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 witholding 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 First Submission 22/07/2024 12:08 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 21/07/2024 11:45 (SGT) Exact Location of Accident Seletar North Link, Singapore Additional Location Information SELETAR NORTH LINK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNH805L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JAGDISH SINGH RAWAT NRIC No S7686028I Email Address RAWAT.JAGDISH@GMAIL.COM Mobile Phone No (Phone) +65-90107861 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220094238

DRIVER

Name of Driver JAGDISH SINGH RAWAT NRIC No S7686028I Date Of Birth 02/09/1976 Occupation Indoor

Driving Pass Date 05/05/2022 Driving experience 2 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-90107861 Alt. Phone Number Email Address RAWAT.JAGDISH@GMAIL.COM Address 1 YISHUN CLOSE #04-04 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GZ2436T Vehicle Manufacturer Toyota

Vehicle Model
Vehicle Variant

| Vehicle Colour Vehicle Category Name of Driver | Blue Commercial vehicle SUBRAMANIAN SANKAR |
|--|--|
| Contact Number | (Phone) +65-98945040 |
| 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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknow ledge, 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
- (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
- (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.

TAGUISH SINGH RALTOT Policyholder's Signature / Date & Time 21/7/2024 17:44

A

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

Witnessed by Reporting Centre Personnel

HITSREAR

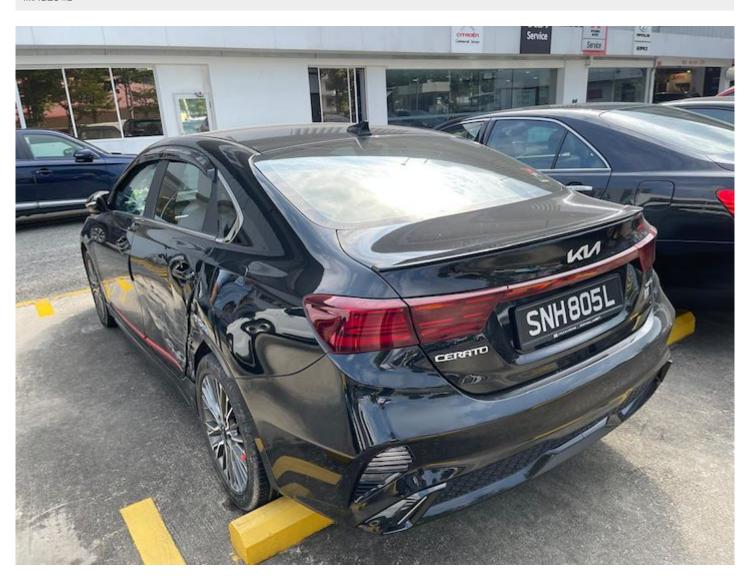
Sketch Plan

A = SN4805L

B= 9224367 SELESTER NORTH LINK

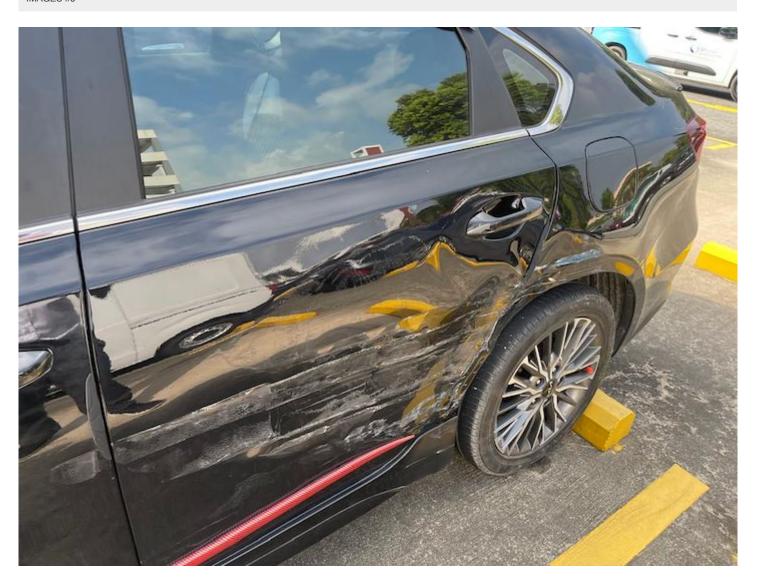
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| declare the foregoing particu | lars are true in every respect. | | | |
| rorogoniy particu | and true in every respect. | | | |
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| | | | 1 /mg | |
| holder's Signature / Date & | Driver's Signature (if driver & Time | r is not the policyholder) / Date | Witnessed by Reporting (| Contro |



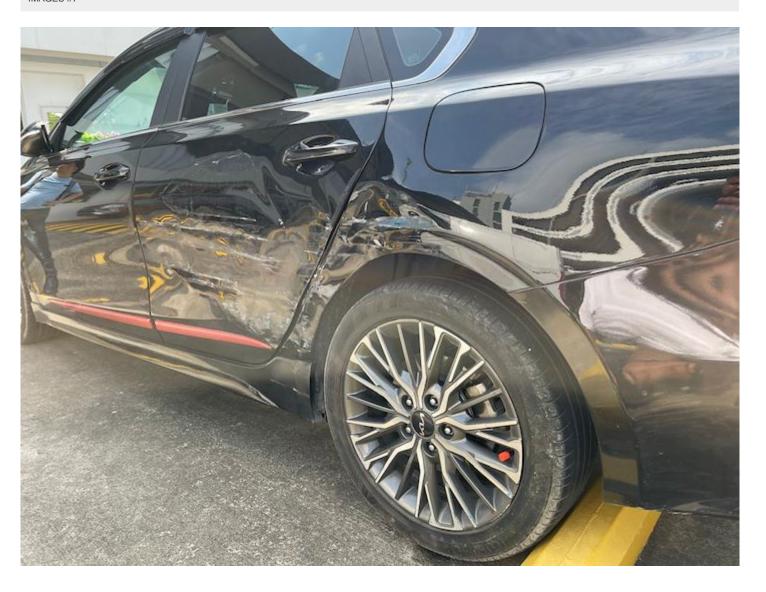


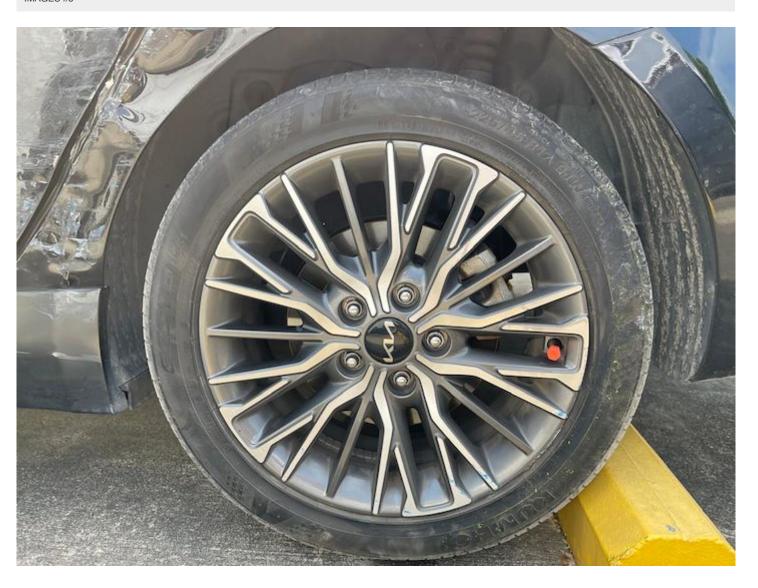


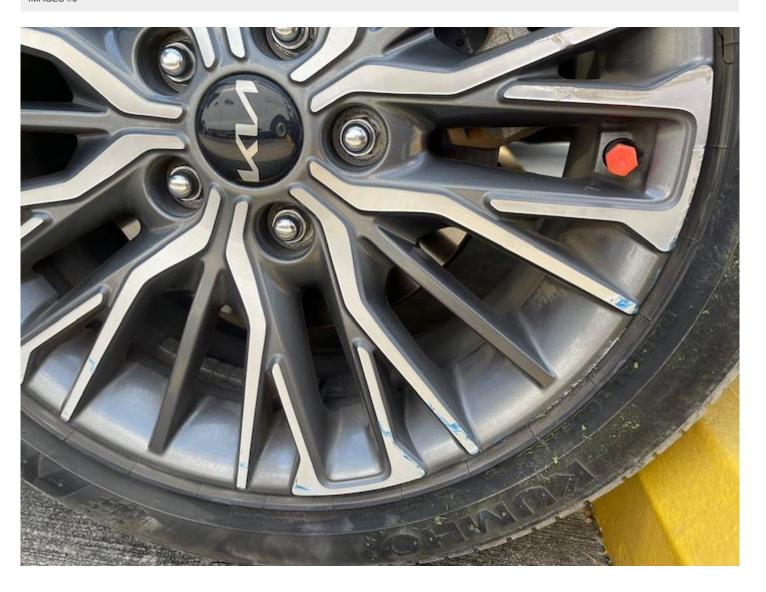


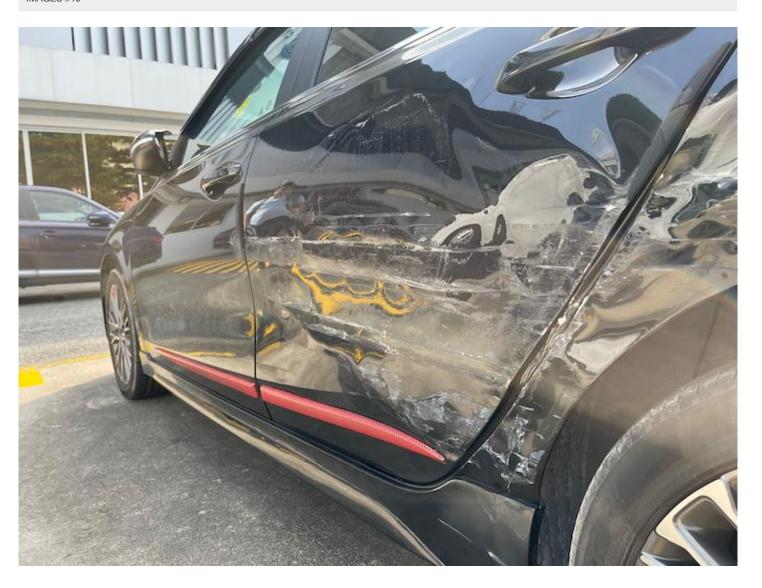






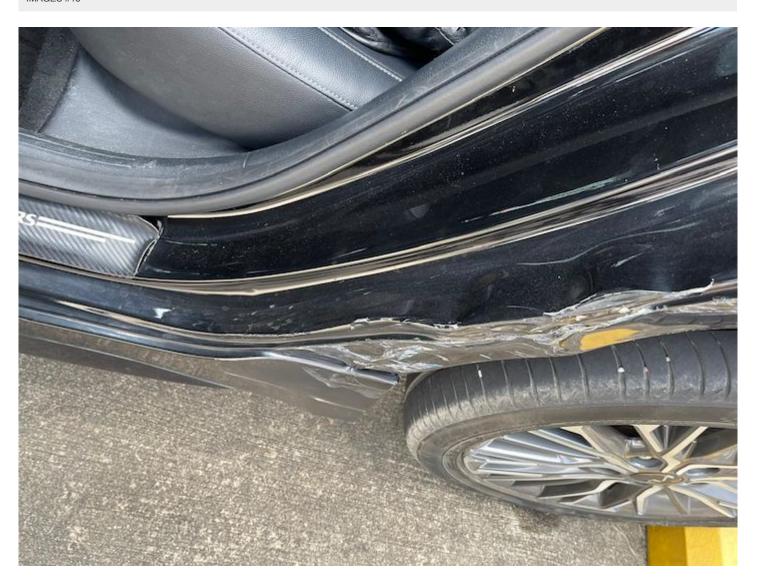


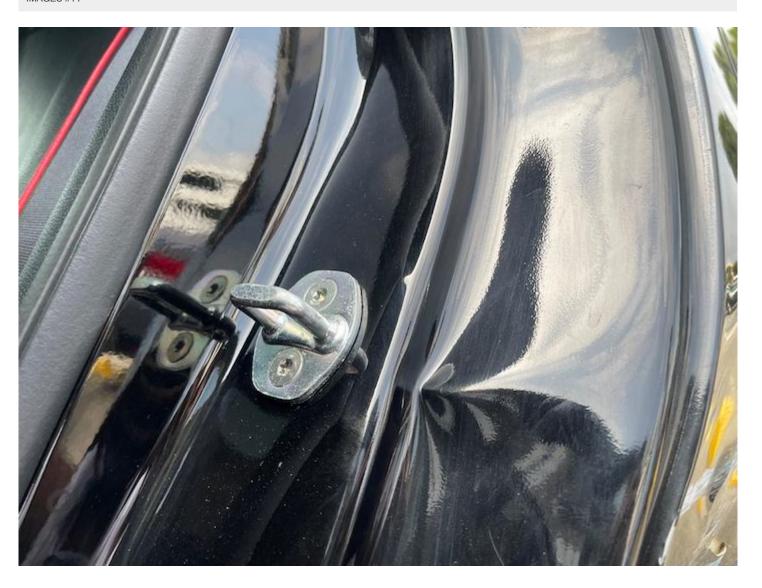




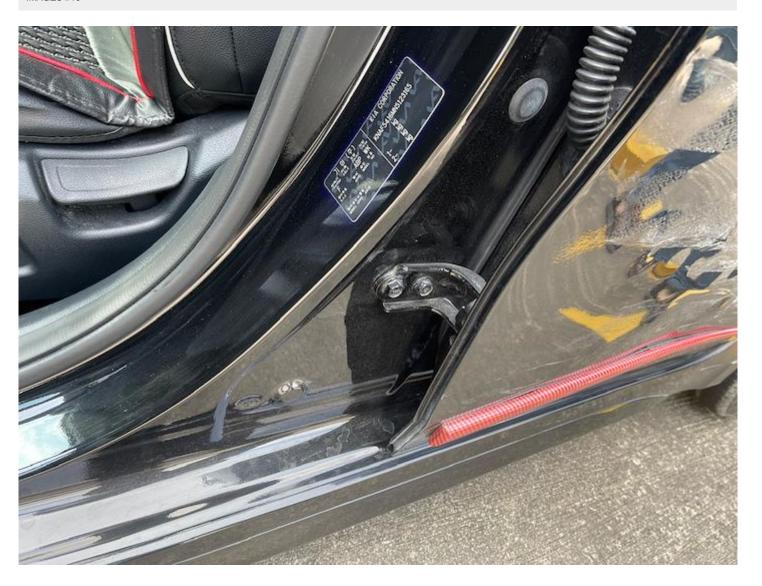












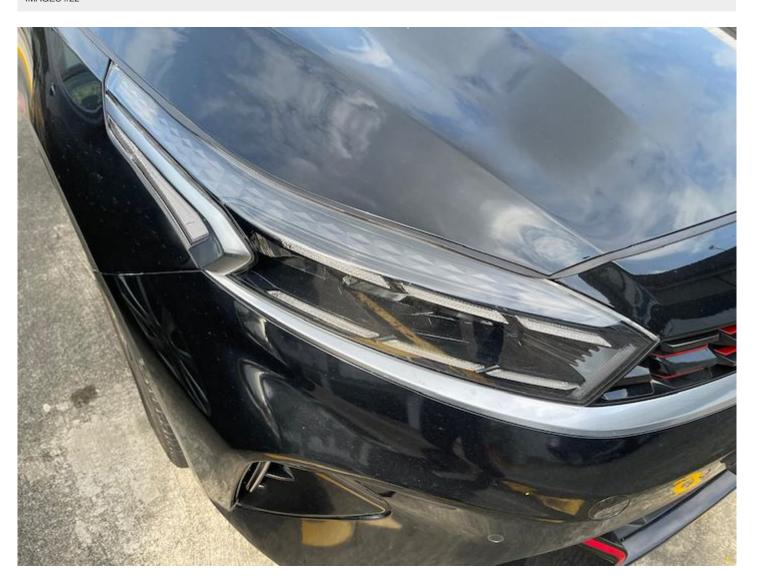










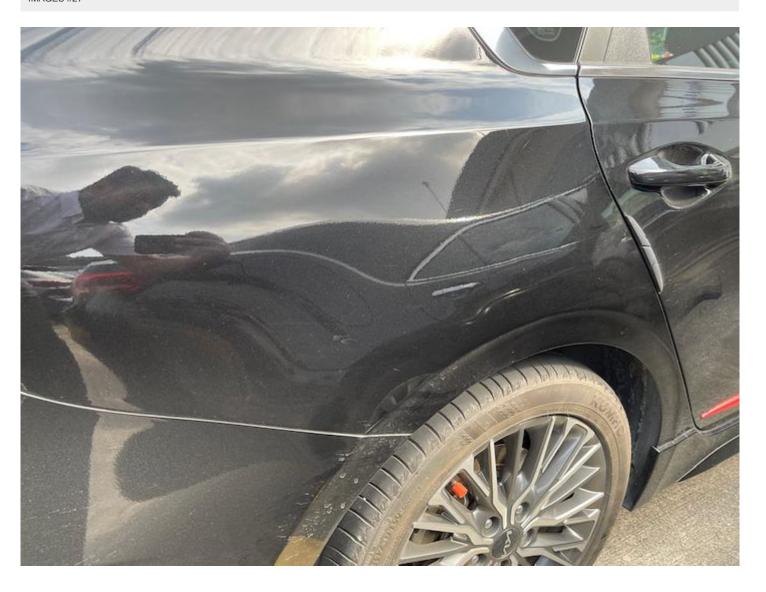




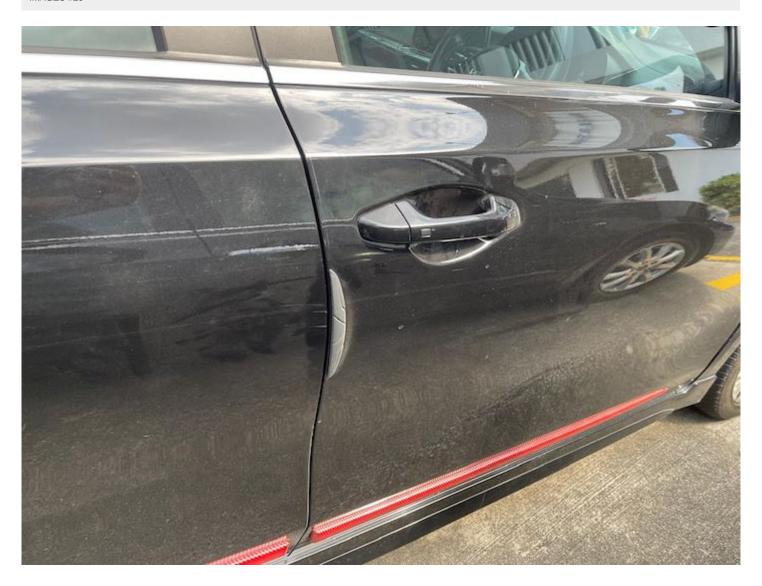


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20240721/7037

REPORT OF A TRAFFIC ACCIDENT

| Date/Time F 21/07/2024 | Report Made: 15:10 | | Vide Report No.: | Station Diary No.: |
|-----------------------------|-----------------------|---------------------------|---|-------------------------|
| Informant's | Particular | S | | |
| Name of Inf JAGDISH S | | WAT | Address: 01 YISHUN CLOSE #04-04 SY 768004 | MPHONY SUITES SINGAPORE |
| ID Type / ID NRIC NO / S | | 31 | Contact No.: Home/Office: | Mobile: 90107861 |
| Nationality: INDIAN | | | Email: rawat.jagdish@gmail.com | |
| Sex: Male | Age: 47 | Date of Birth: 02/09/1976 | Type of Informant: Vehicle Owner | |
| Race: Indian | | | Language: English | |
| Occupation: Other compo | uter netwo | ork, infrastructure | Driving Licence Information: Class: 3 | Date of Expiry: |

| Type of Accident: | Non-Injury Others | Drink Dri No | Time of Accident: 7/2024 11:45 | Type of Location Straight Road |
|---|----------------------|------------------------|---------------------------------------|-----------------------------------|
| Location: SELETAR NORTH | LINK | | | , |
| | | | | |
| | | Road Surface: Sandy | | |
| Weather: Clear Traffic Flow: Two Way | | | 0.023.03.00 | fic Volume: |

| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenge |
|-------------|-----------|--------|--------|-------|-----------|----------------|
| GZ2436T | Lorry | TOYOTA | Lorry | Blue | Slightly | 1 |
| SNH805L | Motor car | KIA | Cerato | Black | Seriously | 1 |

| Details of Person Involved | | - |
|---------------------------------|--------------------------------|---|
| Any Pedestrian Involved: No | | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA | |
| | Ode of Fedestrial Clossing, NA | |



T/20240721/7037

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20240721/7037

CONTINUATION OF REPORT

| Driver | Control of the Contro | THE RESERVE | 100 | C. Calcar | |
|--------------------|--|--------------|-------|---|--|
| Name | SUBRAMANIAN SANKAR | | | | G7048927P |
| Related Vehicle | GZ2436T (Lorry) | | | ict No. | 98945040 |
| Hospital/Clinic | NIL | | | of g ce & Date | Class: 3 Date of Expiry: 24/11/2028 |
| Date Treatment | NIL Date Disch | | | NIL | |
| | of Days granted Medical Leave (MC) NIL Degree of | | | | |
| Vehicle Owner | | 2011 NOW 457 | 0.00 | CONTRACTOR OF THE PARTY OF THE | politica de la constantina della constantina del |
| Name | JAGDISH SINGH RAWAT | | ID No | | S7686028I |
| Related Vehicle | NIL | | | ct No. | 90107861 |
| Hospital/Clinic | NIL | | | of g ce & Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discha | arge | NIL | |
| No. of Days grante | ed Medical Leave (MC) NIL | Degree of I | | NIL | |

Brief Details.

At approximately 11:45 AM on July 21, 2024, I was driving along Seleter North Link when a lorry suddenly signaled right and attempted to turn without checking its side blind spot. As a result, the lorry collided with the rear left door of my vehicle. The collision caused damage to the door and resulted in a minor impact to the rear wheel arch.

Details of Damage:

Rear left door: Significant dent and scratches Rear wheel arch: Minor impact, superficial damage

Witnesses

No witnesses were present at the scene of the accident.

Actions Taken:

Immediately following the accident, both parties stopped their vehicles. The driver of the lorry and I exchanged contact information. The police were not called to the scene as there were no injuries and the damage was considered minor. Both vehicles were able to be driven from the scene.

Conclusion

The accident occurred due to the lorry driver's failure to adequately check their blind spot before maneuvering. Fortunately, no one was injured, but both vehicles sustained damage. I will be contacting my insurance provider to report the incident and arrange for repairs to my vehicle.

My Vehicle: SNH805L Lorry: GZ2436T

I have video/picture exceeding 2MB. Total Size in 50MB.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20240721/7037

CONTINUATION OF REPORT

| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
|--|---|
| Signature Of Interpreter: Not applicable | Date/Time: 21/07/2024 15:10 |
| Officer In Charge Of Case: TP / AEIT / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219 | Classification Of Case: |
| NP168 | |