

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 Actual 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	24/10/2022 11:42 (SGT)
Reported by	Driver
Date of Accident	22/10/2022 09:00 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore 769130
Additional Location Information	YISHUN AVENUE 1, YISHUN DAM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL8502D
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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) +65-82165020
Alternative Phone No	(Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	E-BERLINGO
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	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0005967

DRIVER

Name of Driver	MUNIASAMY MURUGAN
Work Permit No	G6759833X
Date Of Birth	07/03/1987
Occupation	Outdoor

Date Of Driving Pass	26/02/2020
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82165020
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	84 TOH GUAN ROAD EAST #04-10
Address complement	-
Postcode	608501
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 22/10/2022 AT AROUND 0900HRS, I WAS DRIVING VEHICLE A (GBL8502D) ALONG YISHUN DAM, YISHUN AVENUE 1. VEHICLE E (SHA8352G) SUDDENLY JAMMED BRAKE AND I COULD NOT STOP IN TIME. UNFORTUNATELY, VEHICLE A REAR ENDED VEHICLE E. VEHICLE B (SME9014X) THEN REAR ENDED VEHICLE A AND THEN VEHICLE C (GBK5911G) REAR ENDED VEHICLE B. LASTLY, VEHICLE D (FBN9675X) REAR ENDED VEHICLE. RIDER OF VEHICLE D WAS CONVEYED TO THE HOSPITAL. THERE WERE NO OTHER VEHICLES INVOLVED IN THE CHAIN COLLISION.

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	SME9014X
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Attrage
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANSON
Contact Number	(Phone) +65-96859421
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBK5911G
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	FBN9675X
Vehicle Manufacturer	Brixton
Vehicle Model	Bx125
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SHA8352G
Vehicle Manufacturer	Hyundai
Vehicle Model	Ae ioniq
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NEO
Contact Number	(Phone) +65-97971012
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN9675X
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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' 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.



**FLASH ACCIDENT
REPORTING OFFICER**
FRO SUFIYAN

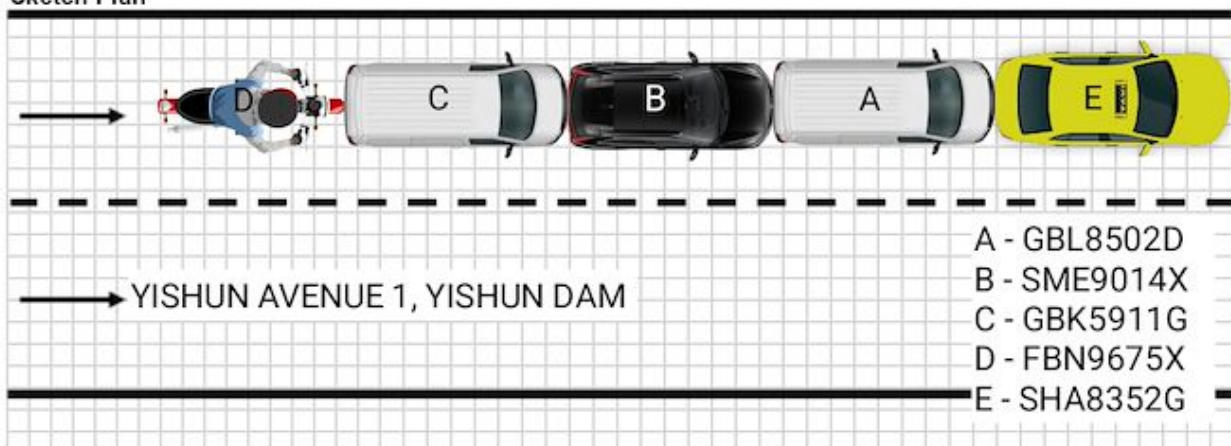


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

22/10/2022 1200HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 22/10/2022 AT AROUND 0900HRS, I WAS DRIVING VEHICLE A (GBL8502D) ALONG YISHUN DAM, YISHUN AVENUE 1. VEHICLE E (SHA8352G) SUDDENLY JAMMED BRAKE AND I COULD NOT STOP IN TIME. UNFORTUNATELY, VEHICLE A REAR ENDED VEHICLE E. VEHICLE B (SME9014X) THEN REAR ENDED VEHICLE A AND THEN VEHICLE C (GBK5911G) REAR ENDED VEHICLE B. LASTLY, VEHICLE D (FBN9675X) REAR ENDED VEHICLE. RIDER OF VEHICLE D WAS CONVEYED TO THE HOSPITAL. THERE WERE NO OTHER VEHICLES INVOLVED IN THE CHAIN COLLISION.

Declaration

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



**FLASH ACCIDENT
REPORTING OFFICER**
FRO SUFIYAN



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
22/10/2022 1200HRS

Witnessed by Reporting Centre Personnel











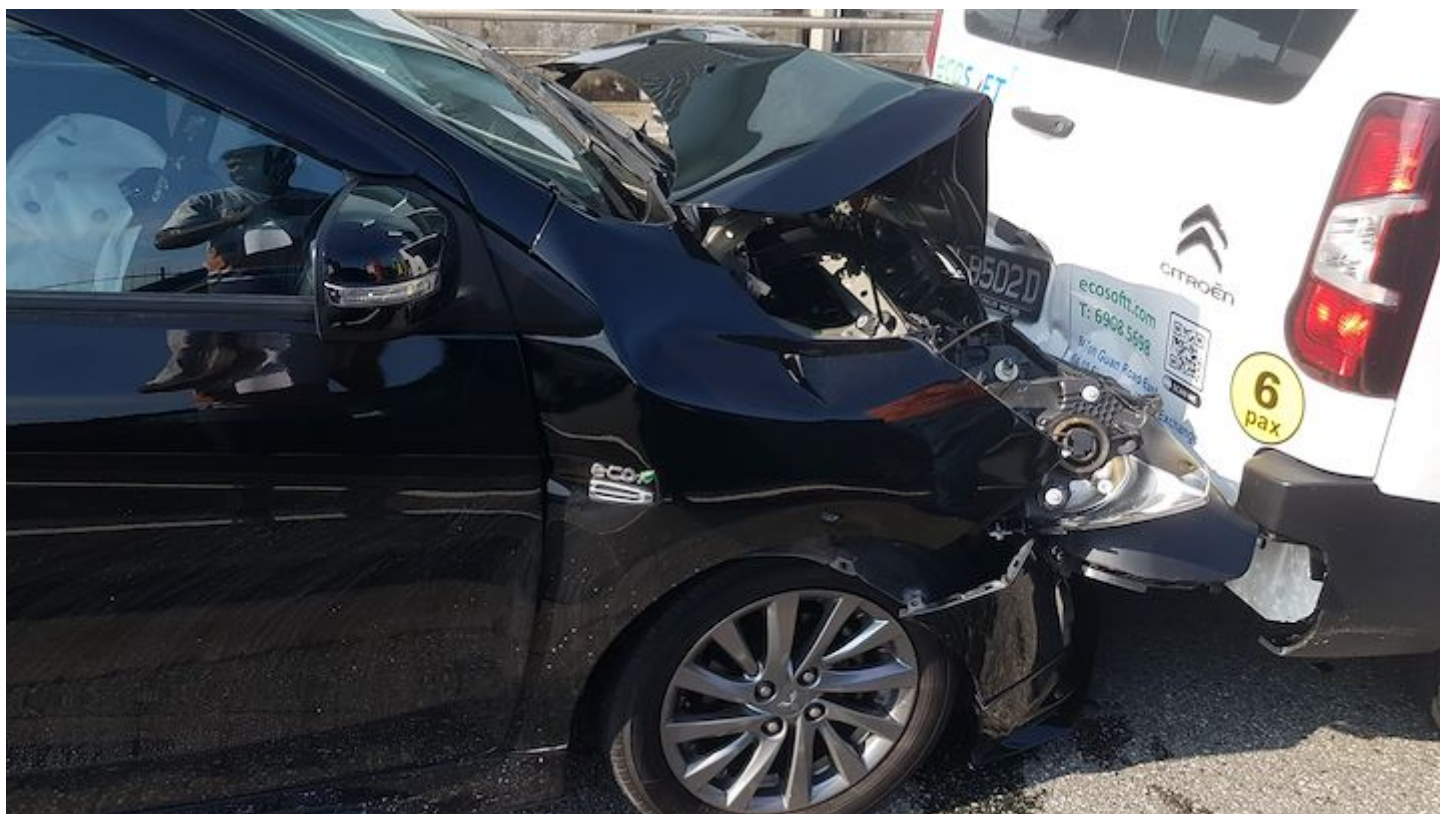




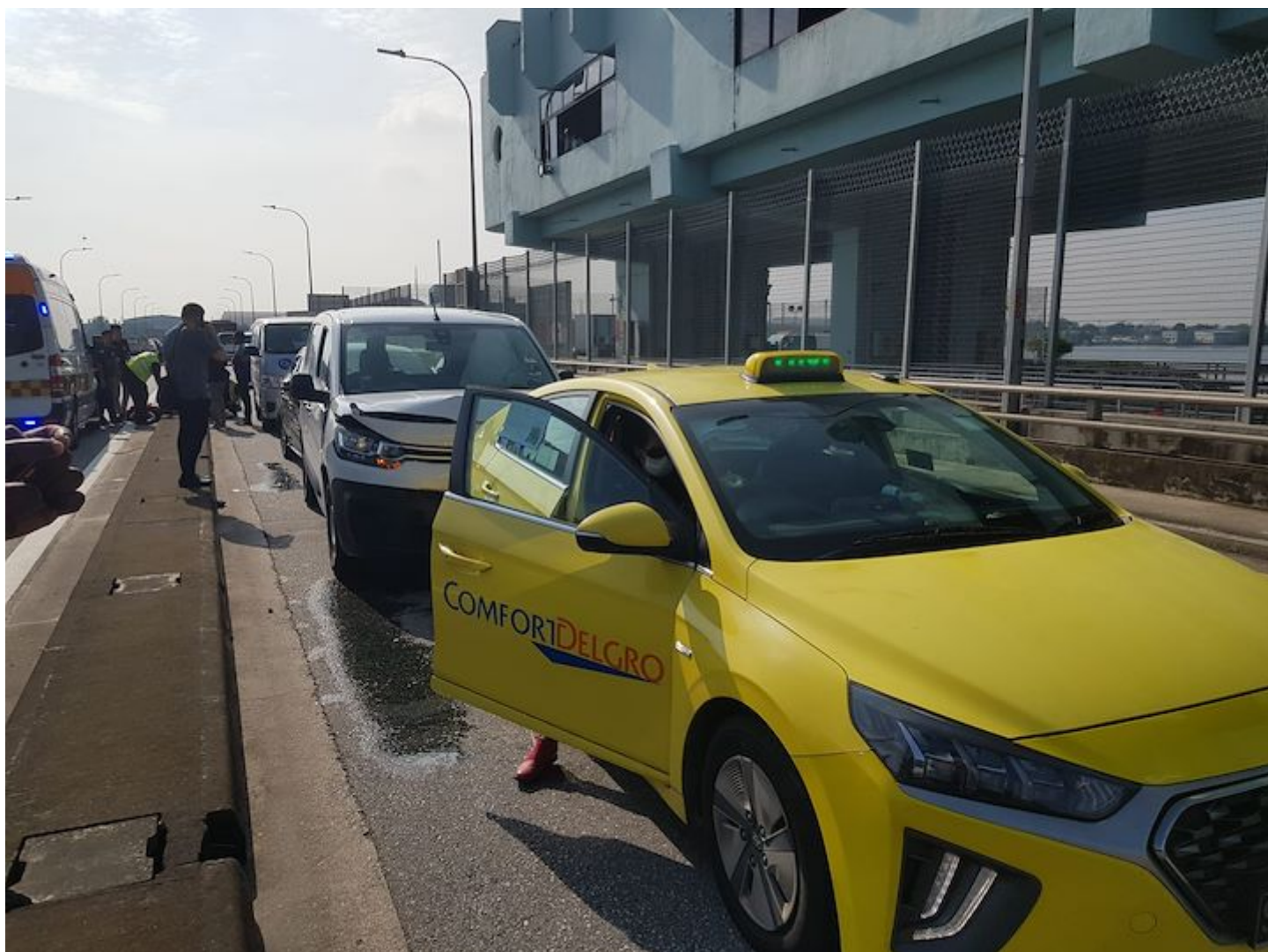




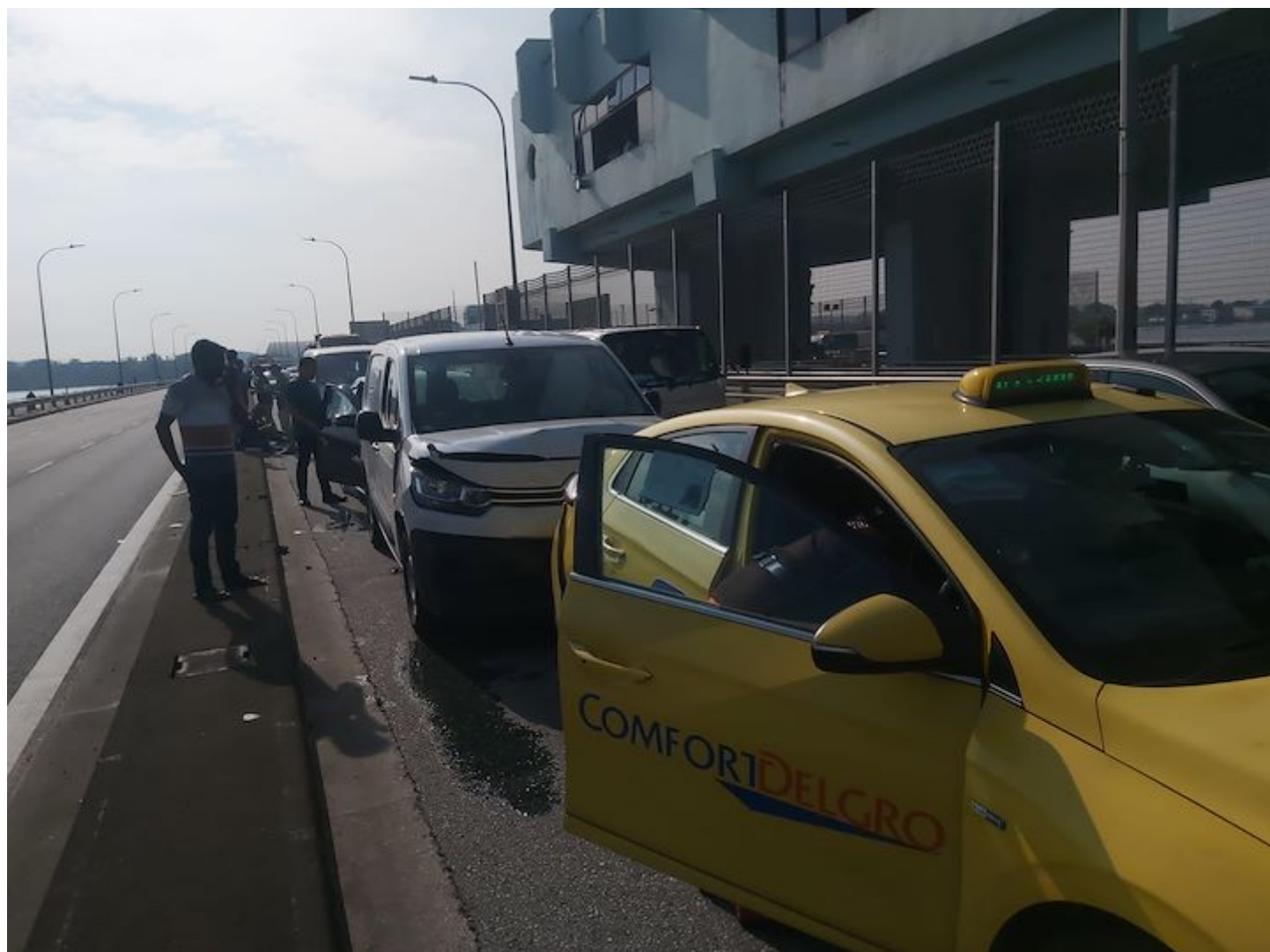














**SINGAPORE
POLICE FORCE**



T/20221022/2065

1 of 3

Report No. T/20221022/2065

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2022 15:27		Vide Report No.: E/20221022/0082		Station Diary No.: 31
Informant's Particulars				
Name of Informant: MUNIASAMY MURUGAN		Address: Blk 06 11A Jalan Tukang #06-02 SINGAPORE 619267		
ID Type / ID No.: FIN NO / G6759833X		Contact No.: Home/Office: Mobile: 82165020		
Nationality: INDIAN		Email:		
Sex: Male	Age: 35	Date of Birth: 07/03/1987	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: Driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2022 09:00	Type of Location:
Location: YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FE W9675X	Motorcycle				Slightly Damaged	0
GBK5911G	Van				Slightly Damaged	0
GBL8502D	Van				Slightly Damaged	1
SHA8352G	Car				Slightly Damaged	0
SME9014X	Car				Slightly Damaged	0



Scanned with CamScanner

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999



T/20221022/2065

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Report No. T/20221022/2065

CONTINUATION OF REPORT**Brief Details.**

On 22/10/2022 at about 0900hrs, I was driving van (GBL8502D) along Yishun Dam Avenue 1. There was a car (SHA8352G) which was in front of my van and suddenly jam braked. I could not stop my van in time.

As such, my van collided into the rear of this car (SHA8352G). There was another car (SME9014X) which then collided into the rear of my van, and another van (GBK5911G) collided into the rear of this car (SME9014X). Lastly a motorcycle (FBW9675X) collided into the rear of this van (GBK5911G).

The rider of this motorcycle was conveyed to the hospital. I am not sure which hospital he was conveyed to. I wish to state that there was Traffic Police at scene earlier, and I was instructed to lodge a Traffic Accident report. There are no other vehicles involved in the chain collision.

22/2065
2 of 3
T/20221022/2065**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Se angoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999



T/20221022/2065

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Report No. T/20221022/2065

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

F /
SGT 2 Zhuang Zhijie

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
22/10/2022 15:27Officer In Charge Of Case:
TP / GIT /
SI GOH WEI LI
Contact No.: 65476394

Classification Of Case:

NP168

