

# 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 ..... 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

Vehicle Registration Number ..... GBH6962T

### 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) +65-84982116  
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 - Claiming third party  
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 ..... ABDUL WAHID BIN JAFAR  
NRIC No ..... SXXXX371J

Date Of Birth .....	26/08/1973
Occupation .....	Outdoor
Date Of Driving Pass .....	27/02/2002
Driving experience .....	20 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-84982116
Alt. Phone Number .....	-
Email Address .....	ppemclaims@gmail.com
Address .....	BLK 103 GANGSA ROAD #03-35
Address complement .....	-
Postcode .....	670103
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	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

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.

#### 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 .....	SHC72G
-----------------------------------	--------

Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	(Phone) +65-91882595
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	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

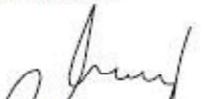
##### INJURED 1

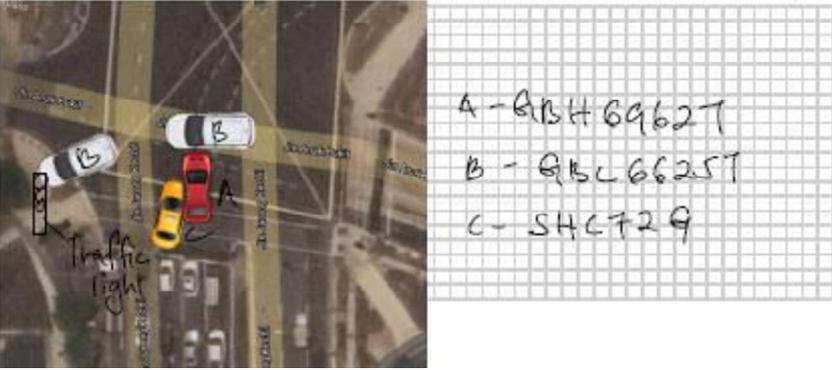
Name of injured person .....	ABDUL WAHID BIN JAFAR
Gender .....	Male
Phone No .....	(Phone) +65-84982116
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	5 DAYS MC
Injured person in which vehicle? .....	GBH6962T
Were seat belts worn?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

**SKETCH PLAN**

**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 willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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. 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.
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. **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' 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 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 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 5/3/22 @ 2130 H	_____ Witnessed by Reporting Centre Personnel <i>Hemraj</i>
---	---	--

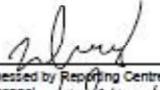


Describe Circumstances of the Accident

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 8/3/22 @ 2130H	 _____ Witnessed by Reporting Centre Personnel W. S. S.
--	--	---