

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 | 12/11/2018 18:00 |
| Date Of Accident | 10/11/2018 18:40 |
| Exact Location Of Accident | ANG MO KIO AVENUE 6 NEAR SHELL STATION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJS7713L |
| Insured/Policyholder | |
| Name Of Registered Owner | DANDELION ED PTE LTD |
| Co Reg No | 201314301M |
| Email Address | MAGUSKOMARI@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97217808 |
| Alternative Phone No | OFFICE-67023360 |

Vehicle Particulars

| | |
|--|----------------------|
| Manufacturer | TOYOTA |
| Model | PRIUS HYBRID-1.8 (A) |
| Exact Purpose for which vehicle was being used at time of accident | DRIVING GRAB |
| 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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 999994436/100864448-00000 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | MOHD AGUS BIN KOMARI |
| NRIC No | S1577663C |
| Date Of Birth | 02/10/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/02/1985 |
| Driving Experience | 33 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97217808 |
| Fax Number | |
| Contact Number | OFFICE-67023360 |
| Email Address | MAGUSKOMARI@GMAIL.COM |

| | |
|---|------------------------------------|
| Address | BLK 230 BISHAN STREET 23 #02-39 |
| Postcode | 570230 |
| 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 | 2 |
| 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) | 4 |
| Passenger 1 | NAME: : PASSENGER GENDER: : FEMALE |
| Passenger 2 | NAME: : PASSENGER GENDER: : FEMALE |
| Passenger 3 | NAME: : PASSENGER GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BISHAN NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5529999 - FAX NO: 65561905 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO REFER TO POLICE NOTICE OF STATEMENT

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 | SJL6640G |
| Vehicle Make/Model/Colour | KIA PICANTO |
| Details Of Properties | |

| | |
|-------------------------------------|--------------|
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LIM TEOW KIM |
| NRIC/Passport Number | S0491461I |
| Contact Number | 97107357 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Accident Sketch Plan

SKETCH PLAN

Veh A: SJS 7913 L

Veh B: SJL 6640 G

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7. 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:
 - (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.

DANDELION ED PTE LTD
ROC: 201314301M

Policyholder's Signature
Date & Time:

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

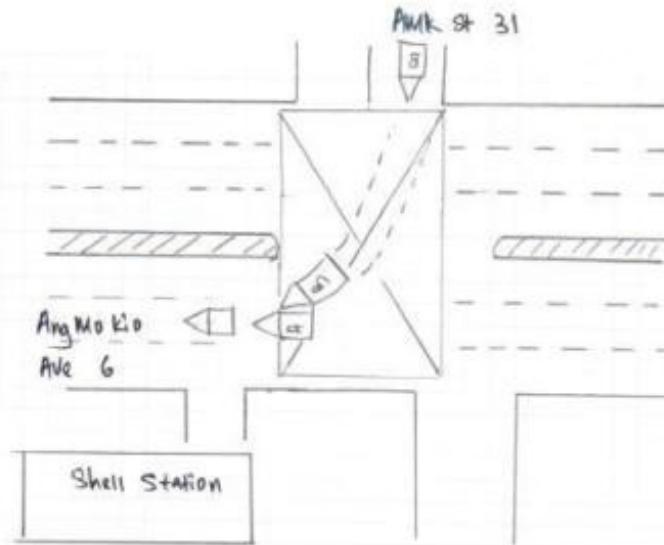
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Veh A: SJS 7713 L

Veh B: SJS 6640 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Notice of Reporting.

DECLARATION

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

DANDELION ED PTE LTD
ROD 01314301M

Policyholder's Signature
Date & Time:

[Signature] 12/11/18
16:40 hrs
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 12/11/2018
Name:
NRIC/FIN No.:

POLICE NOTICE OF REPORTING

Annex D

NOTICE OF REPORTING

This is to confirm that Mohd Agus Bin Komari H/P: 97217808, NRIC/FIN: S1577663C has reported to the Police a non-injury traffic accident which occurred along Ang Mo Kio Avenue 6 near shells station on 10/11/2018 at 1840hrs involving the following vehicles:

- A) SJS7713L – Complainant's vehicle
- B) SJL6640G – Other party's vehicle

On the above date, time and location, I was driving along Ang Mo Kio Avenue 6 near the shell station driving on the middle lane. As I was proceeding on with my journey, a vehicle (SJL6640G) turned in from the right side and came directly straight into the center lane, colliding into mine. Upon collision, I assured that both parties do not have any injuries, exchanged particulars and we proceeded off. There were some damages to my vehicle at the front right side. All parties affirmed no injuries and no government property damaged.

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Daron Ho
Date: 11/11/2018
Time: 1904 hrs
S/D Ref: eSD 125
Police Post/Unit: Bishan NPC

BISHAN NPC
10 BISHAN STREET
SINGAPORE 579757
TEL: 1800-552000



Original - to be issued to informant
Duplicate - to be submitted to Traffic Police


ID


REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1577663C**

Name: **MOHD AGUS BIN KOMARI**

Birth Date: **02 Oct 1963**
Issue Date: **01 Dec 2003**





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1577663C**


Name: **MOHD AGUS BIN KOMARI**


محمد اگوس بن كوماري


Race: **JAVANESE**

Date of Birth: **02-10-1963** Sex: **M**

Country of Birth: **SINGAPORE**







I AM LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| Class | Description | PASS DATE |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 22 Aug 1994 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 09 Feb 1985 |



Licence No: **S1577663C**



428A



0066276

ARC No. **S1577663C**

Blood Group: **B+** Date of Issue: **01-09-1991**

Address: **APT BLK 230 BISHAN STREET 23
#02-39
SINGAPORE 2057**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

