

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	02/12/2022 12:59 (SGT)
Reported by	Driver
Date of Accident	30/11/2022 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	One of the expressway
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1037L
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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) +65-87233003
Alternative Phone No	(Office) +65-87233003

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MFL0005549_02

DRIVER

Name of Driver	JAMALUDIN BIN MOHAMED YUSOFF
NRIC No	S6837300Z
Date Of Birth	01/11/1968
Occupation	Outdoor

Date Of Driving Pass	03/10/1996
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83438795
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	1 LORONG 23 GEYLANG
Address complement	-
Postcode	388352
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	Hit by fallen tree / Other objects
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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

ON 30.11.2022 AT OR ABOUT 1600HRS I WAS IN MY VEHICLE BEARING GBJ1037L TRAVELING ALONG ONE OF THE EXPRESSWAY IN SINGAPORE. TO THE BEST OF MY RECOLLECTION, I WAS HONK BY MULTIPLE CARS ON THE ROAD. I HAD LATER COME TO A COMPLETE ALONG THE ROAD SHOULDER AND NOTICED THE FRONTAL PORTION OF MY VEHICLE WAS DAMAGED. EMAS AND TRAFFIC POLICE ARRIVED AND I WAS ESCORTED BACK TO TRAFFIC POLICE HQ. I WAS UNAWARE OF ANY ACCIDENT NOR I REMEMBER COLLIDING ONTO ANY PROPERTIES.

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	SLK881Z
Vehicle Manufacturer	Volkswagen
Vehicle Model	Golf
Vehicle Variant	-
Vehicle Colour	-

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

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

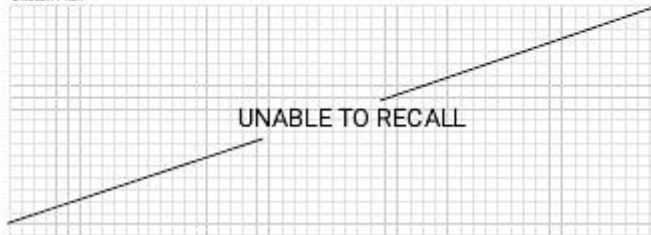
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 insurer's lawyer/law firms, the Ministry 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/trail 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 firm/law firms, may be permitted to select, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/are be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be based 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
1.12.22, 2315HRS

Witnessed by Reporting Centre Personnel
AFIQ

Sketch Plan



UNABLE TO RECALL

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 (Driver is not the policyholder) / Date & Time
1.12.22, 2315HRS

Witnessed by Reporting Control Personnel
AFIQ





















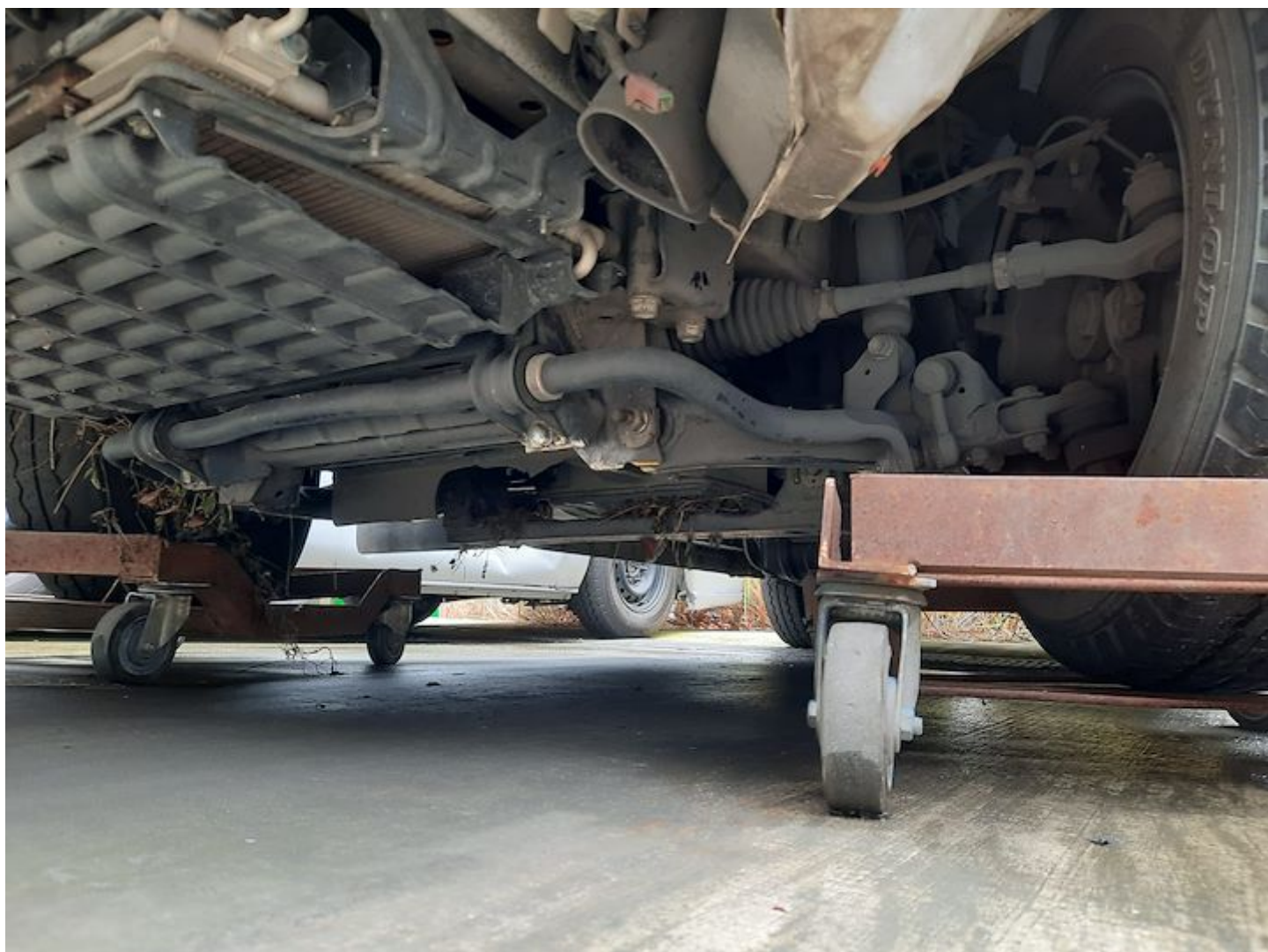












































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #15-00 Singapore 048530
 Tel: (65) 6224 0010 Fax: (65) 6224 0650
 Operating Hours: Monday to Friday, 09:00 – 17:00
 L1011 6166100205 / GIC Reg. No. M28000 7755

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1Z22C10008 Vehicle Registration No : GBJ1037L
 Name (as shown in NRIC) : PAN-PACIFIC VAN & TRUCK LEASING PTE LTD NRIC/FIN/Passport No : 201511635R
 (~~Vehicle Owner~~ / Vehicle Owner) (*) Please delete as appropriate
 Address : 8 CHANG CHARN ROAD #04-01 LINK BLD Singapore (159637)
 Contact (Tel) : _____ Mobile No. : 8723 3003 HOTLINE
 Email Address : ppemclains@gmail.com
 Date of Accident : 30/11/2022 Time of Accident : 16:00
 Place of Accident : Expressway, Singapore
 Insurance Company : India International Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To include TP vehicle number

Policyholder's Signature
 Date:



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

GIA/INC addendumform_V3