

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	11/12/2017 17:46
Date Of Accident	08/12/2017 20:40
Exact Location Of Accident	ALONG AMBER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3476R
Insured/Policyholder	
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	201504621K 2016 4 5A7K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584255

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	UBER
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

Driver

Name of Driver	SINGARA VELLEN NAIDU S/O BALAKRISHNAN
NRIC No	S7501035D
Date Of Birth	10/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	07/04/2004
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
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 CLEAR
Road Surface DRY

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? YES
If Yes, Please state which Police Station
Police Station Name CLEMENTI N.P.C
Police Station Address ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
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? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7154H
Vehicle Make/Model/Colour HYUNDAI/YELLOW
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage MINOR SCRATCHES BELOW FRONT RIGHT HEADLIGHT
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number

SKETCH PLAN

IMPORTANT NOTICE

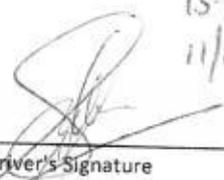
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/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.



15:00
11/12/17



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

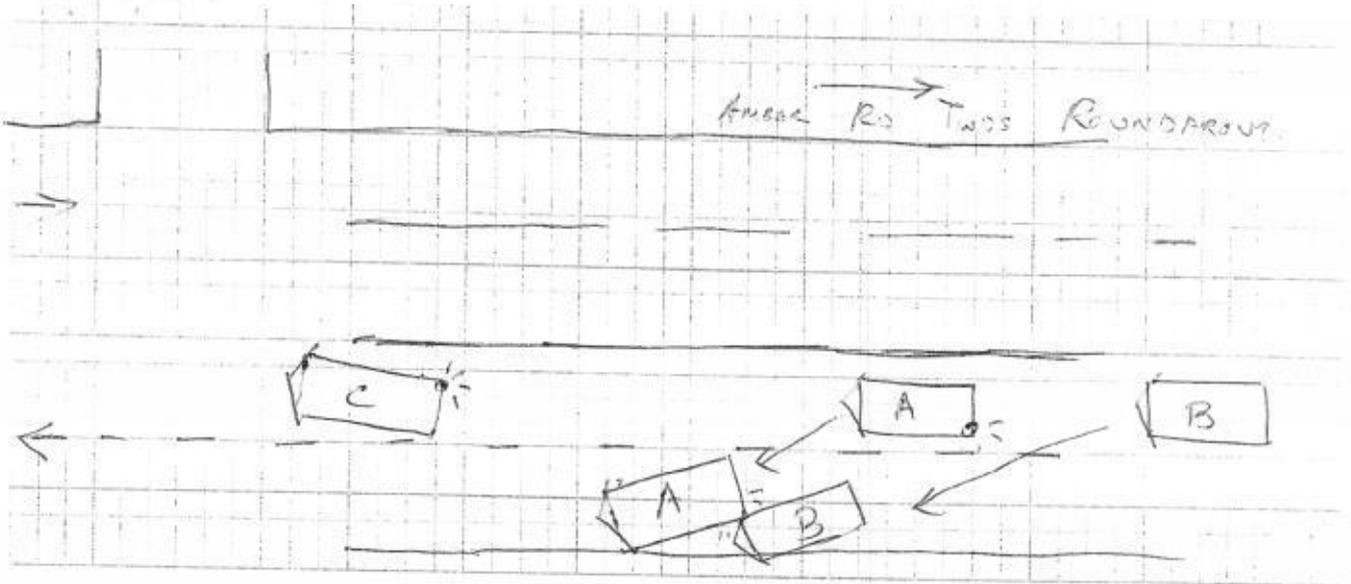




Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Policyholder's Signature
Date & Time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO PER ATTACHMENTS.

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:

15-00
11/12/12



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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7501035D**
Name

**SINGARA VELLEN NAIDU S/O
BALAKRISHNAN**

Birth Date: 10 Jan 1975
Issue Date: 07 Apr 2004

001188260K




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7501035D**

Name
**SINGARA VELLEN NAIDU S/O
BALAKRISHNAN**
சிங்கார வேலன் நாயடு

Race
INDIAN

Date of birth **10-01-1975** Sex **M**

Country of birth
SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Apr 2004

NP 423A

Licence No: S7501035D



3687464

NRIC No: **S7501035D**

Date of issue
15-03-2005

APT BLK 205 BUKIT BATOK STREET 21 #02-44
SINGAPORE 650205
NRIC No: S7501035D Date: 15/07/2017






Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Driver			
Name	SINGARA VELLEN NAIDU S/O BALAKRISHNAN	ID No.	S7501035D
Related Vehicle	SLK3476R (Car)	Contact No.	97565527
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 a Uber driver for the past 3 months plus. I had rented my black Mitsubishi Attrage bearing the registration plate no. of SLK3476R from Lion City Rental Pte Ltd.

On 08/12/2017 at about 2040hrs, I was driving my rental vehicle along Marine Drive. I then entered the roundabout and heading towards Amber Road. While at the roundabout, I signaled right and proceeded to change lane to the right. All of a sudden, one Citycab taxi bearing the registration plate no. of SHC7154H suddenly made an immediately brake behind my vehicle as I heard the screeching sound coming from the taxi.

After which, I signaled left and proceeded to change lane to the left. The Citycab then suddenly came behind me again and again I heard the screeching sound. The next moment, I felt an impact from the rear and the Citycab had knocked onto my vehicle. Both the Citycab driver and myself then shifted our vehicle to the side and we both got down of our vehicle.

I then requested for the driver particulars, however the driver refused to produce it to me. The driver is a Chinese male in his 50s. The driver then informed me to take down his registration plate no. and subsequently drove off from the scene. Both our particulars were not exchanged.

There is an in-car camera installed inside my vehicle, however it only focus the front and not the rear. No one is injured in the accident. I did took photographs of the damaged on both our vehicles. The damaged on my vehicle was at the left rear portion. The body part was torn and damaged. The damaged on the Citycab was at the front right portion, near to the headlight. There are minor scratches on the vehicle.

I wish to state that when I spoke to the Citycab driver, the driver reeked of alcohol.



**SINGAPORE
POLICE FORCE**



T/20171209/2042

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20171209/2042

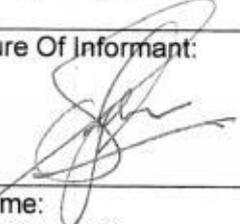
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 2 CHIAM SOCK HWEE
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430

Signature Of Informant: 
Date/Time: 09/12/2017 12:03
Classification Of Case:

Authentication Stamp NP168  SINGAPORE POLICE FORCE	SN 37
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