

## 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 ..... 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 ..... Hino  
Model ..... XZU710R 14FT WIDE CAB 5T  
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 ..... 710

#### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D19MFL0005568\_02  
Cover Note Number ..... -

#### DRIVER

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

Date Of Birth .....	15/02/1988
Occupation .....	Outdoor
Date Of Driving Pass .....	20/02/2019
Driving experience .....	3 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82351107
Alt. Phone Number .....	(Home) +65-90530824
Email Address .....	ppemclaims@gmail.com
Address .....	27 UPPER EAST ROAD #02-07
Address complement .....	-
Postcode .....	455211
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Shabodin
Gender .....	Male

#### PASSENGER 2

Name .....	ISMAIL
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### 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 I 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? .....	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 .....	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****IMPORTANT NOTICE**

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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 firms/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 firms/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 firms/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

**Sketch Plan**

A. YQ135J  
B. SJT2507T

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

Active  
Go to S















































































## 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 & Time

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



Witnessed by Reporting Centre Personnel

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- (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;
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Policyholder's Signature / Date & Time

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27/04/2022 1900HRS

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