

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 29/06/2022 17:45 (SGT)
Reported by Driver
Date of Accident 24/06/2022 10:45 (SGT)
Exact Location of Accident 61 Tai Seng Ave, Singapore 534167
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ1965P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PAN SEAS ENTERPRISES PRIVATE LIMITED
Company Reg No 1XXXXX200W
Email Address local@panseas.com.sg
Mobile Phone No (Phone) +65-62642233
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fb70abosrdeb
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2835

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Policy Number / Cover Note Number DHOM110117351210

DRIVER

Name of Driver RAMOS JOHN VINCENT MENDOZA
Passport No/FIN GXXXX990Q
Date Of Birth 19/09/1990
Occupation Outdoor

Date Of Driving Pass	26/11/2015
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81881327
Alt. Phone Number	-
Email Address	local@panseas.com.sg
Address	35-B FISHERY PORT ROAD
Address complement	-
Postcode	619744
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	Collided into Parked Vehicle
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLEASE REFER TO SKETCH AND ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No


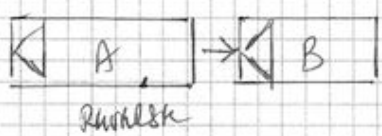
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ8531Z
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

SKETCH PLAN**IMPORTANT NOTICE**

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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.

	<p>29/6/22</p> <p><i>[Signature]</i></p>	<p>29/06/2022</p> <p><i>[Signature]</i></p>
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	21K 61 Tai Seng Avenue	
<div style="text-align: right;"> <p>A) G21965P</p> <p>B) SJQ8531Z</p> </div> <div style="text-align: center;">  <p><i>Rumelsh</i></p> </div>		

Describe Circumstances of the Accident

RAIR to 80km/h

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

29/06/22 J.K.R.
 Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 29/06/2022
 Witnessed by Reporting Centre Personnel



PAN SEAS ENTERPRISES PTE. LTD.

汎海企业（私人）有限公司

35-B, FISHERY PORT ROAD, JURONG CENTRAL FISH MARKET
SINGAPORE 619744



TEL: (65) 62642233 FAX: (65) 62650839

EMAIL: local@panseas.com WEBSITE: www.panseas.com.sg

EMAIL: order@makanmate.com WEBSITE: www.makanmate.com



I, John Vincent M. Ramos driver of the lorry GZ1965P yesterday I have delivery at Block 61 Tai Seng Avenue I eat my lunch first and after I unload my cargo around 10:45am on 24th June 2022 then after I go back to my lorry and start the engine I check my side mirror then reverse slowly then suddenly the lorry stop I feel that I hit something, I go down and I see that I knocked the car behind me, I did not see the car (SJQ8531Z) thru side because its blind spot. There is no people inside the car as it parked behind me and I decided to find the driver, I find the driver and talk to him regarding the car damage on the bonnet of SJQ8531Z. There are only two damages the bonnet and small scratch at the grill. We decided that we just going to settled it privately. We go to work shop at ubi to check the damage and then I go back to work then suddenly he change his mind that he want to go claim insurance after that he is not replying to my message and call.


RAMOS JOHN VINCENT MENDOZA

G312999OQ

Mobile: 81881327



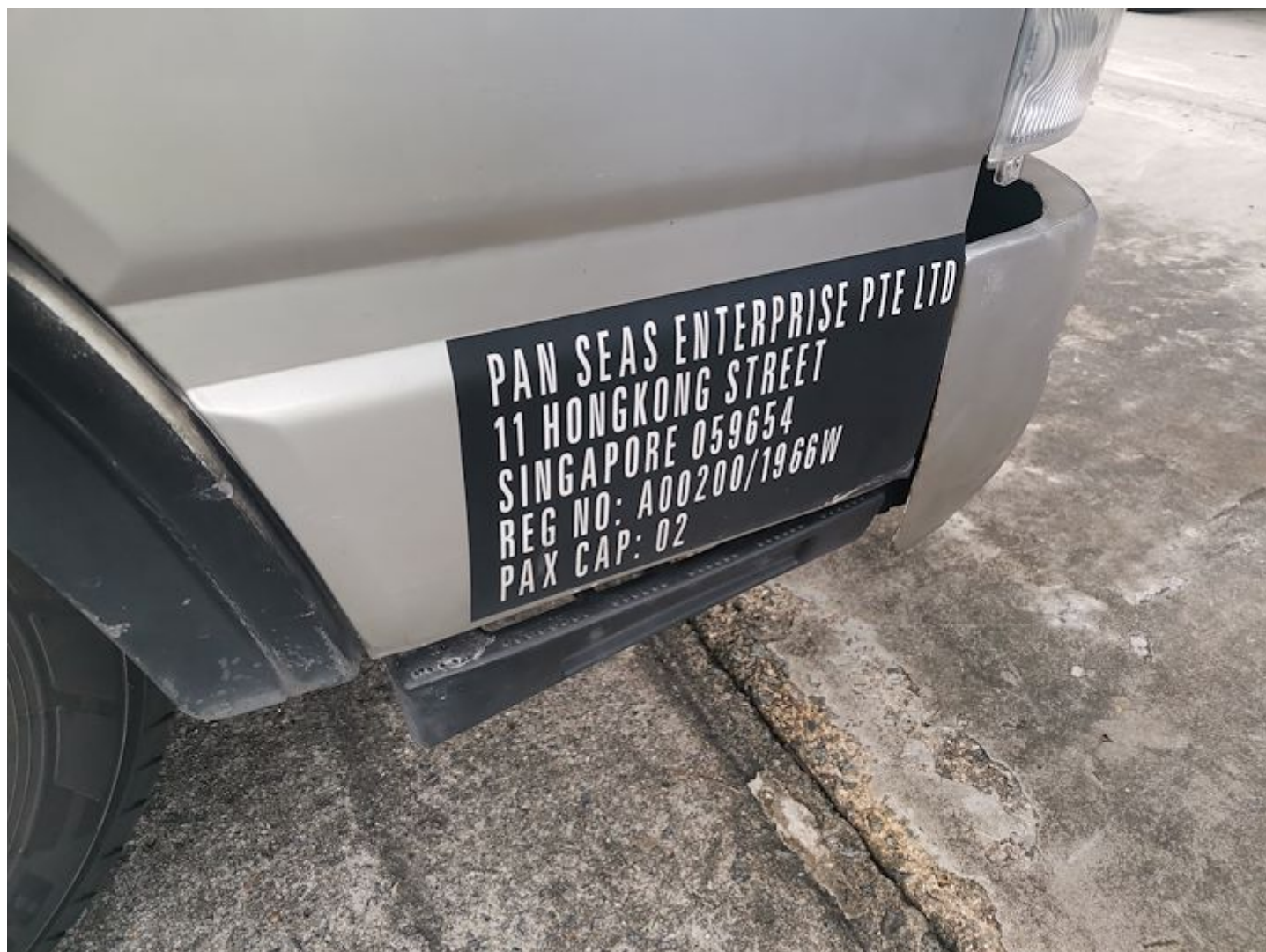


















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29/06/2022



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I, Ramos John Vincent Mendoza,
Licence Number: G 312990Q,
reverse the lorry, GN GZ 1965 P and
knocked into SJZ SJQ 8531 Z and cause
damage on the bonnet of ~~SJQ 8531 Z~~ ^{SJQ 8531 Z}

I, hereby agreed to take full responsible
on the cost of the damage ^{and} ~~for~~ repair, 100%.

24/6/22

W.L. G 3129990Q
John Vincent Ramos

GZ 1965 P

Lay Jan Ming
SJZ SJQ 8531 Z

H.

24/6/22

am 24/6/22