

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 | 21/02/2019 18:33 |
| Date Of Accident | 01/02/2019 10:30 |
| Exact Location Of Accident | BASEMENT CARPARK OF 211 HOLLAND AVENUE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SKD5240P |
| Insured/Policyholder | |
| Name Of Registered Owner | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No | 200710651D |
| Email Address | KEVIN.MANDS@NOV.COM |
| Mobile Phone No | (LOCAL) +65-97872154 |
| Alternative Phone No | OFFICE-97872154 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer | TOYOTA |
| Model | FORTUNER-2.7 (A) |
| Exact Purpose for which vehicle was being used at time of accident | CAR WAS PARKED |
| 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 | 999994316 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | JANE ANN DAVINA SCOTT MANDS |
| Passport No/FIN | G5461659M |
| Date Of Birth | 27/01/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/06/2014 |
| Driving Experience | 4 YEARS AND 7 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97872154 |
| Fax Number | |
| Contact Number | OTHERS-97872154 |
| EEmail Address | KEVIN.MANDS@NOV.COM |

| | |
|-----------------------------------------------------|-------------------------------|
| Address | 44 KING'S DRIVE KINGSVILLE |
| Postcode | 266411 |
| 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 (including own vehicle) involved in the accident | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 0 |

Details of Police Action

| | |
|-------------------------------------------|--------------------------------------------------------------------------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4629999 - FAX NO: 64628933 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190201/2143

Attachment(s)

| | |
|-----------------------------------------------|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

Accident Sketch Plan

SKETCH PLAN

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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 be 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 making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to going 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 be 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 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 used outside of Singapore, for one or more of the above Purposes.



Accident Sketch Plan

Describe Circumstance of the Accident *

PCS REFER TO POLICE REPORT
7/26/2012/2143

Declaration
We declare the foregoing particulars are true in every respect.

Policyholder's Signature

* _____
Driver's Signature (Driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
22/02/2012

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190201/2143

1 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20190201/2143

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|------------------|--------------------------|
| Date/Time Report Made: 01/02/2019 17:25 | Vide Report No.: | Station Diary No.: 71 |
|--------------------------------------------|------------------|--------------------------|

| Informant's Particulars | | | |
|------------------------------------------------------|------------|---------------------------------------------------------|------------------------------|
| Name of Informant: MANDS KEVIN ALEXANDER DEREK | | Address: 44 KING'S DRIVE KINGSVILLE SINGAPORE 266411 | |
| ID Type / ID No.: FIN NO / G5461567T | | Contact No.: Home/Office: | Mobile: 97872154 |
| Nationality: BRITISH | | Email: | |
| Sex: Male | Age: 47 | Date of Birth: 22/05/1971 | Type of Informant: Driver |
| Race: Caucasian | | Language: | Institution / School Name: |
| Occupation: GENERAL MANAGER | | Driving Licence Information: Class: 3 | Date of Expiry: |

| General Information of the Accident | | | | |
|------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|--------------------------------------------|-------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 01/02/2019 10:30 | Type of Location: Car Park |
| Location: Along Road 1 HOLLAND AVENUE basement carpark of 211 Holland Ave (Holland Road shopping Centre) | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| 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 |
| SKD5240P | Car | TOYOTA | Fortuner | Black | Slightly Damaged | 0 |

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190201/2143

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20190201/2143

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: E / Sr Staff Sgt JAMES GABRIEL RAYSON HUTCHISON | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 01/02/2019 17:25 |
| Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No: 65478079 | Classification Of Case: |
| Authentication Stamp NP168 | |

SIGNATURE

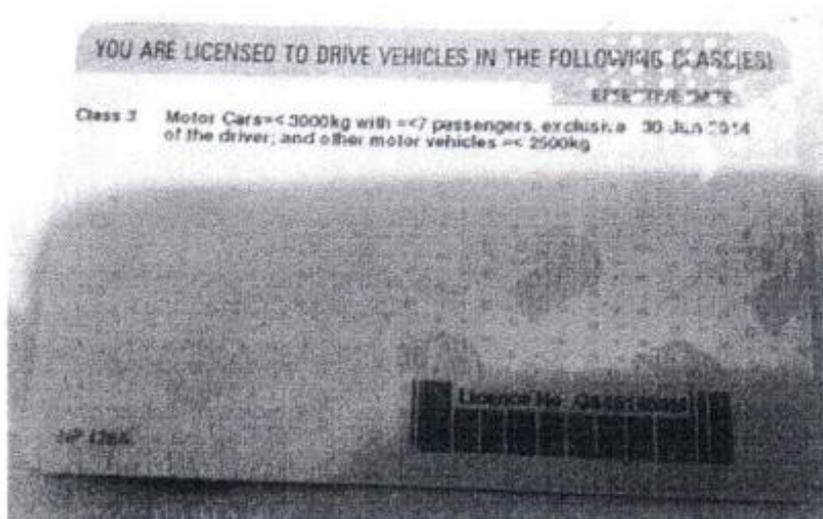
Diana Quek Lay Yian

From: Lim, Joe <Joe.Lim@nov.com>
Sent: Monday, November 10, 2014 3:52 PM
To: Diana Quek Lay Yian
Subject: Additional Driver for SKD5240P

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Hi Diana,

Below Kevin Mand's spouse driving license, please add her to the authorized driver list.
Let me know once done.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

