

## 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
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	201504621K 2016 4597K
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	
EEmail 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

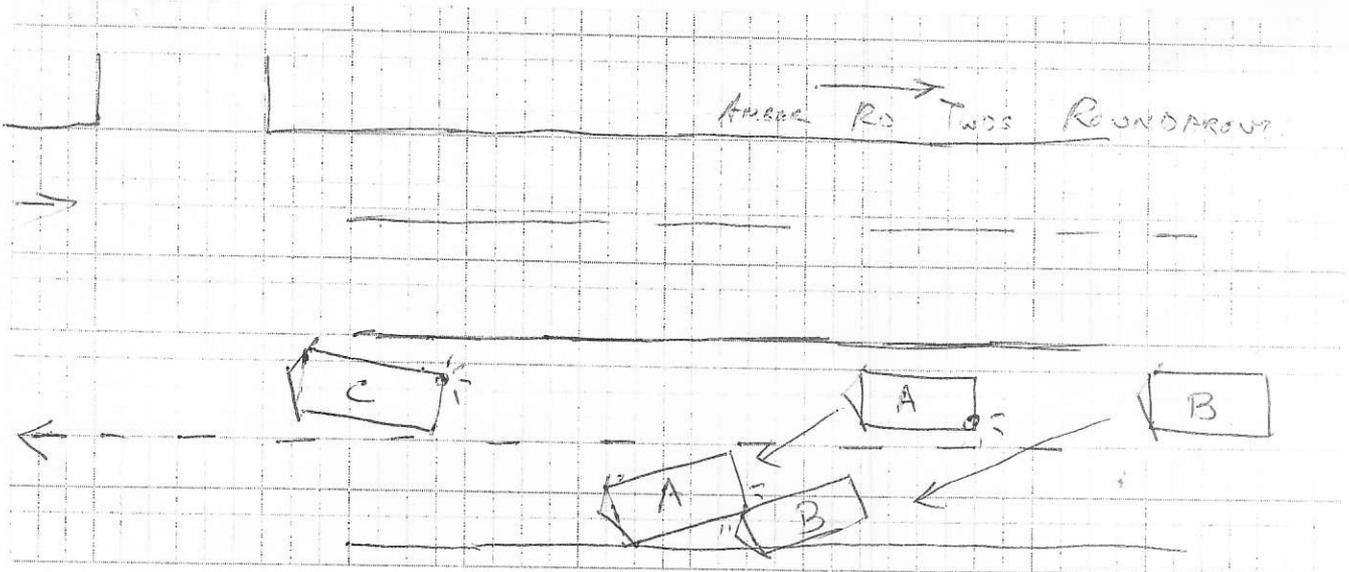
Vehicle Registration Number SHC7154H  
 Vehicle Make/Model/Colour HYUNDAI/YELLOW  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage MINOR SCRATCHES BELOW FRONT RIGHT HEADLIGHT  
 No. Of Passenger (Including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

#### Details of Witness

Name  
 Phone Number



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. PER ATTACHMENTS.

DECLARATION

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



15-00  
11/12/12



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.:



**SINGAPORE  
POLICE FORCE**



T/20171209/2042

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

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Report No. T/20171209/2042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/12/2017 12:03		Vide Report No.:		Station Diary No.: 76	
<b>Informant's Particulars</b>					
Name of Informant: SINGARA VELLE NAIDU S/O BALAKRISHNAN			Address: APT BLK 205 BUKIT BATOK STREET 21 #02-44 SINGAPORE 650205		
ID Type / ID No.: NRIC NO / S7501035D			Contact No.: Home/Office:		Mobile: 97565527
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 10/01/1975	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/12/2017 20:40	Type of Location: Roundabout
Location: Along Road 1 Traveling Toward Road 2 MARINE DRIVE AMBER ROAD Along Marine Drive, after the exit of Roundabout towards Amber Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7154H	Car	HYUNDAI		Yellow	Slightly Damaged	0
SLK3476R	Car	MITSUBISHI	ATTRAGE	Black	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

Report No. T/20171209/2042

**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.



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Report No. T/20171209/2042

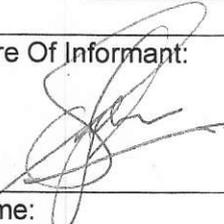
**CONTINUATION OF REPORT**

**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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