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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 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 28/04/2022 12:10 (SGT) Date of Accident 27/04/2022 02:07 (SGT) Exact Location of Accident Near 128 Sims Ave, Singapore 387451 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ135J

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

VEHICLE PARTICULARS

Manufacturer

Model XZU710R 14FT WIDE CAB 5T 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 CC 710

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D19MFL0005568_02 Cover Note Number

DRIVER

Name of Driver MD AULAD HOSSAIN MD NOBI HOSSAIN Work Permit No G8330083W

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement	15/02/1988 Outdoor 20/02/2019 3 YEARS AND 2 MONTHS Male (Phone) +65-82351107 (Home) +65-90530824 ppemclaims@gmail.com 27 UPPER EAST ROAD #02-07
Postcode 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 Insurance Company of Other Vehicle Owned by Driver	455211 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe 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 2 No - Yes 3 No
PASSENGER 1	
Name Gender PASSENGER 2	Shabodin Male
Name Gender	ISMAIL Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
ON 27/04/2022, ABOUT 0207HRS I AM THE DRIVER OF YQ135J AND MY VEHICLE WAS PARKED AT THE MOST LEFT SIDE AS WAS PREPARED TO MOVE OFF FOR MY NEXT DELIVERY. HOWEVER, I SAW THE VEHICLE OF SJT2507T FROM MY MIRROR AND IT WAS COMING NEARER TO ME AND SO I GIVE HIM A SPACE FOR HIM TO OVERTAKE BY TURNING MY STEERING WHEEL TO THE LEFT AND THE MOMENT I TURNED MY STEERING WHEEL, THE VEHICLE SIDE SWIPE MY FRONT RIGHT PORTION AND AT THE SAME TIME TRYING TO OVERTAKE ME FROM THE RIGHT. I WISH TO STATE THAT THERE IS NO INJURIES	
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

Vehicle Registration Number	SJT2507T
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANDREW LAU ZHIQING
NRIC No	S9027133D
Contact Number	(Phone) +65-96374242
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, 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;
- (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, 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 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 beir 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 27/04/2022 1900HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

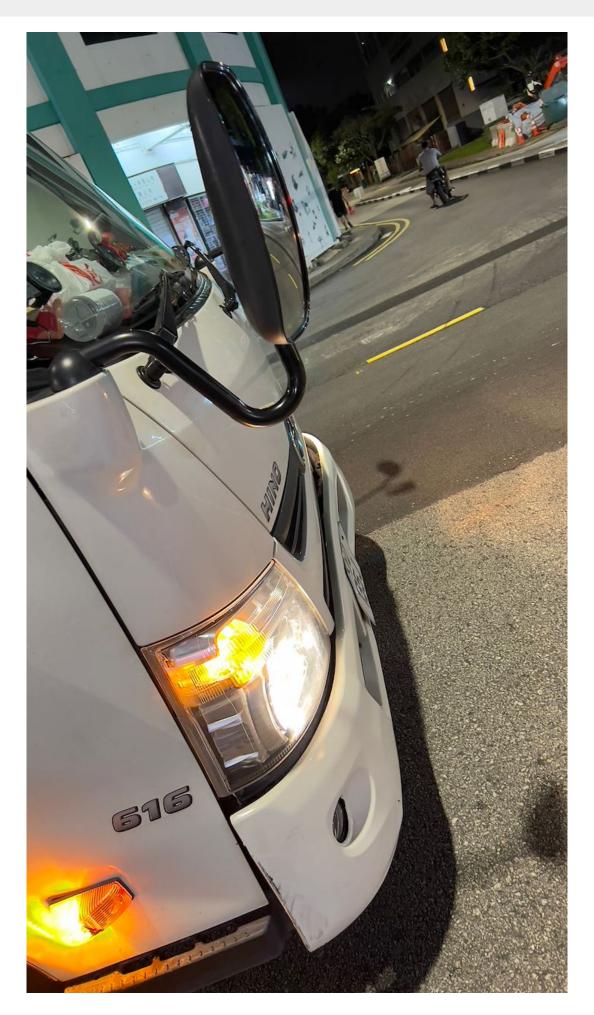


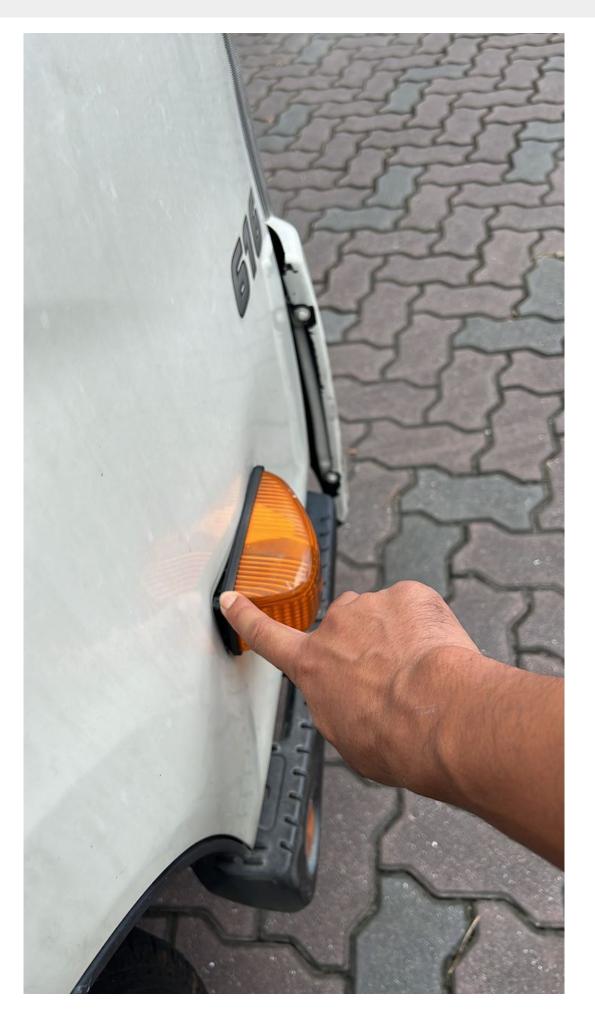
A. YQ135J B. SJT2507T

LOCATION: OUTSIDE SIMS DRIVE HEADING TOWARDS PAYAR LEBAR ROAD/ALJUNIED MRT

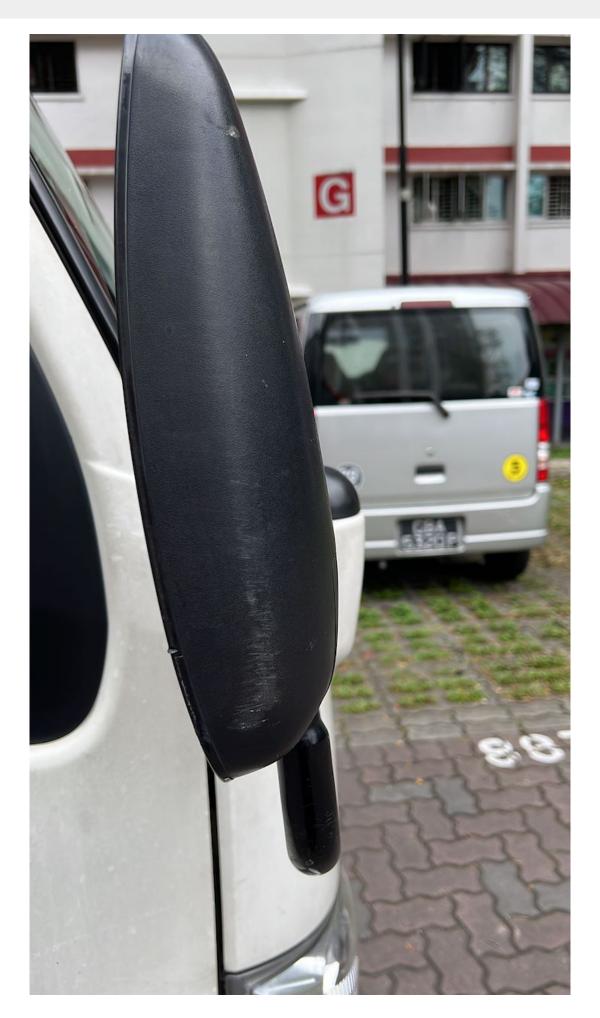




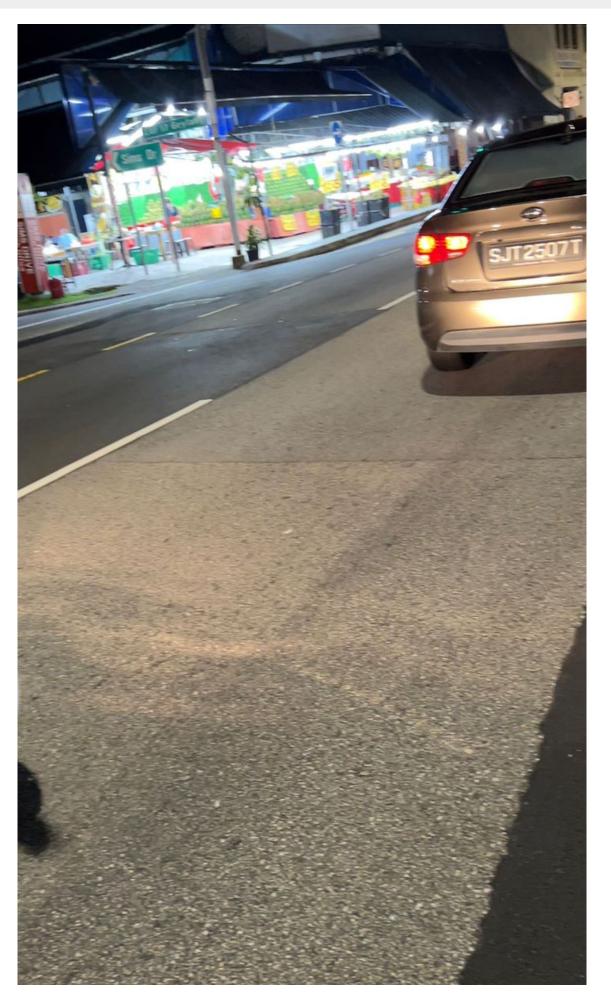


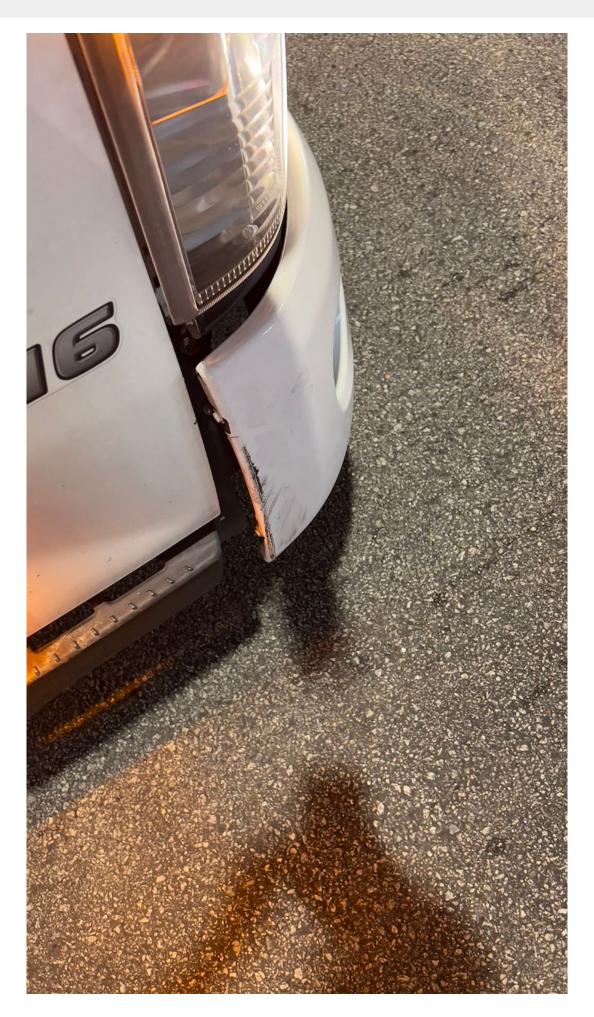


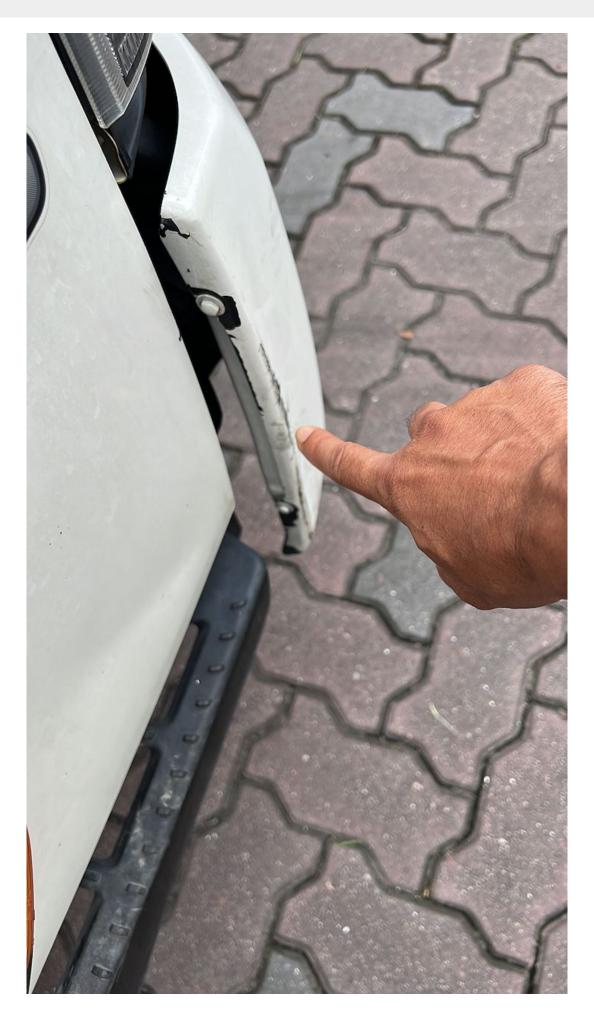
















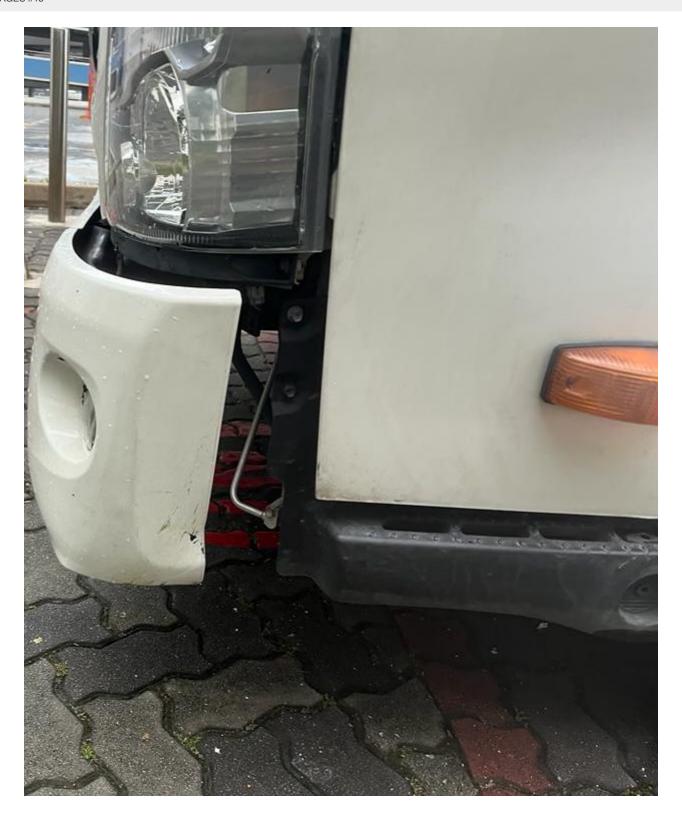
























Describe Circumstances of the Accident

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Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time $27/04/2022\ 1900HRS$

Witnessed by Reporting Centre Personnel

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- (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 beir 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 27/04/2022 1900HRS

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Sketch Plan



A. YQ135J B. SJT2507T

LOCATION: OUTSIDE SIMS DRIVE HEADING TOWARDS PAYAR LEBAR ROAD/ALJUNIED MRT

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