

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 liability.
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.

ACCIDENT STATEMENT

| | |
|----------------------------|-----------------------------------------|
| Date Of Report | 02/11/2018 15:52 |
| Date Of Accident | 01/11/2018 18:15 |
| Exact Location Of Accident | ALONG UBI AVE 4 BESIDE SCDF HEADQUARTER |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | GBF1037H |
| Insured/Policyholder | |
| Name Of Registered Owner | GOLDBELL LEASING PTE LTD |
| Co Reg No | 199001196N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-82699313 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer | FIAT |
| Model | DOBLO CARGO |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| 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 | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | D-18090757MFCV |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | VENKATRAMAN PARTHASARATHY |
| NRIC No | G3077449W |
| Date Of Birth | 30/12/1988 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/02/2015 |
| Driving Experience | 3 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82699313 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|-----------------------------------------------------|---------------|
| Address | NIL |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | 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 [OTHER] | CLEMENTI N.P.C |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20181101/2139 LODGED AT CLEMENTI N.P.C ON 1/11/2018 AT 1815HRS, I WAS DRIVING ALONG UBI AVENUE 4 WITH MY COMPANY VAN BEARING REGISTRATION NUMBER GBF1037H. THE TRAFFIC VOLUME WAS VERY HEAVY AT THAT TIME SO I WAS SLOWLY MOVING FORWARD. AT THAT JUNCTURE, THERE WAS A RED COLOUR TAXI IN FRONT OF ME. SUBSEQUENTLY, THE TAXI SAW THAT THE OPPOSITE HAS PASSENGER WAVING AT HIM. HE THEN MAKES A U-TURN, HE DIDN'T HAVE ENOUGH SPACE TO MAKE A U-TURN HE THEN REVERSED. HE REVERSED AND COLLIDED ON TO THE FRONT RIGHT OF MY VAN. AFTER THE COLLISION, HE PARKED AT THE OPPOSITE SIDE OF THE ROAD AND GOT OUT OF THE VEHICLE. I GOT OUT OF MY VEHICLE AS WELL. THE TAXI DRIVER TOLD ME TO MOVE MY VAN SLIGHTLY IN FRONT AND PARK AT THE SIDE SO AS NOT TO BLOCK THE TRAFFIC BEHIND ME. AT THE POINT OF ACCIDENT, I DO NOT HAVE ANY PASSENGER WITH ME. I LISTENED AND DROVE SLIGHTLY IN FRONT AND PARK AT THE SIDE OF THE ROAD. I GOT OUT OF THE VEHICLE TO FIND THE TAXI, HOWEVER, THE TAXI WAS NOWHERE TO BE FOUND. I DID NOT SUFFER ANY INJURY BUT THE COLLISION CAUSES THE FRONT RIGHT OF MY COMPANY VAN TO SUFFER FROM SOME SCRATCHES. I DID NOT MANAGE TO TAKE DOWN ANY PARTICULARS OF THE TAXI DRIVER AND THE TAXI PLATE NUMBER. MY VEHICLE DOES HAVE IN CAR CAMERA, I HAVE YET TO REVIEW IT. I ALREADY INFORM MY COMPANY SUPERVISOR ABOUT THIS.

Attachment(s)

| | |
|-----------------------------------------------|----------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | PENDING VIDEO FROM INSURED |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SHB4111G |
| Vehicle Make/Model/Colour | HYUNDAI/I40 1.7/BLUE |
| Details Of Properties | |
| Vehicle Category | TAXI |

| | |
|-------------------------------------|----------------|
| Name of Driver | UNKNOWN DRIVER |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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6. 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 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.
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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

Muhammad Faizal

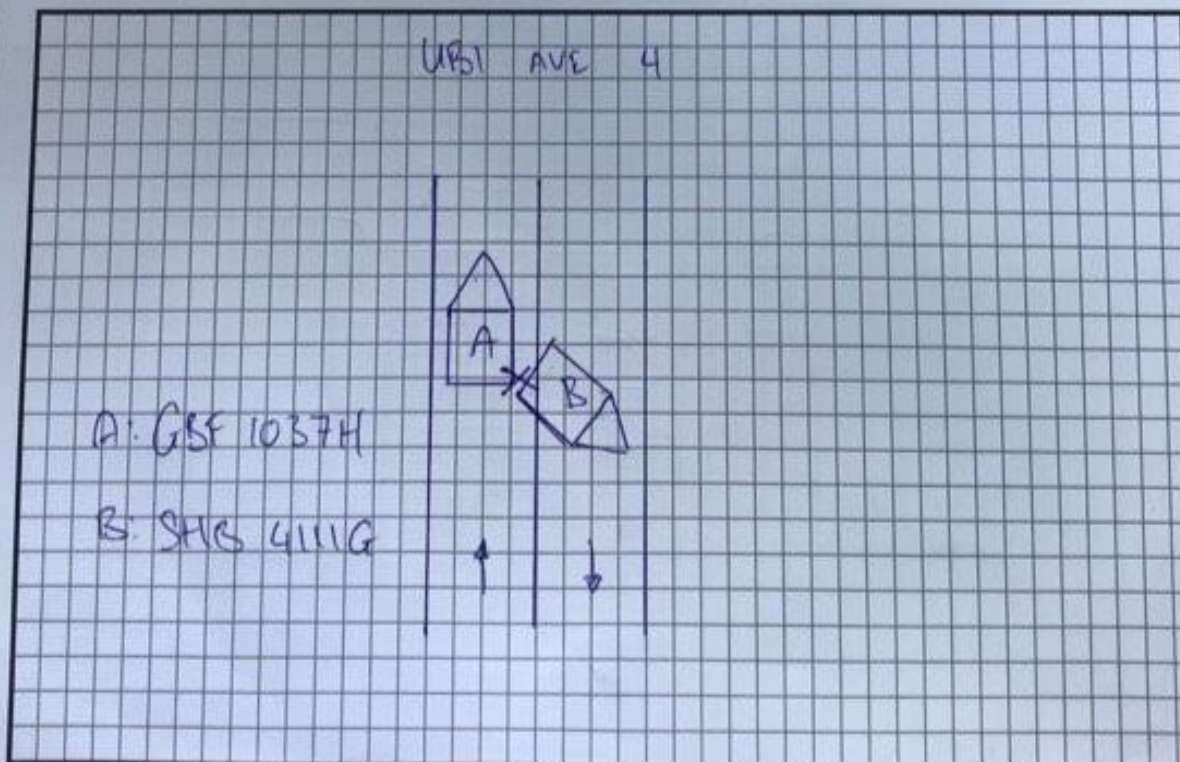
Bin Pabila

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**



T/20181101/2139

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

1 of 3

Report No. T/20181101/2139

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|------------------|---------------------------|
| Date/Time Report Made: 01/11/2018 22:26 | Vide Report No.: | Station Diary No.: 196 |
|--------------------------------------------|------------------|---------------------------|

Informant's Particulars

| | | | | |
|-------------------------------------------------|------------|------------------------------|--------------------------------------------------------------------------|----------------------------|
| Name of Informant: VENKATRAMAN PARTHASARATHY | | | Address: APT BLK 817 JURONG WEST STREET 81 #04-32 SINGAPORE 640817 | |
| ID Type / ID No.: FIN NO / G3077449W | | | Contact No.: | Mobile: 82699313 |
| Nationality: INDIAN | | | Home/Office: | |
| | | | Email: | |
| Sex: Male | Age: 29 | Date of Birth: 30/12/1988 | Type of Informant: Driver | |
| Race: Indian | | | Language: English | Institution / School Name: |
| Occupation: SERVICE TECHNICIAN | | | Driving Licence Information: Class: 2B,3 | |
| | | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|----------------------------------------------------------------------------------------------|---------------------------|------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 01/11/2018 18:15 | Type of Location: Straight Road |
| Location: Along Road 1 UBI AVENUE 4 Along Ubi Avenue 4, beside SCDF headquarter | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| GBF1037H | | | | | Slightly Damaged | 0 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20181101/2139

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/20181101/2139

CONTINUATION OF REPORT

Brief Details.

On 1/11/2018 at 1815hrs, I was driving along Ubi Avenue 4 with my company van bearing registration number GBF 1037H. The traffic volume was very heavy at that time so I was slowly moving forward. At that juncture, there was a red colour taxi in front of me.

Subsequently, the taxi saw that the opposite has passenger waving at him. He then makes a U-Turn, he didn't have enough space to make a U-Turn, he then reversed. He reversed and collided on to the front right of my van. After the collision, he parked at the opposite side of the road and got out of the vehicle. I got out of my vehicle as well. The taxi driver told me to move my van slightly in front and park at the side so as not to block the traffic behind me. At the point of accident, I do not have any passenger with me.

I listened and drove slightly in front and park at the side of the road. I got out of the vehicle to find the taxi, however, the taxi was nowhere to be found. I did not suffer any injury but the collision causes the front right of my company van to suffer from some scratches. I did not manage to take down any particulars of the taxi driver and the taxi plate number. My vehicle does have in car camera, I have yet to review it. I already inform my company supervisor about this.

Police Report



SINGAPORE
POLICE FORCE



T/20181101/2139

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

3 of 3

Report No. T/20181101/2139

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 LIH JUN JUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/11/2018 22:26

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Classification Of Case:

Authentication Stamp
NP168

SN-37

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo




Accident Photo



Accident Photo



Identification Card

 **S PASS**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
CHUBB SINGAPORE PRIVATE LIMITED

Sector: **SERVICE**

Name
VENKATRAMAN PARTHASARATHY



Occupation
SERVICE TECHNICIAN


S Pass No.
0 36614730


Date of Application
23-10-2017

Date of Issue
18-12-2017

Date of Expiry
18-12-2019






L8519229

Identification Card

VISIT PASS
Immigration Regulations

Name
VENKATRAMAN PARTHASARATHY


82699313



| | | |
|-------------------|-------------------|-------------------|
| Date of Birth | Sex | Nationality |
| 30-12-1988 | M | INDIAN |
| FIN | Date of Issue | Date of Expiry |
| G3077449W | 18-12-2017 | 18-12-2019 |

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



Driving License



Driving License

