#### 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 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

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/01/2019 14:50
Date Of Accident	07/11/2018 14:30
Exact Location Of Accident	KIM CHUAN LANE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE9142P
Insured/Policyholder	
Name Of Registered Owner	UNIVERSAL DISPLAYS PTE LTD
Co Reg No	-
Email Address	SEON@UNIVERSALDISPLAYS.COM.SG
Mobile Phone No	(LOCAL) +65-86845748
Alternative Phone No	OFFICE-86845748
Vehicle Particulars	
Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100463892-02
Cover Note Number	
Driver	
Name of Driver	LIM WEI KEAN
NRIC No	S7755445I

Name of Driver

LIM WEI KEA

NRIC No

S7755445I

Date Of Birth

25/12/1977

Occupation

OUTDOOR

Date Of Driving Pass

14/09/2001

Driving Experience 17 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-86845748

Fax Number

Contact Number OTHERS-86845748

EMail Address SEON@UNIVERSALDISPLAYS.COM.SG

Address BLK 602 BEDOK RESERVOIR ROAD

#04-528

Postcode 470602

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 Registration Number of Driver's Own

-

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLIDED INTO PEDESTRIAN

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

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

NO

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 GEYLANG N.P.C

Police Station Address ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT: T/20181109/2056

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

**REVERT** 

Was there any audio recorded?

NO

#### Sketch Plan

#### SKETCH PLAN

#### 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.
- 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.
- 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)

Lunderstand, 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:
  - 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

UTIVEISAL DISDIAVS

Pte Ltd

Bik 3024, Ubi Road 3

#04-79 to 89, Singapore 408652

Tel: 6744343: Fax: 6, 177552

Policyholder's Signature Date & Time: Driver's Signature

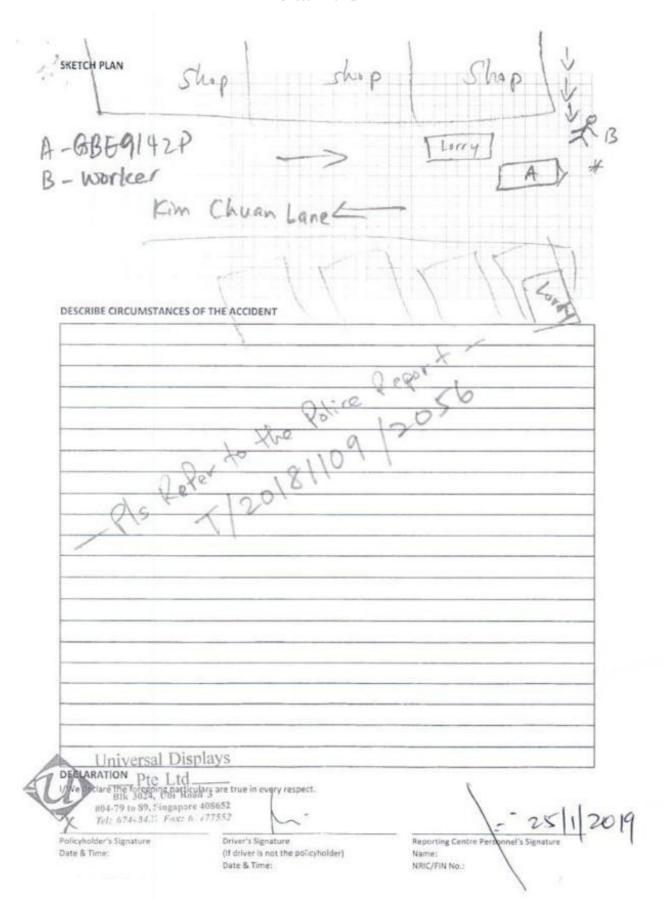
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

#### Sketch Plan #2





T/20181109/2056

Police Station Of Origin: Geylang N.P.C

Report No. T/20181109/2056

2 of 4

Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT

Driver	The second second	NAME OF THE OWNER, OWNE	A 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ment	- 1	
Name	LIM WEI KEAN			ID No.		S7755445I
Related Vehicle	GBE9142P (Van)			9142P (Van) Contact I		86845748
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	charge NIL			
No. of Days granted Medical Leave NIL		Degree of	Injury	Injury NIL		
Name	RAHMAN ASHRAFUR			ID No		G2525024P
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	Degree of	Injury			

#### Brief Details.

On 7/11/18 at around 1430hrs, I was on my way to the above location to collect some goods and returning back to my company. I am driving my company van (GBE9142P).

I was about to exit the above location and I made a left turn, subsequently, I continued to travel straight at a speed of around 30km/h when suddenly, a male Bangladesh pedestrian ran out from the left side of the industrial area to cross over to the other side.

When he was dashing out, I immediately stepped on the brakes to prevent any collision. I manage to stop the vehicle in time however, the male Bangladeshi reached his hand out on the front bonnet of my vehicle and after the whole incident, I realized that there is a dent on the bonnet area. No one was injured, no ambulance or traffic police was at scene as well. I took particulars of the pedestrian and left the area.

I then informed my company regarding this situation and they asked me to lodge a report regarding this incident.

Particulars of the pedestrian: RAHMAN ASHRAFUR M/1989 G2525024P

#### Sketch Plan #4

























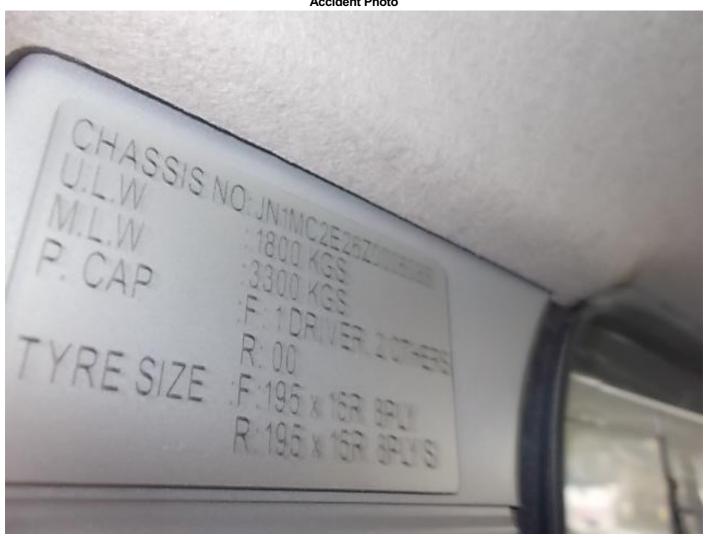
















Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 1 of 4 Report No. T/20181109/2056

REPORT	OF A TRAFFI	CACCIDENT				
Date/Time Report Made: 09/11/2018 12:22		Made:	Vide Report No.:	Station Diary No. 55		
Informa	nt's Partic	ulars				
Name of LIM WE	Informant:		Address: APT BLK 602 BEDOK RESEI SINGAPORE 470602	RVOIR ROAD #04-528		
ID Type / ID No.: NRIC NO / S7755445I		451	Contact No.: Home/Office:	Mobile: 86845748		
National MALAYS	70. M. C.		Email:			
Sex: Male	Age: 40	Date of Birth: 25/12/1977	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupat	tion:	100	Driving Licence Information:	Date of Evolution		

Type of Accident:  Non-Injury Others		Drink Drive:	Date/Time of Accident:	Type of Location Straight Road	
		No	07/11/2018 14:3	0	
Location: Along Road 1 KIM CHUAN I Weather: Clear	ANE	Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Wo	orking	Traffic Volume:	
Two Way	ion:		-	Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE9142P	Van				Slightly Damaged	0

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



T/20181109/2056

2 of 4

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20181109/2056

Driver						
Name	LIM WEI KEAN			ID No.		S7755445I
Related Vehicle	GBE9142P (Van)			Contact No.		86845748
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	
Name	RAHMAN ASHRAFUR			ID No		G2525024P
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

CONTINUATION OF REPORT

#### Brief Details.

On 7/11/18 at around 1430hrs, I was on my way to the above location to collect some goods and returning back to my company. I am driving my company van (GBE9142P).

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I then informed my company regarding this situation and they asked me to lodge a report regarding this incident.

Particulars of the pedestrian: RAHMAN ASHRAFUR M/1989 G2525024P





Police Station Of Origin:

Report No. T/20181109/2056

3 of 4

Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT





Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999 CONTINUATION OF REPORT

4 of 4 Report No. T/20181109/2056

# 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 Reports G / Sgt 2 CHANG JUN KAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/11/2018 12:22
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No : 65476151	Classification Of Case:
Authentication Stamp NP168	