SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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.

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	ACCIDENT STATEMENT
Date Of Report	11/05/2018 13:47
Date Of Accident	08/05/2018 18:00
Exact Location Of Accident	THOMSON RD, B4 SLIP RD ONTO PIE TWDS CHANGI
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT8635S
Insured/Policyholder	
Name Of Registered Owner	MICRO CREDIT (CAR LEASING) PTE LTD
Co Reg No	-
Email Address	NATALBYVAN1996@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94756299
Alternative Phone No	OFFICE-94756299
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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 CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994694
Cover Note Number	
Driver	
Name of Driver	BYVAN NATAL
NRIC No	S9646777Z
Date Of Birth	20/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2016
Driving Experience	1 YEAR AND 10 MONTHS

MALE

(LOCAL) +65-94756299

NATALBYVAN1996@HOTMAIL.COM

OTHERS-94756299

Address 1 AMBER ROAD

#19-01

Postcode 439845

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 SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : OON YONG TAI, JEFFREY

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

470629, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-4439999 - **FAX NO**: 62444376

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180508/2150

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: REVERT
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GV5973K

Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver HOSSAIN MIYAD

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name BYVAN NATAL

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SJT8635S
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name OON YONG TAI, JEFFREY

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SJT8635S
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Page 3 of 26

Sketch Plan

SKETCH PLAN

FORTANT NOTICE

- 1. Please report entreetly the details of the accident to speed up the claims process.
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- 7. By the lodgment of this report to the insurers, you haroby consent to the archiving of this report at the centre and to copies of the report being made available alpressit.
- 5. Consent under the Personal Data Protection Act (PDPA)

- (1) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, Tunderstand, acknowledge, agree and consent that: 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 dozing with my claims including the settlement of the claims and any necessary investigations relating to the plaine;
 - (ii) investigating the accident and/or my dalms:
 - (iii) carrying out ane/or dealing with my instructions or responding to any enquiries by me;
 - (N) administering my claims (including the malling of correspondence, statements, invoices, reports of notites to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the
 - (v) complying with applicable law in administering, processing, francing and/or dealing with my claims (collectively the
 - (a) all insurer(s) who have traured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process by Parsonal Information for one or more of the above Purposes; and
 - my Personal Information may/can be disclosed by any of the insurers and/or GUA to their third party service providers on agatophological that lawyers/ are firms), which may be sized outside of Singaporo, for one or more of the chore Purposes.
 - (b) any personal information will also be collected and used to compile disints history for the purpose of freud detection, investigation and management in present and all future deline.
 - (e) the information so collected under (a) above may be shared / disclosud:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agancies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Folleybolder's Sitt Date & Time:

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

Reporting Centre Personners Signature Name

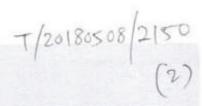
NRIC/FIN No.1

Sketch Plan #2

A: 55T66355

B: 6 V 59731a Thomson Road before PIE (CHANGI) entrance SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer police report DECLARATION a particulars are true in every respect. /We declare th Reporting Centre Personners Signature Dricer's Signature Policyholes (If driver is not the policyholder) Date & Time: Names NRIC/FIN No.1 Date & Timer

SINGAPORE 470629 Tel No. 1800-4439999 CONTINUATION OF REPORT



Driver	CONTRACTOR OF THE PARTY OF THE	100	Marin Marin		1000	
Name	HOSSAIN MINYAD			ID No.		G6820258U
Related Vehicle	GV5973K (Lorry)			Contac	t No.	84626534
Hospital/Clinic	NIL			Class of Driving Licence Expiry	8.0	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Di	scharge	NIL	
	ted Medical Leave	NIL			NIL	
Driver		21808B	AND WAS I	00 PH 1832	men	BEET STATES
Name	BYVAN NATAL			ID No.		S9646777Z
Related Vehicle	SJT8635S (Car)			Contac	t No.	88217211
Hospital/Clinic	HEALTHPLUS CLINI	C & SUR	GERY	Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
Date Treatment	08/05/2018		Date Di	scharge	08/05	/2018
the see here. It is no constitution that	ted Medical Leave	03		of Injury		
Passenger	State of the second second	AST CALLS	VISION SERVICE		TENED!	
Name	OON YONG TAI, JEF	FREY		ID No		S9747488E
Related Vehicle	SJT8635S (Car)			Conta	ct No.	96772111
Hospital/Clinic	HEALTHPLUS CLINI	C & SUR	GERY	Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Control of the Contro	22.22.22.2		0.4.0	lankaran	ngin	5/2018
Date Treatment	08/05/2018		Date D	ischarge	1.0000	0/2010

Brief Details.

On the above mentioned time and date, I was driving my vehicle(SJT8635S) along Thompson road. As I was driving along Thompson Road, I was on the most left lane as I wanted to enter the slip road onto PIE towards Changi. However, there was another lorry(GV5973K) which was beside me on the right lane, was trying to cut into my lane. While cutting into my lane, the rear left portion of the lorry had collided onto the front right portion of my vehicle. Afterwhich, I had signaled to him to stop ahead and we stopped our vehicles at the slip road of PIE. Subsequently, I had alighted from my vehicle and I had discovered that vehicles are dents and scratches on the front right portion of my vehicle. The rear left portion of the lorry there were dents and scratches on the front right portion of my vehicle. The rear left portion of the lorry was slightly dented. I had exchanged particulars with the lorry driver, and we came to an agreement for insurance settlement of this accident and we left the accident location afterwards.

After the accident, I felt that my neck and right arm was in pain and as such I had went to Healhplus Clinic

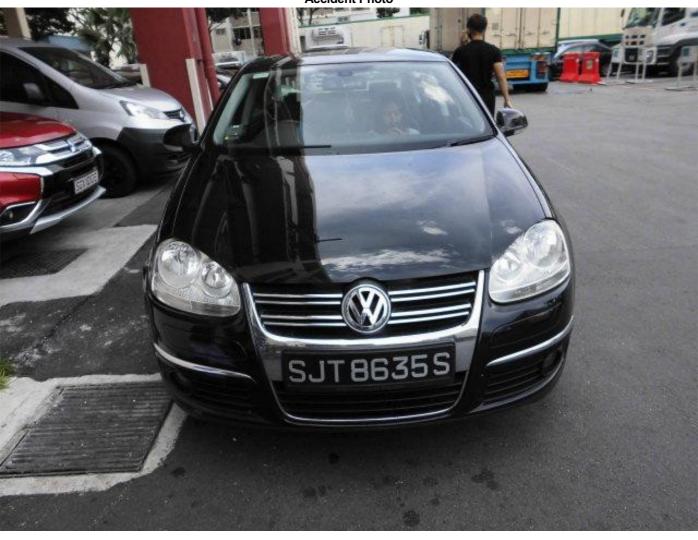
Sketch Plan #4

T/20180508/2150

Tel No: 1800-4439999

CUNTINUATION OF REPORT

& Surgery clinic to seek medical assistance and I was given 3 days of MC. My passenger, Oon Yong Tai, Jeffrey had also felt pain in his neck area and had went to visit the same clinic and was also given 3 days of MC. My insurance company had informed me to lodge a police report. I would like to state that I had an in-car camera which had captured how the whole accident happened.

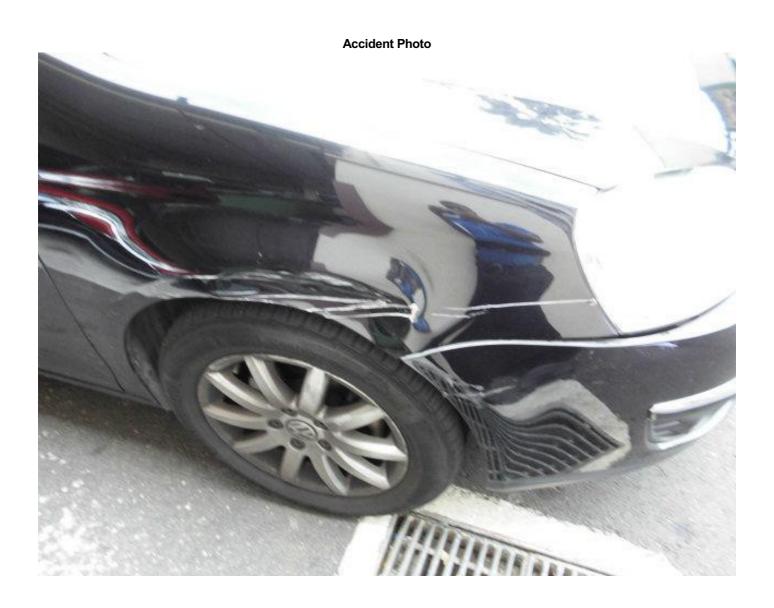


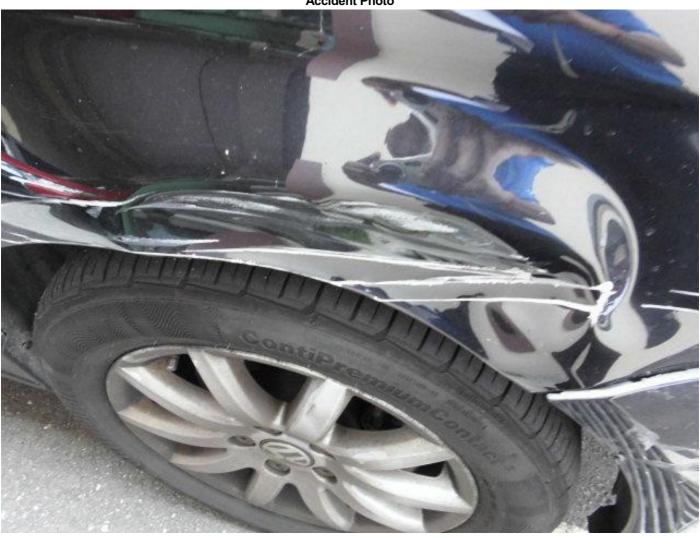


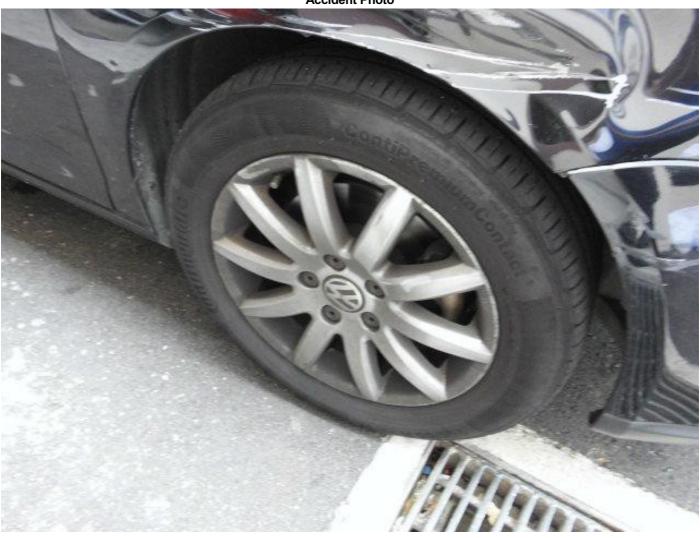




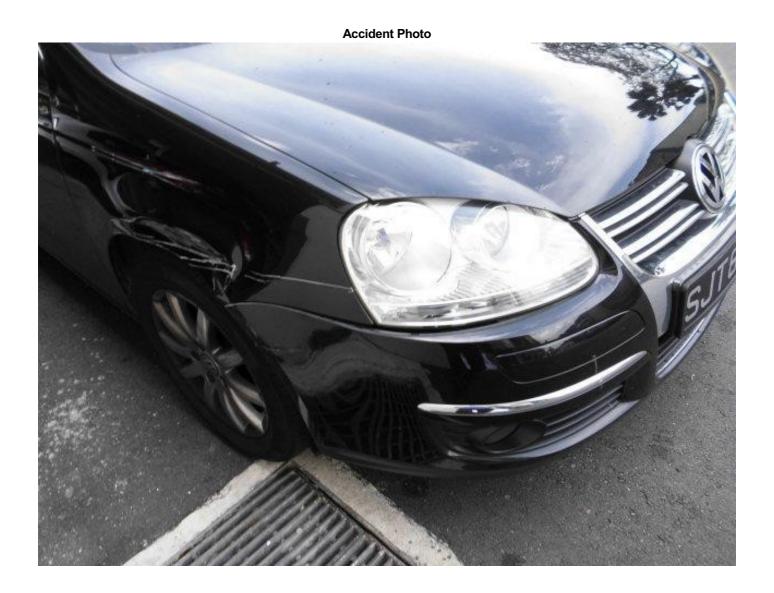






















Police Station of Origin Euros NPP 629 Bedok Reservoir Road #101-1620 SINGAPORT 670629 T/2010 T/20180×08/2150 SHOWL ALDREA Tel No. 1800-4439999 REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No. Date/Time Report Made: 38 08/05/2018 19:45 Informant's Particulars Address Name of Informant: 1 AMBER ROAD #19-01 SINGAPORE 439845 BYVAN NATAL Contact No. ID Type / ID No .: Mobile: 88217211 Home/Office: NRIC NO / S9646777Z Email: Nationality SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex Age: Driver 20/12/1996 Male Institution / School Name. Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 3

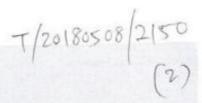
Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2018 18:00	Type of Location Straight Road
Location: Along Road 1 THOMSON F ALONG THO Weather:	ROAD	ORE SLIP ROAD ONTO	PIE TOWARDS CHAN	NGI Road Speed Limit
Clear Fraffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
One Way Type of Collis	sion:	Swipe - Same Direction		Anyone conveyed by ambulance: No

ADMIN

Details of V	ehicle Invo		Indiana I	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	200	Slightly	3
GV5973K	Lorry	TOYOTA		Silver	Damaged	
			IETTA	Black	Seriously	1
SJT8635S	Car	VOLKSWAGO N	JETTA	Diack	Damaged	

Details of Person Involved	3000000000000000000000000000000000000
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing

SINGAPORE 470629 Tel No: 1800-4439999 CONTINUATION OF REPORT



Driver			A STATE OF		10000	G6820258U
Name	HOSSAIN MINYAD			ID No.		G68202360
Related Vehicle	GV5973K (Lorry)			Contact	No.	84626534
Hospital/Clinic	NIL			Class o Driving Licence Expiry I	8	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date D	ischarge	NIL	
	ted Medical Leave	NIL '			NIL	
Driver	CANCEL CONTRACTOR	MARK NOW		A STORE STATE OF THE PARTY OF T	4754	TERRETOR STATE
Name	BYVAN NATAL	WE TO SE		ID No.		S9646777Z
Related Vehicle	SJT8635S (Car)			Contac	t No.	88217211
Hospital/Clinic	HEALTHPLUS CLII	NIC & SUR	GERY	Class of Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
Date Treatment	08/05/2018		Date D	Discharge	08/05	72018
	ted Medical Leave	03			Sligh	
Passenger	THE PARTY OF THE P	SERVICE SE		The second of	E915	
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Hospital/Clinic	HEALTHPLUS CLI	NIC & SUR	GERY	Class Drivin	g	Class: NIL Date of Expiry: NIL
		Sales .		Expiry	Date	
Date Treatment	08/05/2018		Date I	Discharge	08/0	5/2018
le of Dove arani	ted Medical Leave	03	Degre	ee of Injury	Sligh	nt

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7/20180508/2150

Tel No: 1800-4439999

CONTINUATION OF REPORT

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7/20180508/2150

Informant is not able to provide sketch plan	
IMPORTANT: Please attach a copy of your vehic	cle's Insurance Certificate to this report. If you 65474885 stating the report number as ref
the certificate with you now, please fax a copy to Signature Of Officer Recording The Report:	cle's Insurance Certificate to this report. If you 65474885 stating the report number as ref
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Signature Of Officer Recording The Report: G / Sgt 2 LEE WEI LIANG Signature Of Interpreter:	Signature Of Informant: Date/Time:
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