SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 witholding 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.

Date of Accident 30/11/2018 09:55 Exact Location Of Accident PIE GOING TO BKE SUNGAPORE DETAILS OF OWN VEHICLE Wehicle Registration Number GBH6182C Wensured/Policyholder Name Of Registered Owner ONEBUILDER PTE LTD According No According NoEMAIL Wehicle Particulars Wanufacturer NISSAN Model NV350-2.5 D PANEL VAN (M) 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? If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE Insurance Company Alg ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Filed Policy NO Policy Number Over Note Number Divier Divier DURAISAMY SHANMUGANATHAN	7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available				
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Fleet Policy No Policy Number 1800092945 Cover Note Number Driver Name of Driver DURAISAMY SHANMUGANATHAN	Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.				
Policy Number 1800092945 Cover Note Number Driver Dural Samy Shanmuganathan	Type Of Coverage	COMPREHENSIVE				
Cover Note Number Driver Name of Driver DURAISAMY SHANMUGANATHAN	Fleet Policy	NO				
Driver Name of Driver DURAISAMY SHANMUGANATHAN	Policy Number	1800092945				
Name of Driver DURAISAMY SHANMUGANATHAN	Cover Note Number					
	Driver					
	Name of Driver	DURAISAMY SHANMUGANATHAN				
Passport No/FIN G8490113Q	Passport No/FIN	G8490113Q				

Date Of Birth 11/05/1987

Occupation **OUTDOOR Date Of Driving Pass** 17/03/2015

Driving Experience 3 YEARS AND 8 MONTHS Gender MALE

Mobile Number (LOCAL) +65-84853686

Fax Number

Contact Number

EMail Address NOEMAIL

Address 66 SPOTTISWOOD PARK RD

Postcode

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 COLLISION - MAJOR/MINOR RD

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name:

Gender: : Male

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name PAYA LEBAR NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270, POSTCODE: 530114,

COUNTRY: SINGAPORE

: KARUPPIAH SELLAIAH

Police Station Contact **TEL NO**: 1800-2899999 - **FAX NO**: 62815961

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER ATTACH

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC6671T

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

BUS

HU YAN PING

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation.
- 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 upon application by interested parties.
- 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:

- 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)
 - (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
- (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.
- 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 12/2018

0815 Hours

Driver's Signature

Shanninga Mathan Reporting Gentre Personnel's Signature

Name:

(If driver is not the policyholder)

NRIC/FIN No .:

Sis Hours

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(A)	
BKEK 13)	
111774	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	My Vehicle No. 90 H 618.
Accident Date: 30/11/2018	Accident Time: 09-55 Am AM/PM
accident Location: PIE going to BKE	
	circumstances-
Vehicle H (4BH6182C) from	n lane I due to Slippery Roa
Skidded to lane 2 which and he	cle B(PC 66717)
5c 등 (), 4 7 5 5 7 17 6 2 6 7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	the hit
4. THE COURT OF THE PARTY OF TH	che 13 (PC 60 +11)
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4. THE COURT OF THE PROPERTY O	CR B(PC 60 +11)
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and he	Cle 18 (PC 60 +11)
and he	# hit
ther party details below:- Veh No: Pc 16 717 Hp No: Pax incl d	driver: Driver name: Hu Yan Ping
ther party details below:- Veh No: PC b6 11T Hp No: Pax incl d Veh No: Hp No: Pax incl d	driver: Driver name: Hu Yan Ping
ther party details below:- Veh No: PC b6 717 Hp No: Pax incl d Veh No: Hp No: Pax incl d CLARATION /e declare the foregoing particulars are true in every resp	driver: Driver name: Hu Yan Ping
Other party details below:- Veh No: PC LG FIT Hp No: Pax incl d Veh No: Hp No: Pax incl d CLARATION Ve declare the foregoing particulars are true in every resp licyholder's Signature te & Time: (If driver is not the po	driver: Driver name: Hu Yun Ping driver: Driver name: Driver name: Dect. Duraisany Shanmagana than Reporting Centre Personnel's Signature

RESTRICTED

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

1	This is to confirm that _	DU	RAISAMY SHANMUGA	NATHAN_,		
NRIC/FIN G8490113Q		_, has reported to the Police a non-injury traffic accident				
which o	ccurred atalong P	IE tov	vards BKE			
_on _30	0/11/2018	at	10 am/pm involving the	following vehicles:		
Informa	nt: GBH6182C					
Other pa	rty: PC6671T					
2	If this accident was i	If this accident was reported to the Police within 24 hours of its occurrence,				
	Then he/she has com	plied	with Sec 84(2) of the Roa	d Traffic Act, Cap 276.		
	Rank/Name of Issuir	ng Off	icer: MD IZZUWAN	The same		
	Date: 30/11/2018		Time: <u>1530 hrs</u>	BLK 114 HOUGANG AVE SINGAPORE 530114		
	S/D Ref: <u>20</u>			TEL: 1800-2899999		
	Police Post/Unit: PA	YAL	EBAR NEIGHBOURHO	OD POLICE POST		

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

CONFIDENTIAL

Version as of 15 Jan 2002





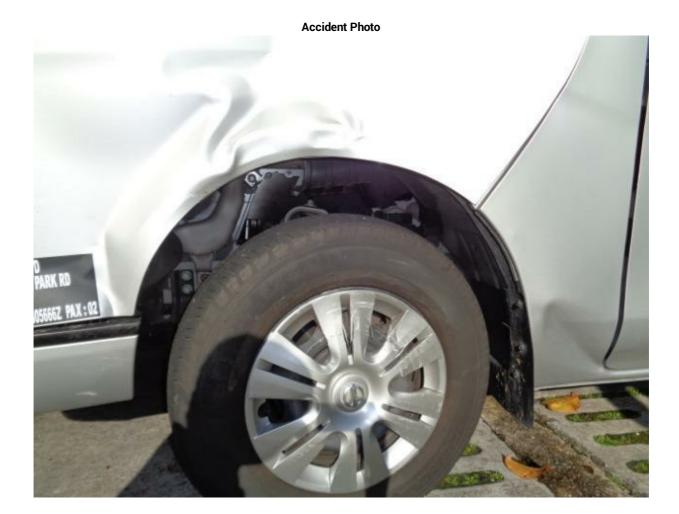
Accident Photo











Accident Photo



Accident Photo

