# **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.

- 4. The issue and acceptance of this is form by instrained 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 09/03/2022 12:40 (SGT) Date of Accident 08/03/2022 18:50 (SGT) Exact Location of Accident Jln Anak Bukit, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Nissan

2488

Vehicle Registration Number GBH6962T

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) +65-84982116 Alternative Phone No (Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer

Model Nv350 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual

**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

CC

Name of Driver ABDUL WAHID BIN JAFAR NRIC No. S7330371J

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	26/08/1973 Outdoor 27/02/2002 20 YEARS AND 1 MONTH Male (Phone) +65-84982116 - ppemclaims@gmail.com BLK 103 GANGSA ROAD #03-35 - 670103 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  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?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 3 Yes No Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
TIME HENCE COLLIDED ONTO VEHICLE B LEFT SIDE AND VE COLLIDED ONTO MY VEHICLE LEFT SIDE. AFTER THE COLLIS	AS I TRAVELLING STRAIGHT, SUDDENLY VEHICLE B RAIGHT BEAT RED TRAFFIC LIGHT. I CAN'T STOP VEHICLE A IN PHICLE C (SHC72G) NOT SURE FROM WHICH DIRECTION SION VEHICLE B HIT ONTO TRAFFIC LIGHT POLE AND ONE TRAFFIC POLICE AND AMBULANCE ON SCENE NOBODY WAS
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1

SHC72G

Vehicle Registration Number

-
-
-
-
Taxi
-
(Phone) +65-91882595
<u>-</u>
-
-
-
-
-
1

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC6625T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-97252978
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

# **INJURED PERSONS DETAILS**

### INJURED 1

Name of injured person Gender Phone No	ABDUL WAHID BIN JAFAR Male (Phone) +65-84982116
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	GBH6962T
	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report <u>opmostly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Polloyholder and/or the Authorised Driver.
- Information provided must be as <u>fruthful and acourate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Formby insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any faice reporting may be referred to the Police for Investigation.
- 6. The report will be forw arded 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.
- 8. Concent under the Personal Data Protection Act (PDPA)

Lunderstand, 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) 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 agencylauthority (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
- (I) Investigating the accident and/or my claims,
- (II) 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.

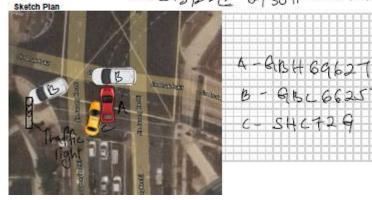
Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date 8 Time & 13 2220 21 30 11 2130 H

Witnessed by Reporting Centre Personnel Lemany

B-9BL6625T

C- SHC729



Describe Circumstances of the Accident

ON 08/03/2022 AT 18:50HRS, I WAS DRIVING VEHICLE A (GBH6962T) ALONG JALAN ANK BUKIT. APPROACHING TRAFFIC JUNCTION, IT WAS GREEN TRAFFIC LIGHT ON MY FAVOUR. AS I TRAVELLING STRAIGHT, SUDDENLY VEHICLE B (GBC6625T) FROM JALAN JURONG KECHIL TRAVELLING STRAIGHT BEAT RED TRAFFIC LIGHT. I CAN'T STOP VEHICLE A IN TIME HENCE COLLIDED ONTO VEHICLE B LEFT SIDE AND VEHICLE C (SHC72G) NOT SURE FROM WHICH DIRECTION COLLIDED ONTO MY VEHICLE LEFT SIDE. AFTER THE COLLISION VEHICLE B HIT ONTO TRAFFIC LIGHT POLE AND ONE SIGNAGE AND CAME TO STOP. EXCHANGED PARTICULARS. TRAFFIC POLICE AND AMBULANCE ON SCENE NOBODY WAS CONVEYED AS NO INJURRIES AT THE TIME OF THE ACCIDENT. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT.

#### 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 3/8/22(0 2/3/0)



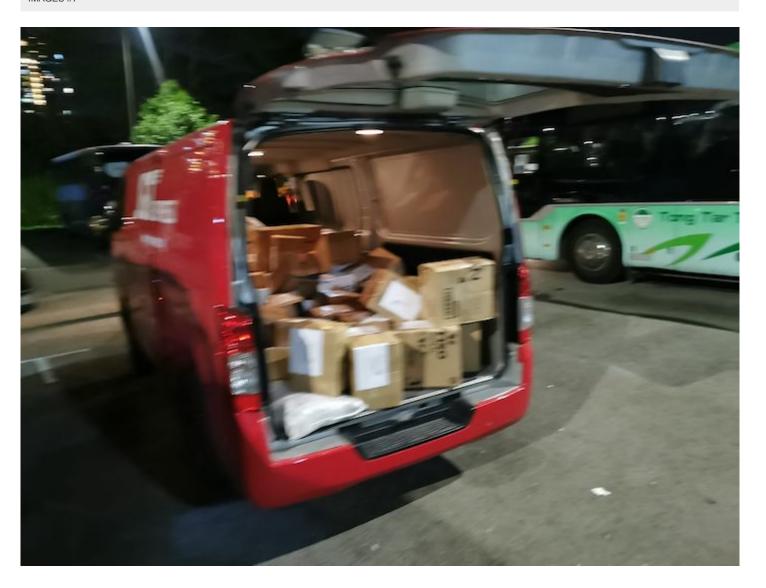






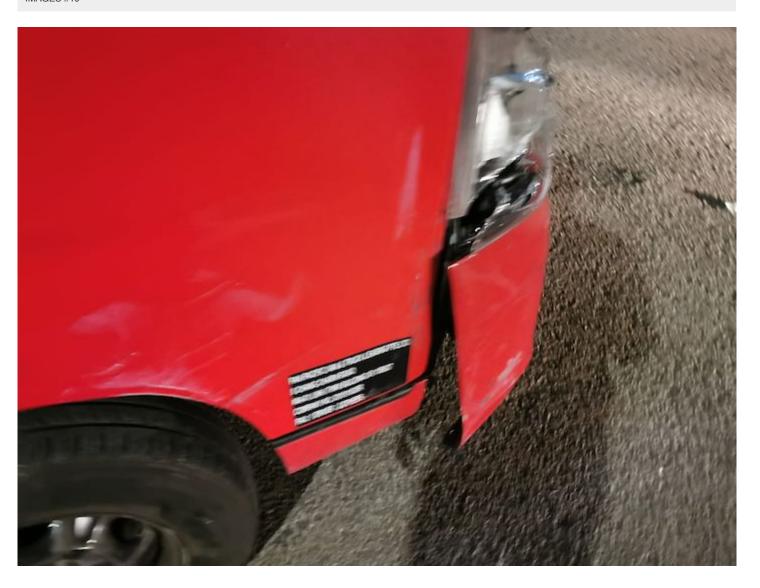






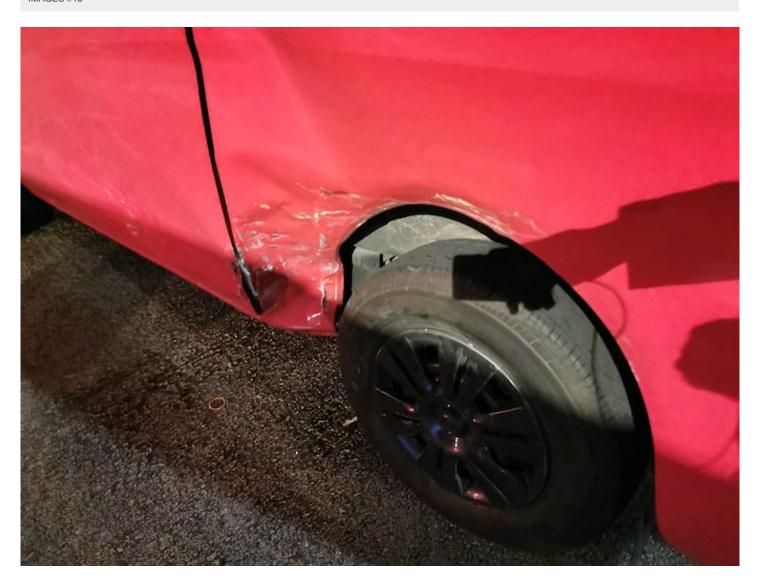


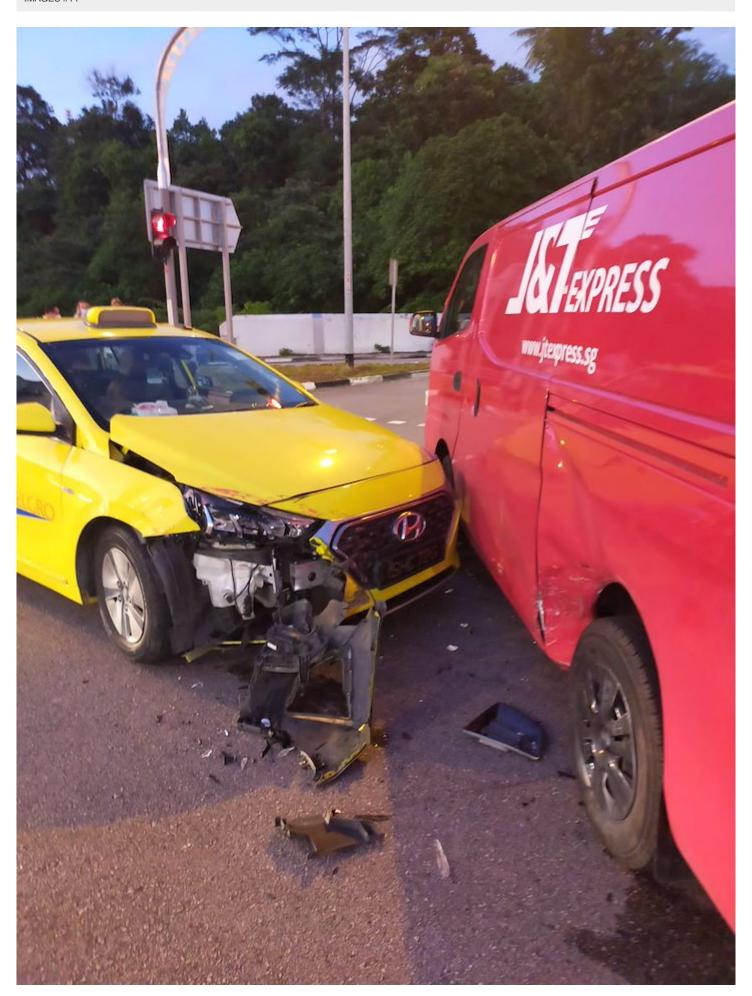


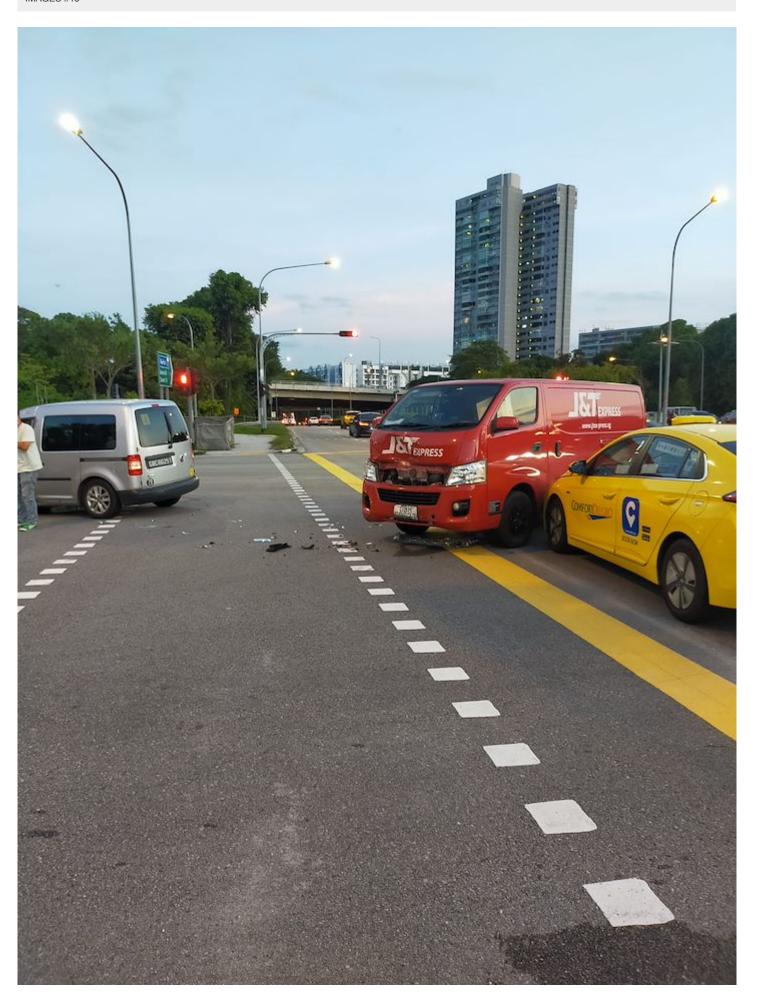


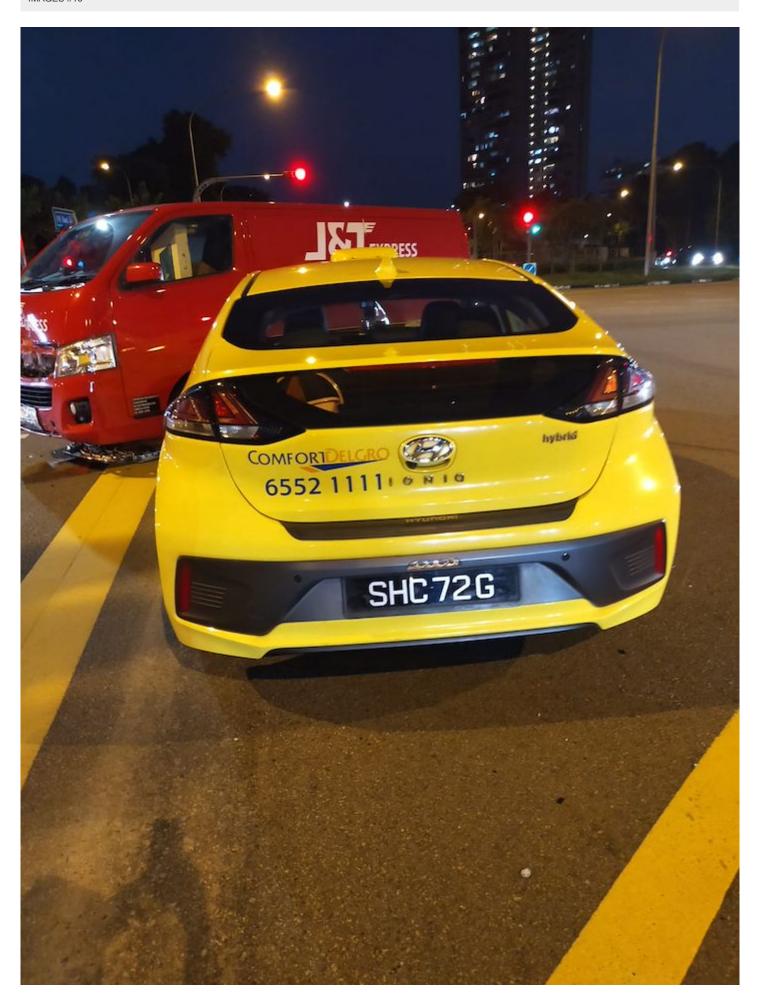


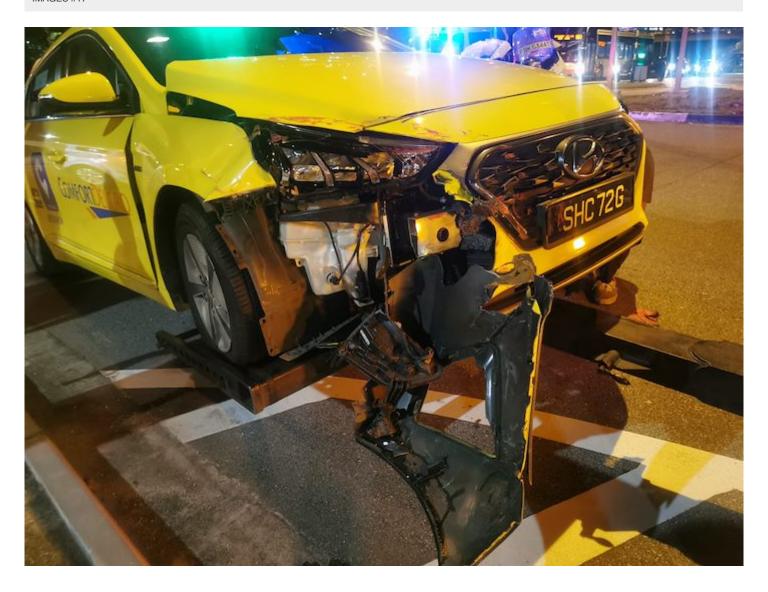








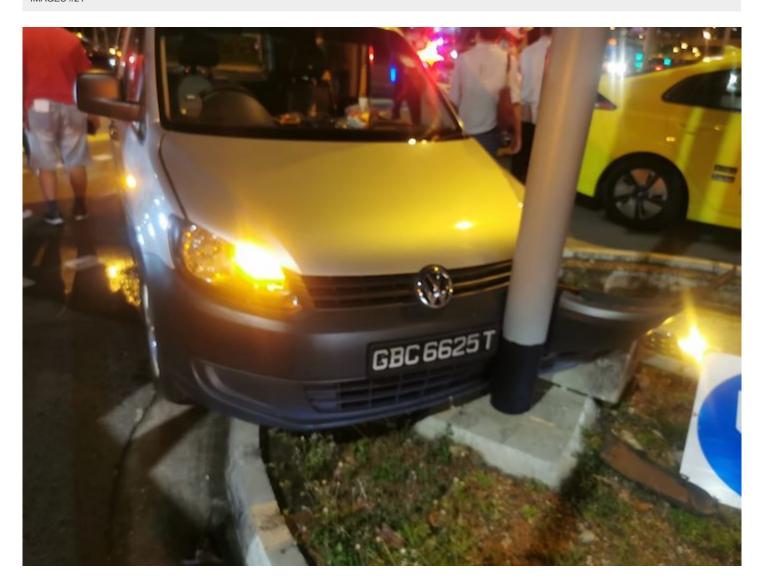


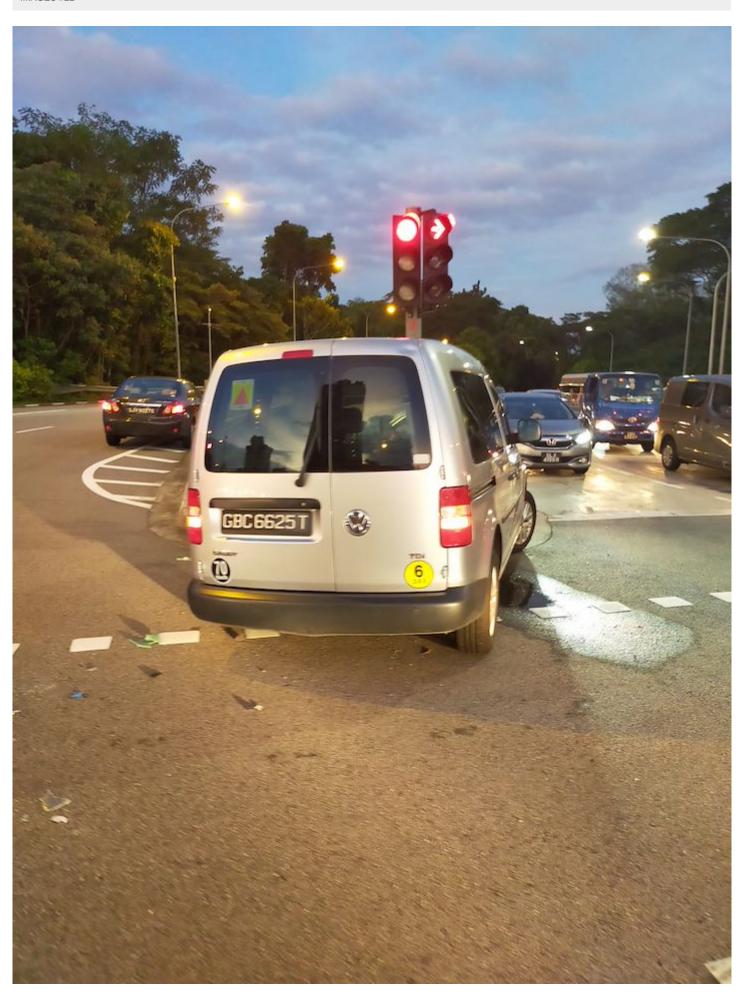


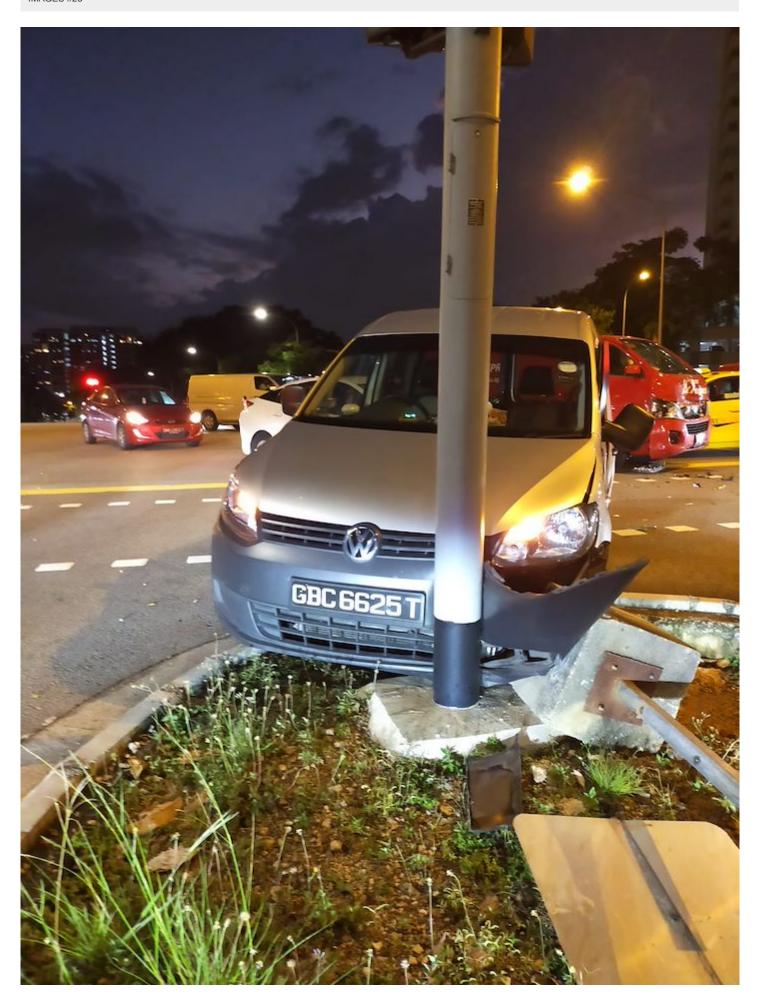
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20220309/7008

# REPORT OF A TRAFFIC ACCIDENT

Date/Tin 09/03/20	ne Report N 022 10:33	fade:	Vide Report No.: D/20220308/0086	Station Diary No.	
Informa	nt's Partici	ulars	N. SEC. AND CO. OF PERSONS ASSESSED.	TOTAL PROPERTY.	
Name of	Informant: WAHID BIN		Address: 103 GANGSA ROAD #03-35	SINGAPORE 670103	
ID Type NRIC N	/ ID No.: D / S73303	71J	Contact No.: Home/Office: Mobile: 84982116		
National SINGAP	ity: ORE CITIZ	EN	Email: WAHIDJAFAR73@GMAIL.CO	ОМ	
Sex: Male	Age:	Date of Birth: 26/08/1973	Type of Informant:		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Despatch worker			Driving Licence Information: Class: 2B,2A,3	Date of Expiry: 09/03/2022	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/03/2022 18:50	Type of Location X-Junction
Location: JALAN ANAK	BUKIT			
Weather:		Road Surface: Dry		Road Speed Limit: 50 Km/h
Weather: Clear Traffic Flow: Two Way			rking	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBC6625T	Van	VOLKSWAGO N	CADDY	Grey	Seriously Damaged	1
GBH6962T	Van	NISSAN	NV350	Red	Seriously Damaged	0
SHC72G	Car	HYUNDAI	HYBRID	Yellow	Seriously Damaged	0









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

2 of 4 Report No. T/20220309/7008

## CONTINUATION OF REPORT

Details of V	ehicle insurance	对方标识 二世代 医神经		1 - 4 - 4
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBH6962T	INDIA INTERNATIONAL INSURANCE PTE LTD			

<b>Details of Person</b>	n Involved		U. U.S. STATE	E Carrie		TO DESCRIPTION OF THE PARTY.
Any Pedestrian	nvolved: No					
No. of Pedestria	ns Injured: NIL		Use of P	edestria	n Cross	sing: NA
Driver	AND THE RESIDENCE OF THE PARTY	WAR THE	TENENT MESS	BASIN D	1315	CHARLES THE ACT . TOP
Name	NG KENG MENG			ID N	D.	S1659047I
Related Vehicle	GBC6625T (Van)			Cont	act No.	97252978
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
	ted Medical Leave	NIL	Degree o	of	NIL	
Driver	NAME OF STREET	STATISTICS OF THE	WATER STREET	PROPERTY.	TEST !	THE PERSON NAMED IN
Name	ABDUL WAHID BIN JAFAR			ID No	).	S7330371J
Related Vehicle	GBH6962T (Van)			Contact No.		84982116
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ice &	Class: 2B,2A,3 Date of Expiry: 09/03/2022
Date	09/03/2022		Date			3/2022
	ed Medical Leave	05	Degree o			
Driver	CO Wilder	Carried Street	MANUSCON CO	THE PARTY	54 10 Au	OR THE REAL PROPERTY AND ADDRESS OF THE PARTY
Name	CHUA KIM CHENG			ID No.		S1279177A
Related Vehicle	SHC72G (Car)			Contact No.		91882595
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date	1	NIL	
No. of Dave grant	ed Medical Leave	NIL	Degree o	•	NIL	









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

Report No. T/20220309/7008

CONTINUATION OF REPORT

Brief Details.

ON 08/03/2022 AT 18:50HRS, I WAS DRIVING VEHICLE GBH6962T ALONG JALAN ANAK BUKIT APPROACHING TRAFFIC JUNCTION. IT WAS GREEN TRAFFIC LIGHT ON MY FAVOUR. AS I TRAVELLING STRAIGHT, SUDDENLY VEHICLE B (GBC6625T) FROM JALAN JURONG KECHIL TRAVELLING FROM NOT SURE WHICH DIRECTION BEAT THE RED LIGHT. I CANT STOP MY VEHICLE IN TIME, HENCE COLLIDED ONTO VEHICLE B LEFT SIDE AND VEHICLE C (SHC72G) COLLIDED ONTO MY VEHICLE'S LEFT SIDE FROM A UNKNOWN DIRECTION. AFTER THE COLLISION, VEHICLE B HIT ONTO TRAFFIC LIGHT POLE AND ONE SIGNAGE AND CAME TO A STOP. EXCHANGED PARTICULAR, TRAFFIC POLICE AND AMBULANCE CAME ON SCENE, NOBODY WAS CONVEYED AS NO INJURIES AT THE TIME OF ACCIDENT. IN TOTAL, 3 VEHICLE IS INVOLVED IN THIS ACCIDENT.





T/20220309/7008

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

Report No. T/20220309/7008

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Signature Of Informant: The identity of the person making this report has Not applicable been authenticated by Singpass. No signature is required. Date/Time: Signature Of Interpreter: 09/03/2022 10:33 Not applicable Classification Of Case: Officer In Charge Of Case: TP / TPIB / CHONG GUAN FATT Contact No.: 65476083 This report is lodged at Choa Chu Kang NPP Kiosk 1



NP168