SA1P22550006 / Appraisals Associates Pte Ltd ENTRY DATE & TIME: 05/05/2022 18:40 (SGT) SUBMITTED BY: Siti Athikah Binte Ab Rahman VERSION: 1 (05/05/2022 18:40 (SGT))

# 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.

  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 05/05/2022 18:40 (SGT) Date of Accident 30/04/2022 18:00 (SGT) Exact Location of Accident Pasir Ris Dr 1, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBK4084A

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) +65-87233003 Alternative Phone No (Home) +65-87233003

## VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual 2982

#### 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

Name of Driver SOON JEAN YI JOSEPH NRIC No. TXXXX774A



Date Of Birth 20/02/2001 Occupation Outdoor Date Of Driving Pass 13/07/2020 Driving experience 1 YEAR AND 9 MONTHS Gender Mobile Number (Phone) +65-92204659 Alt. Phone Number Email Address ppemclaims@gmail.com Address **BLK 156 JALN TECK WHYE** Address complement #08-57 Postcode 680156 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) 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? Police Station Name Bukit Panjang Neighbourhood Police Centre Police Station Address No.1 Segar Road #01-05 Singapore 677738 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT NO: J/20220502/2005 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

No

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

SKD2185K

Toyota

Estima

Vehicle Category

Private car

(Chena) 165

Was there any audio recorded?

Contact Number (Phone) +65-98181482

Address	 	 	 	 	 _
Address complement	 	 	 	 	 _
Postcode	 	 	 	 	 _
nsurance Company Name	 	 	 	 	 _
Nature Of Damage					
Details of property damaged in accident	 	 	 	 	 _
No. Of Passenger (Including Driver)					

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' saw 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, involves, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as wiell 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 myPersonal 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 times), which may be sited outside of Singapore, for one or more of the above Purposes.

d

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time 04/05/2022 2130HRS Witnessed by Reporting Centre Personnel

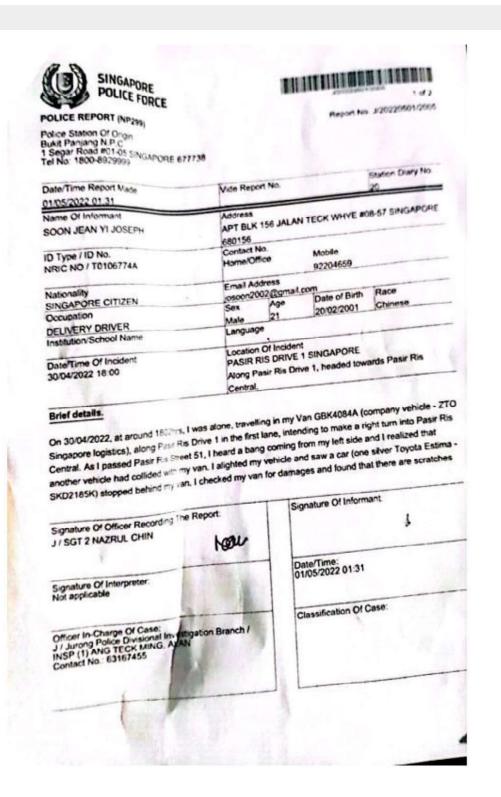
Sketch Plan

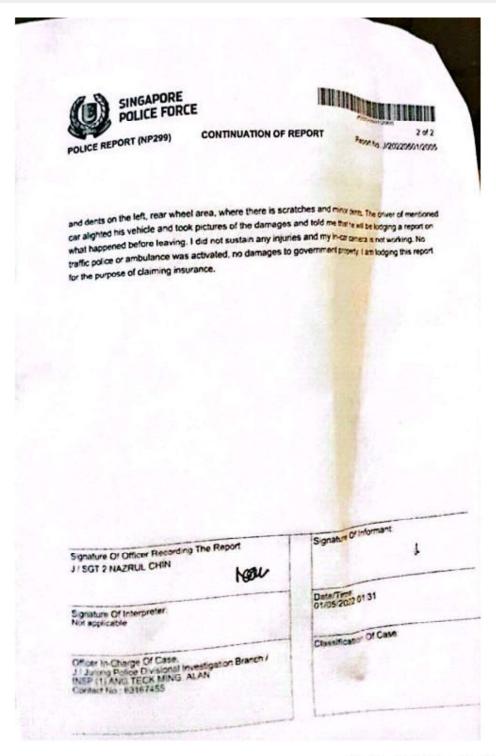


A. GBK4084A B. SKD2185K

LOCATION: PASIR RIS DRIVE 1 TURNING RIGHT HEADING TOWARDS WHITE SANDS

escribe Circumstances of the	e Accident	
escribe Circumstances of the	REFER TO POLICE REPORT	
Declaration  I/We declare the foregoing particular	ars are true in every respect.	M
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time 04/05/2022 2130HRS	Witnessed by Reporting Centre Personnel





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