

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 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 accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

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 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	Male
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?	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)	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	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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD2185K
Vehicle Manufacturer	Toyota
Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98181482

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**

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 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. 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' lawyers/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' lawyers/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 &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time **04/05/2022 2130HRS**

Witnessed by Reporting Centre
Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT

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 04/05/2022 2130HRS

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

Police Station Of Origin
Bukit Panjang N.P.C.
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999




Report No. 3/2022/001/2005

Date/Time Report Made 01/05/2022 01:31	Vide Report No.	Station Diary No. 20
Name Of Informant SOON JEAN YI JOSEPH	Address APT BLK 156 JALAN TECK WHYE #08-57 SINGAPORE 680156	
ID Type / ID No. NRIC NO / T0106774A	Contact No. Home/Office	Mobile 92204659
Nationality SINGAPORE CITIZEN	Email Address jsoon2002@gmail.com	
Occupation DELIVERY DRIVER	Sex Male	Age 21
Institution/School Name	Date of Birth 20/02/2001	Race Chinese
Date/Time Of Incident 30/04/2022 18:00	Location Of Incident PASIR RIS DRIVE 1 SINGAPORE Along Pasir Ris Drive 1, headed towards Pasir Ris Central.	


Brief details.

On 30/04/2022, at around 1802hrs, I was alone, travelling in my Van GBK4084A (company vehicle - ZTO Singapore logistics), along Pasir Ris Drive 1 in the first lane, intending to make a right turn into Pasir Ris Central. As I passed Pasir Ris Street 51, I heard a bang coming from my left side and I realized that another vehicle had collided with my van. I alighted my vehicle and saw a car (one silver Toyota Estima - SKD2185K) stopped behind my van. I checked my van for damages and found that there are scratches

Signature Of Officer Recording The Report: J / SGT 2 NAZRUL CHIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/05/2022 01:31
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (1) ANG TECK MING, AZAN Contact No.: 63167455	Classification Of Case:

 **SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299) **CONTINUATION OF REPORT**

Barcode:  2 of 2
Report No. J/20220501/2005

and dents on the left, rear wheel area, where there is scratches and minor dents. The driver of mentioned car alighted his vehicle and took pictures of the damages and told me that he will be lodging a report on what happened before leaving. I did not sustain any injuries and my in-car camera is not working. No traffic police or ambulance was activated, no damages to government property. I am lodging this report for the purpose of claiming insurance.

Signature Of Officer Recording The Report J / SGT 2 NAZRUL CHIN	Signature Of Informant ↓
Signature Of Interpreter: Not applicable	Date/Time 01/05/2022 01:31
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (1) ANG TECK MING, ALAN Contact No : 63167455	Classification Of Case

Scanned with CamScanner