

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	22/05/2023 16:17 (SGT)
Reported by	Actual Driver
Date of Accident	20/05/2023 22:00 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3267X
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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) +65-62840827

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	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MFL0005549_03

DRIVER

Name of Driver	ABDUL MALIK BIN HAMZAH
NRIC No	S8317553B
Date Of Birth	15/06/1983
Occupation	Outdoor

Date Of Driving Pass	20/04/2004
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-80389293
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	504 HOUGANG AVENUE 8 #06-716
Address complement	-
Postcode	530504
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	Collision - Head to Rear
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

ON 20/05/23 AT ABOUT 2200HRS, I WAS DRIVING VEHICLE A (GBK3267X) ALONG ANG MO KIO AVENUE 3 ON THE THIRD LANE. JUST BEFORE THE JUNCTION ON SERANGOON NORTH AVENUE 3, VEHICLE B (GBA5851Z) CAME TO A COMPLETE STOP AND I COULDN'T REACT ON TIME AND COLLIDED INTO THE REAR OF SAID VEHICLE B. NO INJURIES.

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	GBA5851Z
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	KANG CASEY
NRIC No	T0136298J
Contact Number	(Phone) +65-96515384
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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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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.

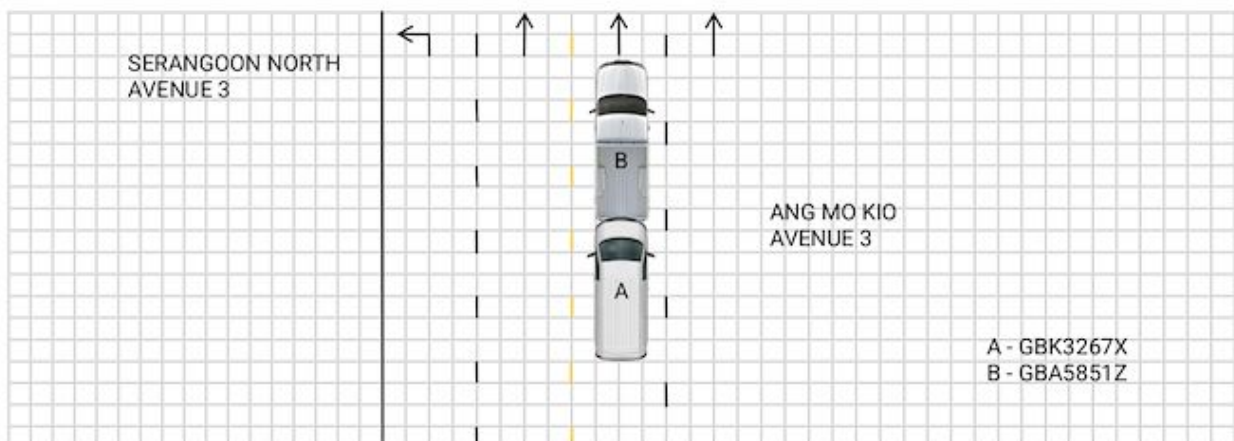
**FLASH ACCIDENT
REPORTING OFFICER**

FRO AMIN


 Policyholder's Signature / Date &
Time

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

200523 2350

 Witnessed by Reporting Centre
Personnel
Sketch Plan

Describe Circumstances of the Accident

ON 20/05/23 AT ABOUT 2200HRS, I WAS DRIVING VEHICLE A (GBK3267X) ALONG ANG MO KIO AVENUE 3 ON THE THIRD LANE. JUST BEFORE THE JUNCTION ON SERANGOON NORTH AVENUE 3, VEHICLE B (GBA5851Z) CAME TO A COMPLETE STOP AND I COULDN'T REACT ON TIME AND COLLIDED INTO THE REAR OF SAID VEHICLE B. NO INJURIES.

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
200523 2350

FLASH ACCIDENT
REPORTING OFFICER

FRO AMIN

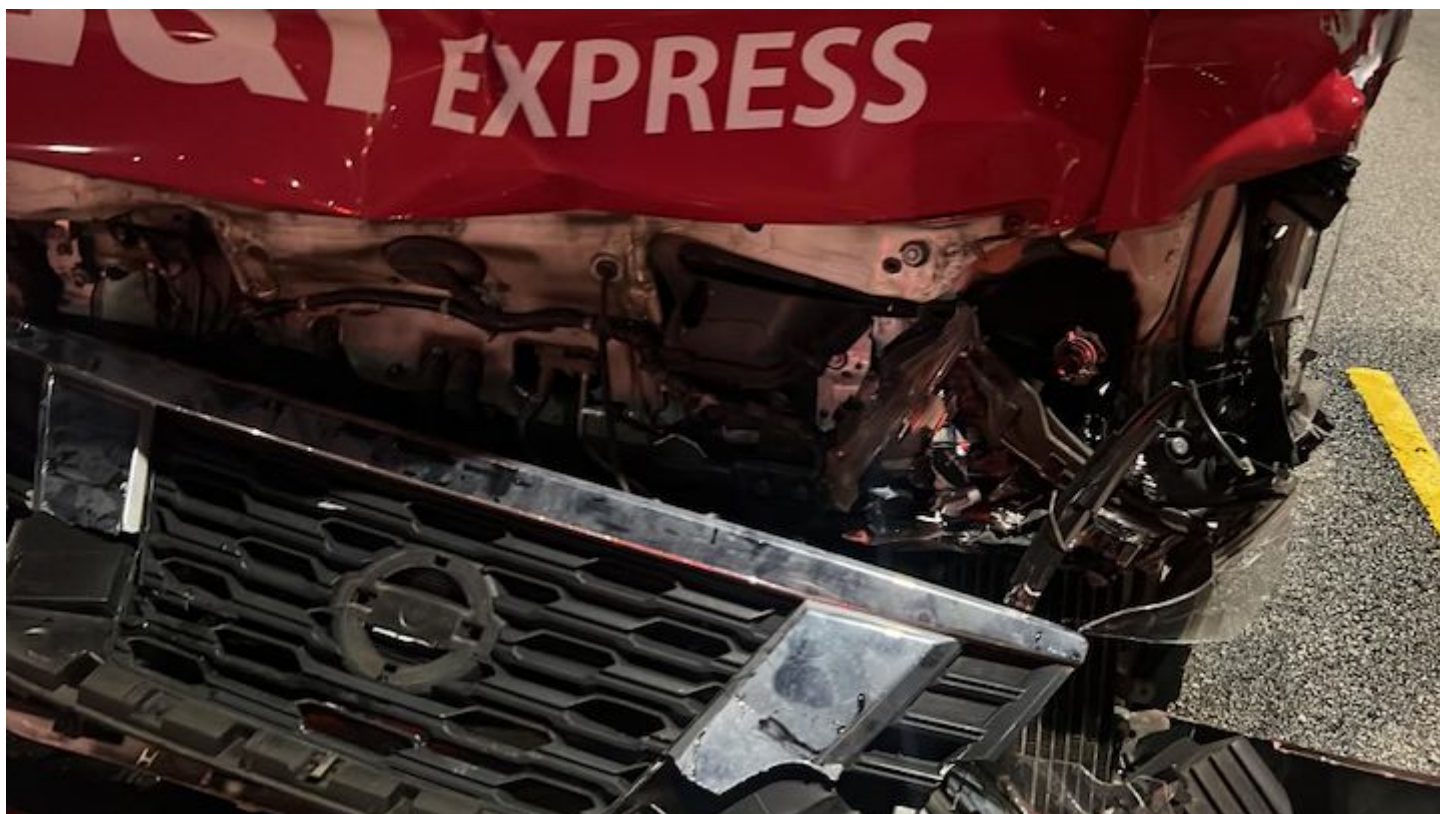
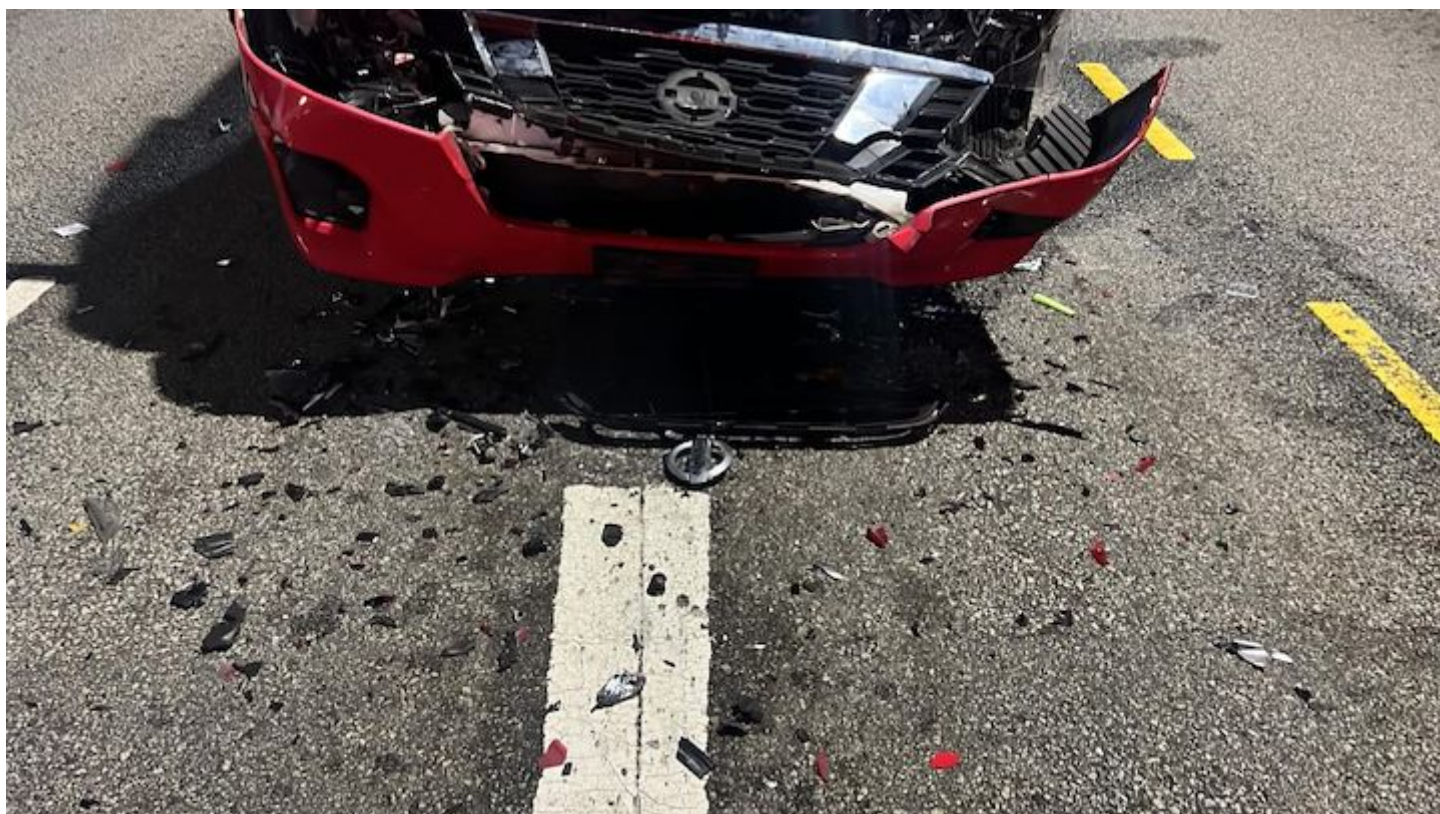


Witnessed by Reporting Centre
Personnel

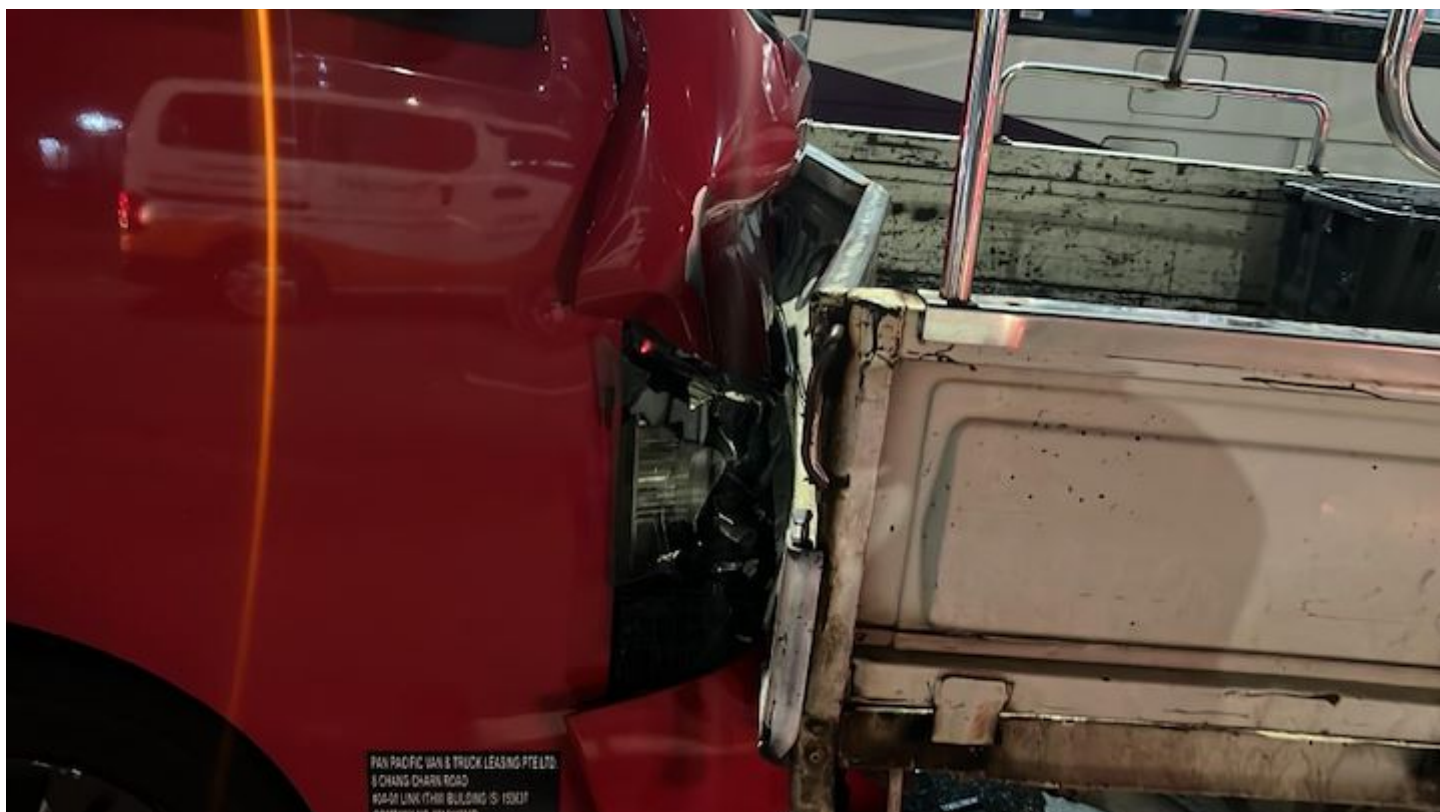


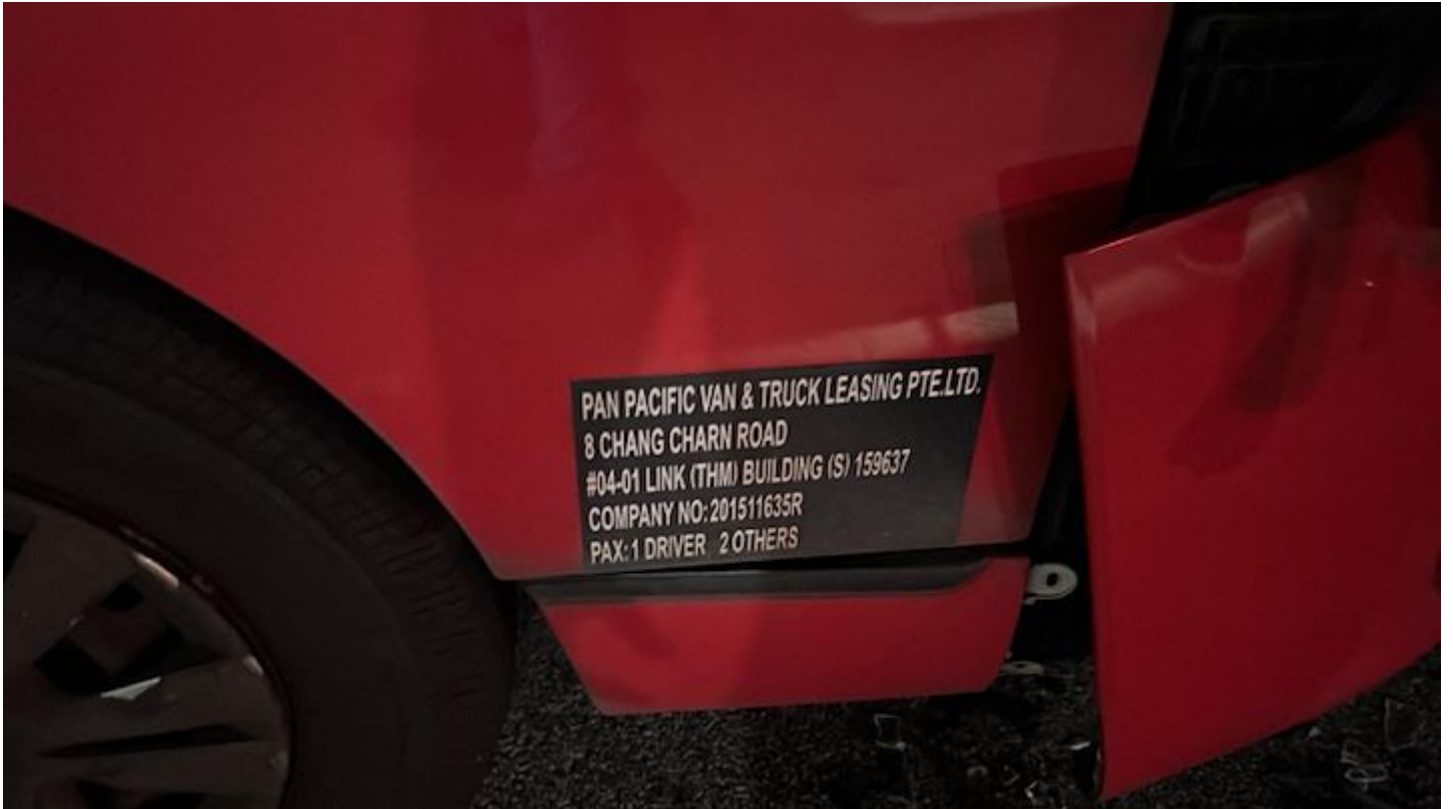




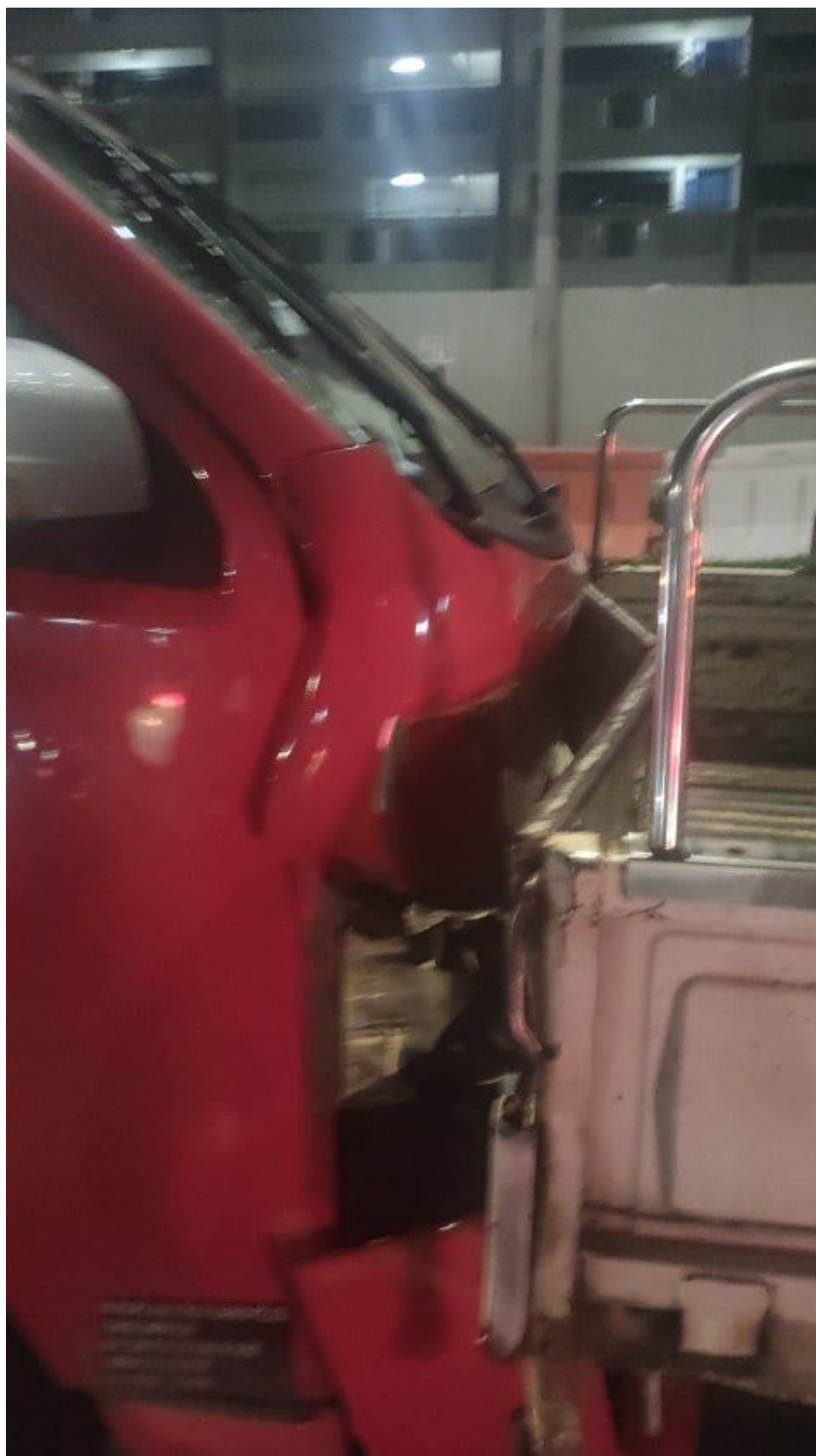


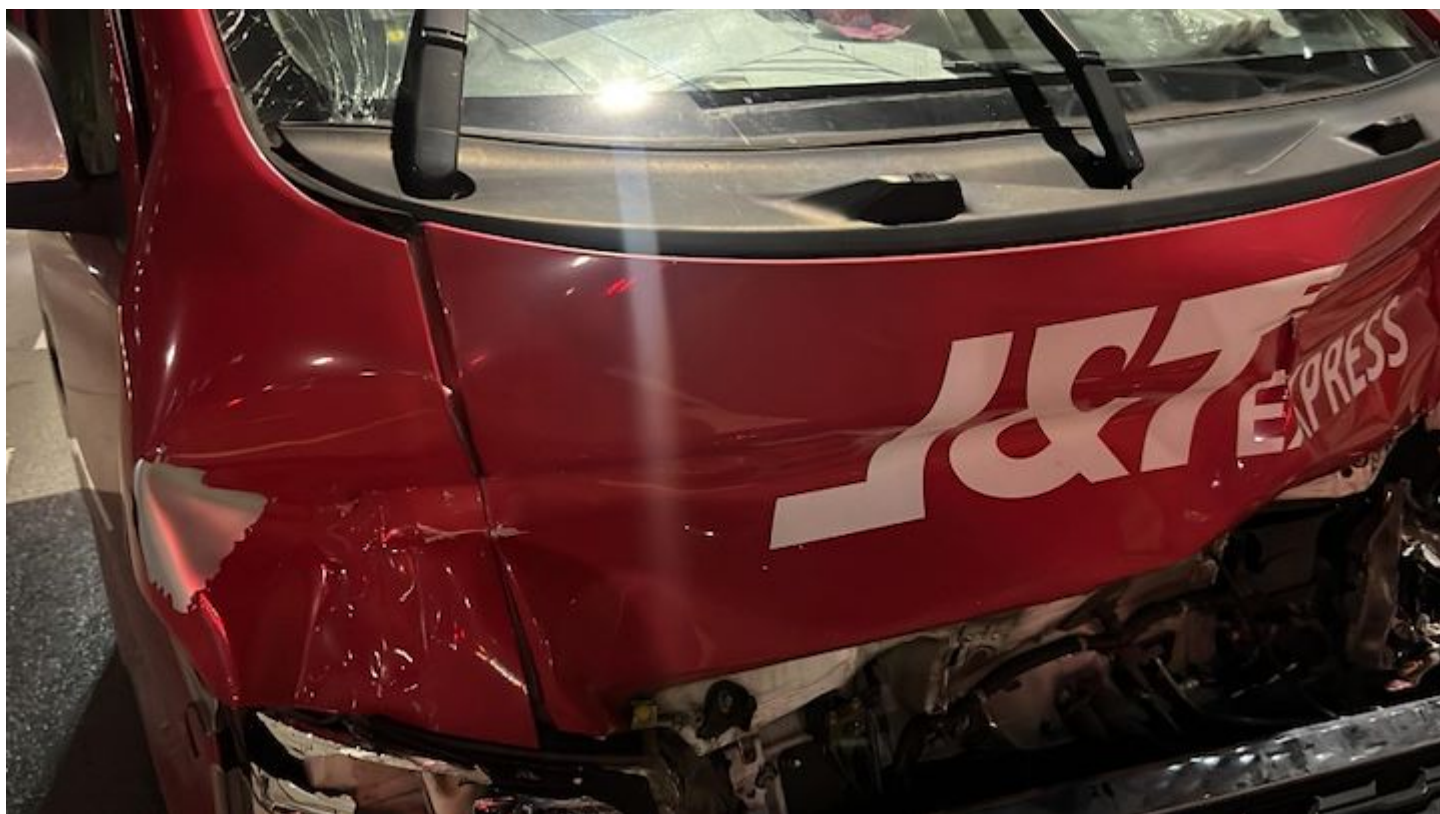






















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G235M001B Vehicle Registration No: GBK3267X
 Name (as shown in ^{PAN PACIFIC VAN & TRUCK LEASING PTE LTD}NRIC): 201511635R NRIC/FIN/Passport No: 201511635R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 8 CHANG CHARN ROAD #04-01 LINK (THM) BUILDING Singapore (159637)
 Contact (Tel): 62840827 Mobile No.: 87233003 - ACCIDENT HOTLINE
 Email Address: _____
 Date of Accident: 20/05/2023 Time of Accident: 22:00 (SGT)
 Place of Accident: Ang Mo Kio Ave 3, Singapore
 Insurance Company: INDIA INTERNATIONAL INSURANCE PTE LTD

(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:

CHANGE CLAIM TYPE TO 'YES - CLAIM OWN DAMAGE'



Policyholder / Driver's Signature
 Date: _____

Siti

Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: 23.05.2023