

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 | 27/05/2023 11:47 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 26/05/2023 13:05 (SGT) |
| Exact Location of Accident | ECP, Singapore |
| Additional Location Information | SLIP ROAD EXIT MARINE PARADE , EXIT 10B |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | GBK8932B |
|-----------------------------------|----------|

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 | Toyota |
| Model | Hiace |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 2982 |

INSURANCE COMPANY

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

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | TAN KIN CHOUN |
| NRIC No | S1604812G |
| Date Of Birth | 25/06/1963 |
| Occupation | Outdoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 06/07/1994 |
| Driving experience | 28 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93622500 |
| Alt. Phone Number | - |
| Email Address | ppemclaims@gmail.com |
| Address | BLK 334 KRETA AYER ROAD #25-03 |
| Address complement | - |
| Postcode | 080334 |
| 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 | Raining |
| Road Surface | Wet |

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? | 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 | Marine Parade Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004428999 |
| Alt. Police Station Phone No | (Fax) +65-62447678 |
| Police Station Address | 300 Marine Parade Road Singapore 449296 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT .T/20230526/2056.

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 | SHA7686A |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | WONG CHIN KIAM |
| Contact Number | - |
| 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 | WONG CHIN KIAM |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | CHEST PAIN |
| Injured person in which vehicle? | SHA7686A |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

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 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

Sketch Plan

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

25/05/2023-1700HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT .T/20230526/2056.

Declaration

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

25/05/2023-1700HRS

Witnessed by Reporting Centre
Personnel



























**SINGAPORE
POLICE FORCE**



T/20230526/2056

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 4

Report No. T/20230526/2056

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 26/05/2023 15:29 | Vide Report No.: G/20230526/0113 | Station Diary No.: 26 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|--|------------------|
| Name of Informant: TAN KIN CHOUN | | | Address: APT BLK 334 KRETA AYER ROAD #25-03 SINGAPORE 080334 | |
| ID Type / ID No.: NRIC NO / S1604812G | | | Contact No.: | Mobile: 93622500 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 59 | Date of Birth: 25/06/1963 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | |
| Occupation: DESPATCH DRIVER | | | Driving Licence Information: Class: 3,4 | Date of Expiry: |

General Information of the Accident

| | | | |
|---|-----------------------------|--|--------------------------------------|
| Type of Accident: Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 26/05/2023 13:05 | Type of Location: Bend |
| Location: EAST COAST PARKWAY | Weather: Drizzling | Road Surface: Wet | Traffic Flow: One Way |
| Traffic Control: Not Controlled | Traffic Volume: Moderate | Type of Collision: Between Moving Vehicles - Head To Rear | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|-------------------------------|-------|---------------------|-----------------|
| GBK8932B | Van | TOYOTA | HIACE VAN TURBO 5DR MT | Grey | Slightly Damaged | 1 |
| SHA7686A | Car | HYUNDAI | AE IONIQ HEV FL 1.6 DCT | Blue | Slightly Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20230526/2056

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Report No. T/20230526/2056

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | MUSA | ID No. | NIL |
| Related Vehicle | GBK8932B (Van) | Contact No. | 83537691 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | TAN KIN CHOUN | ID No. | S1604812G |
| Related Vehicle | GBK8932B (Van) | Contact No. | 93622100 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | WONG CHIN KIAM | ID No. | S0030727J |
| Related Vehicle | SHA7686A (Car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

I am the driver of a company van, bearing vehicle plate number GBK8932B, from Transnational Group.

On the 26/05/2023 at about 1305hrs, I was driving the van (GBK8932B) along ECP towards Changi Airport direction. My assistant (Musa, H/P: 83537691) was seated in the left passenger seat. I took exit 10B of ECP which is the Marine Parade exit. The said exit is a bend into Still Road South and there are two lanes. I was driving along the right lane of the two lanes. A blue Comfort Delgro taxi, bearing vehicle plate number SHA7686A, was driving in the left lane of the two lanes, ahead of me. My travelling speed was about 50km/h-60km/h. Out of a sudden, my van veered to the left due to the wet roads and collided

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POLICE FORCE**

T/20230526/2056

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
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Tel No: 1800-4428999

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Report No. T/20230526/2056

CONTINUATION OF REPORT

to the rear portion of the taxi (SHA7686A). The taxi spun to the right lane and my van ended up in the left lane. My van's rear had also collided into the right portion of the taxi as both vehicles were skidding before it came to a stop. My assistant and I alighted to make a check.

There was a passenger in the taxi. The taxi driver complained of chest pains. My assistant and I were not injured. The said passenger, who was not injured, contacted 999/995. As the vehicles were blocking both lanes of the exit, we decided to move them. I shifted my van to the left however the taxi driver informed that his vehicle could not start. There were attendance by Traffic Police and Ambulance.

The taxi driver was conveyed by Ambulance. The taxi was also towed away. I was given the incident number; G/20230526/0113 (TP IO Ahmad Shafiq, 65476201) and was advised to lodge a Traffic Accident report. I do have in car camera in my van and the SD card was secured by the Traffic Police officer.

**SINGAPORE
POLICE FORCE**

T/20230526/2056

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20230526/2056

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G/

SR STAFF SGT MOHAMED
ZAMIL BIN MOHAMED ANIS

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
26/05/2023 15:29Officer In Charge Of Case:
TP / GIT /
SI FADLI SHAIFUDDIN BIN MOHAMED SANI
Contact No.: 65476845

Classification Of Case:

NP168