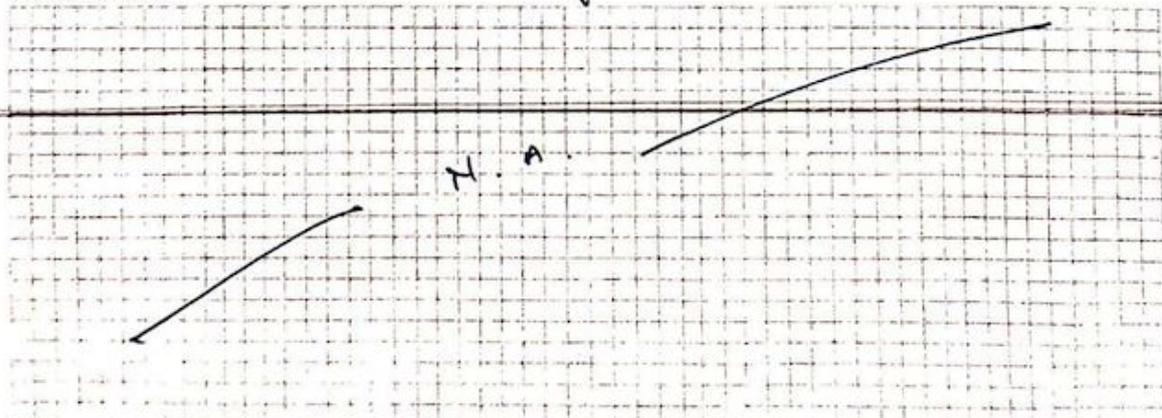
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

[Handwritten Signature] (HREP)
18/05/21

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT
T / 2021 0514 / 7008

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210514/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210514/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2021 11:36		Vide Report No.: D/20210512/0099		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMED SAUFI BIN MOHD SHAMSHURI			Address: 447A BUKIT BATOK WEST AVENUE 9 #04-106 SINGAPORE 651447		
ID Type / ID No.: NRIC NO / S8142293A			Contact No.: Home/Office:		Mobile: 82356629
Nationality: SINGAPORE CITIZEN			Email: eriqamishel@gmail.com		
Sex: Male	Age: 39	Date of Birth: 29/12/1981	Type of Informant: Hirer of the vehicle involve - GBL 1782H		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 12/05/2021 15:30	Type of Location: EXPRESSWAY
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: HEART FAILURE				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL1782H	Van	TOYOTA	HIACE	White		1

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



**SINGAPORE
POLICE FORCE**



T/20210514/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210514/7008

CONTINUATION OF REPORT

Driver			
Name	KAMARUDIN BIN MOHAMMAD NOOR		ID No. S6827002B
Related Vehicle	GBL1782H (Van)		Contact No. 87488483
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/05/2021		Date 13/05/2021
No. of Days granted Medical Leave	NIL		Degree of Fatal
Hirer of the vehicle involve - GBL 1782H			
Name	MOHAMMED SAUFI BIN MOHD SHAMSHURI		ID No. S8142293A
Related Vehicle	GBL1782H (Van)		Contact No. 82356629
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	12/05/2021		Date 13/05/2021
No. of Days granted Medical Leave	NIL		Degree of Serious

Brief Details.

Im the hirer of commercial vehicle (GBL 1782H) involved in the accident on 12 May 21 , at 330pm along BKE towards PIE (Mandai flyover).

Was inform by driver family members caused of accident due to heart failure during driving.



**SINGAPORE
POLICE FORCE**



T/20210514/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210514/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MUHAMMAD FIRDAUS BIN SULEIMAN
Contact No.: 65476228

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
14/05/2021 11:36

Classification Of Case: