

## 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 Authorised 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 ability.
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 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 Report	24/11/2017 10:05
Date Of Accident	23/11/2017 23:30
Exact Location Of Accident	JURONG TOWN HALL EXIT PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV7161Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RENTOKIL INITIAL SINGAPORE PTE LTD
Co Reg No	195900145N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63478138

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-3.0 D (A)

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

If No, Please state action to be taken THIRD PARTY  
Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994894/100806894-00000
Cover Note Number	

### Driver

Name of Driver	MOHAMAD FAHMY B KHAMARUDIN
NRIC No	S7728066I
Date Of Birth	15/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2004
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97249254
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 941 JURONG WEST ST 91 #03-473  
SINGAPORE  
Postcode 640941  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR  
Weather Conditions DRIZZLING  
Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Was any body injured in the Accident? NO  
Was any other material or property damaged? YES  
I have been approached by unknown person(s)  
soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? NO  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YM9866U  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver SEKAR RAJESH  
NRIC/Passport Number G6532266N  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

## Sketch Plan

### SKETCH PLAN

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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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

**Rentokil Initial Singapore Pte Ltd**

**16 & 18 Jalan Mesin**

**Singapore 368815**

**Tel: 6347 8138 Fax: 6347 8102**

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

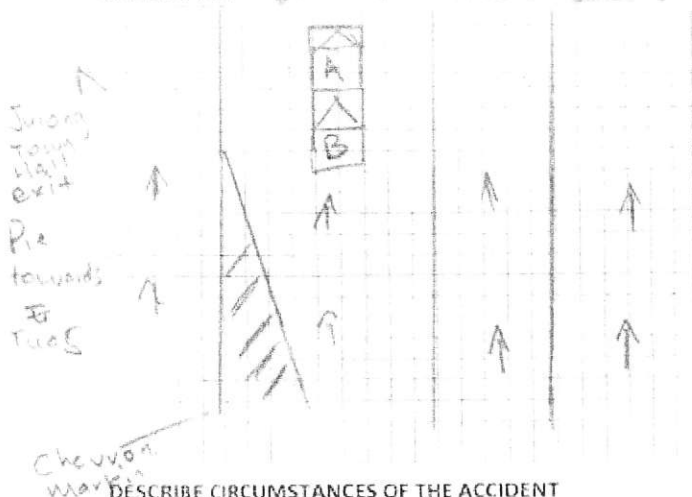
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Sketch Plan #2

SKETCH PLAN



Vehicle No

A -

B -

Legend



Vehicle



Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Estimated time 1130 pm, I was driving along at Jurong Town expressway near Jurong Town Hall exit (PIB Towards Tuas) at lane 3 Speed 60-70 Km/PH and it was slightly rain (Drizzling) While I was driving a Cisco Auxiliary officer on bike escorting a big heavy vehicle signalled me to slow down to give way to the heavy vehicle I complied to his signal and slow down. All of a sudden, there was a road impact at my rear vehicle and my vehicle jerk slightly forward. I stopped my vehicle, and turn on the hazard lights and exit my vehicle to see what had happened. A lorry YM 98660 had knocked the rear of my vehicle. So I take some pictures of my vehicle and his and we both parked temporarily at the Chevron marking exchange particulars (witnessed by Cisco officer Corporal Raja 33432) while waiting for the traffic police to arrive. I had minor contrusions at my rear neck and spine.

## DECLARATION

Rentokil Initial Singapore Pte Ltd

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

Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated time from the date of occurrence. Kindly check your policy for more details.

tel: 6347 8138 Fax: 6347 8102

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GLAPAC SketchPlanForm V3