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 <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

| aforesaid. | |
|--|---------------------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 27/09/2018 19:42 |
| Date Of Accident | 04/09/2018 16:00 |
| Exact Location Of Accident | ALONG DEPOT ROAD INFRONT OF BLK 4001 |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBE584G |
| Insured/Policyholder | |
| Name Of Registered Owner | MAC-SYSTEM ENGINEERING SERVICES |
| Co Reg No | 42668200M |
| Email Address | MACGLOBAL@SINGNET.COM.SG |
| Mobile Phone No | (LOCAL) +65-83009348 |
| Alternative Phone No | OFFICE-62753836 |
| Vehicle Particulars | |
| Manufacturer | KIA |
| Model | K2500 |
| Exact Purpose for which vehicle was being used at time of accident | PARKING AFTER WORK |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D18MCV0001090 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MANIVEL SURESH |
| Passport No/FIN | G2373670K |
| Date Of Birth | 10/05/1088 |

Name of DriverMANIVEL SURESPassport No/FING2373670KDate Of Birth10/05/1988OccupationOUTDOORDate Of Driving Pass19/05/2015

Driving Experience 3 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83009348

Fax Number

Contact Number OFFICE-62753836

EMail Address MACGLOBAL@SINGNET.COM.SG

Address BLK 4001 DEPOT LANE

#04-12

Postcode 109755

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 COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

NO 1

YES

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name RIVER VALLEY NEIGHBOURHOOD POLICE POST

NO

Police Station Address ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2789999 - **FAX NO**: 62786427

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180912/2188

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 FBN2853U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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>.
- 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.
- 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.
- 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:
 - 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.

Policyholder's Signature

ate & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time

LIDSU BUGIELE

Proporting Centre Bersdonel' Signature

NRIC/FIN No

Accident Sketch Plan

| | 2 |
|-------------------------|---|
| | Welkings Area |
| | 3 & Parking Lots- |
| 1000 | GBE584G |
| 4 18 1 | REVERSING RE |
| Bloc | A REWAS INCH |
| | |
| | |
| ESCRIBE CIRCUMSTANCES O | (10510000000) |
| | 1 1600 hr, I returned from work and wonted to |
| | notice that my veer beach had hit something. |
| | long on saw of meterbike No FBN 2853N fell down. |
| | i motor bike only put in place. As I didn't see the owner |
| | ist to park in or lust. |
| | le newleship behind these parking lists. Do They are |
| clusin tustimers hav | - King discriminary along these well-way area. |
| | |
| Ų. | |
| U. | |
| Ų, | 20 100000 |
| Polick Repok | 27 1/2018 0912/5188 |
| Ų. | 27 7/2018 2912/2188 |
| Ų. | 7/2018 0912/2188 |
| Ų. | 7/2018/09/2/2/2 |
| Ų, | 27 7/2018/0912/0188 |
| Ų, | 27 7/2018 2912/5188 |
| Ų, | 27 7/2018 2912/5128 |
| Ų. | 27 7/2018 2912/5188 |
| Polick Repok | 27 1/2082912/2188 |
| POLICIE PORPOR | 7 1/2018 12/2188 |
| Polick Repok | 1 1/208 4913/5188 |

POLICE REPORT





Police Station Of Origin: River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

1 of 3 Report No. T/20180912/2188

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 12/09/2018 20:41 | | Vide Report No.: | Station Diary No. | | |
|--|-------------|---|--|----------------------------|--|
| Informa | nt's Partic | ulars | | | |
| Name of Informant: MANIVEL SURESH ID Type / ID No.: FIN NO / G2373670K Nationality: INDIAN | | Address: | | | |
| | | Contact No.: Home/Office: Mobile: 83009348 | | | |
| | | Email: | | | |
| Sex: Male | Age: 30 | Date of Birth: 10/05/1988 | Type of Informant: Driver | | |
| Race: Indian | | | Language: | Institution / School Name: | |
| Occupation: AIRCON CONTRACTOR | | CTOR | Driving Licence Informati Class: 2B,3 | Date of Expiry: | |

| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 04/09/2018 16:00 | Type of Location Straight Road |
|---|------------------------------|------------------------------------|---|-----------------------------------|
| Location: Along Road 1 DEPOT ROAL | O Road infront of Blk 400 | | | |
| Weather: | | Road Surface: Dry | F | Road Speed Limit: |
| Clear | | Diy | | |
| Clear Traffic Flow: One Way Type of Collis | | Traffic Control: Not Controlled | | raffic Volume: |

| Vehicle No. | Type | Make | Madel | 10. | | |
|-------------|------------|------|-------|-------|---------------------|-----------------|
| | | Make | Model | Color | Condition | No of Passenger |
| FBN2853U | Motorcycle | | | | Slightly Damaged | 0 |
| GBE584G | Lorry | 9.11 | | | No Damage | 0 |

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

POLICE REPORT





Police Station Of Origin: River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004 Tel No: 1800-2789999

2 of 3 Report No. T/20180912/2188

CONTINUATION OF REPORT

| Name | MANINEL CLIPPER | | Marie and | | Party of the second of the same |
|-------------------|----------------------|------------|-----------|----------------------|---------------------------------|
| | MANIVEL SURESH | | ID No. | | G2373670K |
| Related Vehicle | NIL | | | | 500 |
| | 1.00 | | Conta | act No. | 83009348 |
| Hospital/Clinic | NIL | | | | |
| | NIL | | | ving Date of Expiry: | |
| Date Treatment | NIL | 1- | Expiry | Date | |
| No. of Days grant | ad M. W. Co. | Date Disch | narge | NIL | |
| - | ed Medical Leave NIL | Degree of | Injury | NIL | |

Brief Details.

On 04/09/2019 at around 1600hrs, I returned from work and wanted to park my lorry (GBE584G) near our office. While reversing, I noticed that the rear of my lorry hit onto something. I came out to check and discovered that a motorbike (FBN2583U) laying on the road. I then assisted to lift the said motorbike to an upright position. There is a motorbike workshop near my office as such there are always motorbikes parked discriminately at the area. I am lodging this report for insurance purposes.

POLICE REPORT





Police Station Of Origin: River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004 Tel No: 1800-2789999 CONTINUATION OF REPORT

Report No. T/20180912/2188

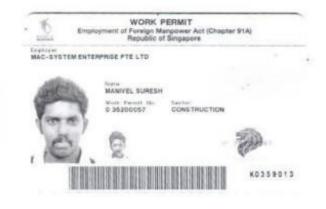
3 of 3

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 E / Sgt 2 KESAVA RAJ S/O SUPAIAH | Signature Of Informant: |
|---|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 12/09/2018 20:41 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 | Classification Of Case: |
| SIGNATURE | |





VISIT PASS
Immigration Regulations

Download Stillwark Pass
App to check status
10-05-1988 M

NOMAN

MALTIPLE JOURNEY VISA ISSUED

OR HAS EXPORD, OR WINN A NEW CARD IN MILE TO YOU

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3 Motorcycles =< 200 co EFFECTIVE DATE

Class 3 Motor Cars == 3003kg with =</ >

2015

of the driver; and other motor vehicles =< 2503kg

NP 428A

Licence NorG2373670K















