

## 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 16:24
Date Of Accident	31/10/2018 13:00
Exact Location Of Accident	SLIP RD OF TAN TOCK SENG HOSPITAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU492Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BIZLINK RENT-A-CAR PTE LTD
Co Reg No	200402911Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-92434885

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	
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	999994542/100778405-00000
Cover Note Number	

### Driver

Name of Driver	RAMAKRISHNAN THIRUGNANAM
NRIC No	S2660039A
Date Of Birth	27/03/1960
Occupation	INDOOR
Date Of Driving Pass	15/01/1996
Driving Experience	22 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97824601
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	262 JOO CHIAT PLACE #03-05
Postcode	427944
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS DRIVING ALONG THE SLIP RD OF TAN TOCK SENG HOSPITAL AT EXTREME RH LANE OF 2 LANES. AFTER CHECKING MAIN ROAD TRAFFIC WAS CLEARED, I PROCEED TO DRIVE OUT TO SECOND LANE. I SAW FIRST LANE OF MAIN ROAD TRAFFIC WAS CLEARED AND I PROCEED TO TURN INTO FIRST LANE. VEHICLE B WHICH WAS STATIONARY AT EXTREME LH LANE OF SLIP RD OF TAN TOCK SENG HOSPITAL SUDDENLY DROVE OUT WITHOUT CHECKING MAIN ROAD TRAFFIC AND COLLIDED ONTO FRONT LH PORTION OF MY VEHICLE CAUSING DAMAGES.

#### 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	SHC5156R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI

Name of Driver  
NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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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.

Policyholder's Signature  
Date & Time:

2/11/18

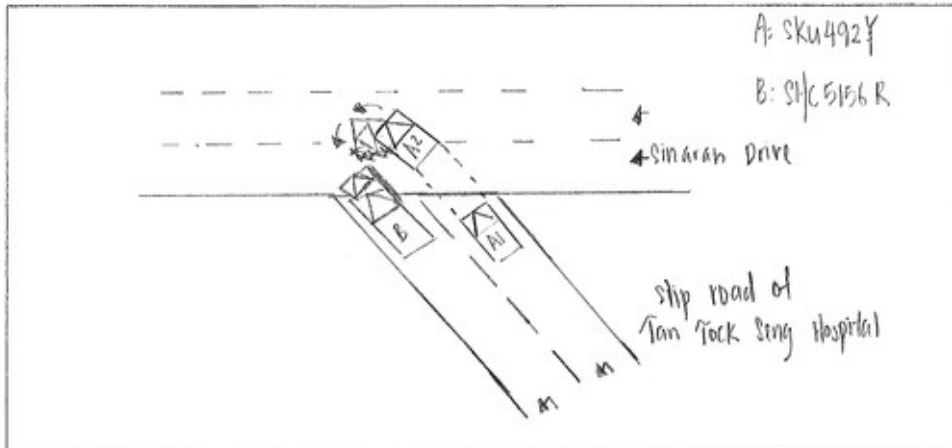
GIA/RSK Sketch Plan Form, v3

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

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

NEW FACE TCC

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along slip road of Tan Tock Seng Hospital at extreme RH lane of 2 lanes.

After checked main road traffic was clear and I proceed to drive out to 2nd lane, I saw first lane of main road traffic was clear and I proceed to turn into first lane.

veh "B" which stationary at extreme LH lane of slip road of Tan Tock Seng hospital suddenly drive out without check main road traffic and collided onto front LH portion of my vehicle and caused damages.

## 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:

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

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2660039A**



Name

**RAMAKRISHNAN THIRUGNANAM**

**இரா திருஞானம்**

Race

**INDIAN**

Date of birth

**27-03-1960**

Sex

**M**

**S2660039A**

Country/Place of birth

**INDIA**



5181484



NRIC No. **S2660039A**



Date of issue

**11-06-2013**

**262 JOO CHIAT PLACE #03-05  
SINGAPORE 427944**

NRIC No: **S2660039A**

Date: **24/01/2015**



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

**S2660039A**

**RAMAKRISHNAN THIRUGNANAM**

Birth Date: **27 Mar 1960**  
Issue Date: **11 Jan 2003**

000104258G



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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	15 Jan 1996
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Jan 1996

NP 428A





HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994542/100778405-00000

OWN DAMAGE EXCESS S\$1,200.00 (1)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

SKU492Y

2) NAME OF INSURED

BIZLINK RENT-A-CAR PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT  
OF INSURANCE FOR THE PURPOSES OF THE ACT

1 Jul 2018

4) DATE OF EXPIRY OF INSURANCE

30 Jun 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the Insured's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### 6) LIMITATION AS TO USE \*

Use for the carriage of passengers or goods in connection with the Insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY SING INVESTMENTS & FINANCE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 3 Jul 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

502806-000  
LIEW OOI LIN MAY  
AIG BUILDING  
78 SHENTON WAY #07-16  
SINGAPORE 079120

Authorised Representative

ORIGINAL

SSPYTP



THE SCHEDULE

VEHICLE DETAILS		RENTAL / LEASING PARTICULARS	
VEHICLE NO : SKU492Y		DATE OUT : 07/09/2018 DATE IN :	
CONTRACT REF :		TIME OUT : 2030 TIME IN :	
MAKE / MODEL Mazda 3 1.5A Sedan		MILEAGE OUT : 25996 MILEAGE IN :	
HIRER'S PARTICULARS		ESTIMATED DATE OF RETURN : Renewable on the 06 <sup>th</sup> of each month	
BILLING NAME : Mr Ramakrishnan Thirugnanam		INSURANCE EXCESS IN SINGAPORE : S\$ 1,000.00	
ADDRESS : 262 Joo Chiat Road #03-05 Parc Bleu Apartments SC427944)		INSURANCE EXCESS IN MALAYSIA : S\$ 2,000.00	
TELEPHONE : 97824601		MODE OF PAYMENT : CREDIT CARD   CHEQUE   CASH   OTHERS	
PERSON IN CHARGE : Mr Ramakrishnan Thirugnanam			
DRIVER'S DETAILS		CHARGES	
NAME : Mr Ramakrishnan Thirugnanam		S\$ Per day x Days	
ADDRESS : 262 Joo Chiat Road #03-05 Parc Bleu Apartments SC427944)		S\$ Per week x Weeks	
TELEPHONE : 97824601		S\$ 1,600.00 Per month x 01 Months 1,600.00	
NRIC/PASSPORT NO : 92660039A		Day/Wks/Mths CDW Ins. S\$ Per day/wks/mths	
DATE OF BIRTH : 27/03/1960 SEX : M / F		Day/Wks/Mths PAI Ins. S\$ Per day/wks/mths	
DRIVING LICENCE NO : 92660039A		DELIVERY CHARGES	
ISSUE/PASS DATE : 14/01/2005		COLLECTION CHARGES	
EXPIRY DATE :		SUB-TOTAL	
COUNTRY OF ISSUE : Singapore		PETROL USED	
ADDITIONAL DRIVER'S DETAILS		RECOVERY FOR DAMAGES	
NAME : Ms Vimala Thirugnanam		OTHERS	
ADDRESS : 262 Joo Chiat Road #03-05 Parc Bleu Apartments SC427944)		SUB-TOTAL	
TELEPHONE :		GOODS & SERVICES TAX (GST) 7 % 112.00	
NRIC/PASSPORT NO : 56978146B		TOTAL AMOUNT PAYABLE 1,712.00	
DATE OF BIRTH : 03/11/1969 SEX : M / F		PAYMENTS	
DRIVING LICENCE NO : 56978146B		MONTHLY RENTAL PAYMENT ON THIS AGREEMENT	
ISSUE/PASS DATE : 29/04/2016		DEPOSIT	
EXPIRY DATE :		TOTAL AMOUNT PAID BY HIRER	
COUNTRY OF ISSUE : Singapore		OPTION TO PURCHASE (IF APPLICABLE)	
		OWNER'S PURCHASE PRICE	
		OPTION TO PURCHASE PRICE	
		SALESPERSON	
		NAME : Raymond Tan	
		TEL : 96907548	

I have read and agree to the terms and conditions on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature below will be considered to have been made on the charge/credit card voucher. All information I have given "Bizlink Rent-A-Car Pte Ltd" in connection with this agreement is true.

24-HOUR ROADSIDE ASSISTANCE 9012 6616

PERSONAL DATA PROTECTION

The Hirer is aware that by signing the Agreement, the Owner will access and be in possession of personal data of the Hirer. By signing this Agreement, the Hirer consents to the use of such personal data as deemed necessary for the operation and effectiveness of this Agreement. The Owner agrees to such use of personal data as is reasonable for the purposes of this Agreement. The Personal Data Protection Policy of the Owner can be found on the Owner's website at [www.bizlinkgroup.com.sg](http://www.bizlinkgroup.com.sg).

REMARKS

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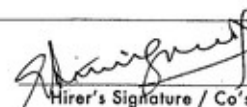
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Acknowledgement of receipt of car

No Uber/GrabCar use  
Full liability for any violations

  
Hirer's Signature / Co's Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo

