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 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.	
	ACCIDENT STATEMENT
Date Of Report	15/04/2019 16:53
Date Of Accident	11/04/2019 23:40
Exact Location Of Accident	ANG MO KIO AVE 5 SLIP ROAD CTE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF3473T
Insured/Policyholder	
Name Of Registered Owner	POPULAR RENT A CAR PTE LTD
Co Reg No	199608195Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67428888
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	f
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	999994447/100785645-00000
Cover Note Number	
Driver	
Name of Driver	RISHIKESH RAJENDRA NAIDU

NRIC No S9039823G Date Of Birth 18/10/1990 Occupation **OUTDOOR** Date Of Driving Pass 22/07/2011

Driving Experience 7 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82009760

Fax Number

Contact Number

EMail Address NOEMAIL Address

BLK 984A BUANGKOK LINK #02-05 S531984

Postcode

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 COLLISION - HEAD TO REAR

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

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

Was any other material or property damaged?

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

NIL NIL

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED.

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

CB6725G Vehicle Registration Number NIL Vehicle Make/Model/Colour **Details Of Properties** NIL **BUS** Vehicle Category Name of Driver SUN RUI NRIC/Passport Number G3321297L 97227856 Contact Number NIL Address

Postcode

Insurance Company Name

Nature Of Damage NIL

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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)
 - (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.
- 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:

Driver's Si

(If driver is not the policyholder)

Date & Time:

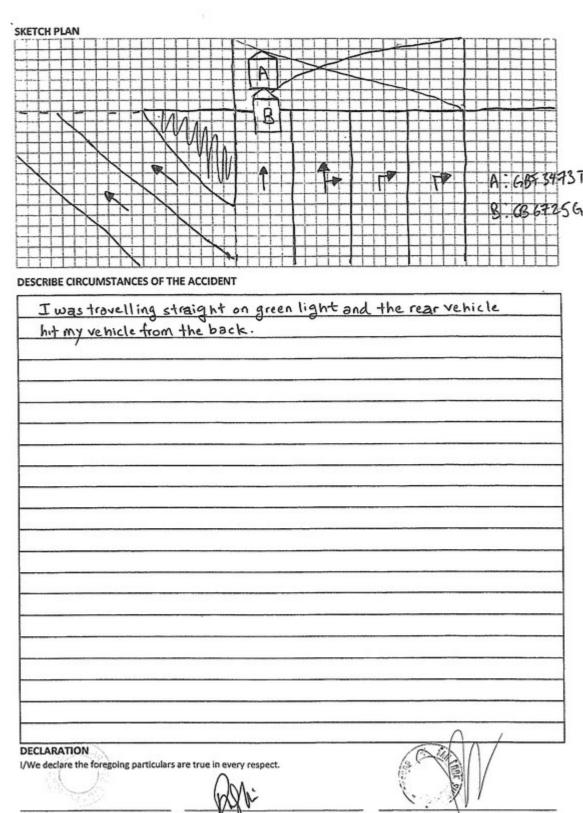
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

15.4.2019

GIARMC SketchPlanForm_V3



Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.: (5.4.2019 :



AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16

MOTOR ACCIDENT INTERVIEW FORM

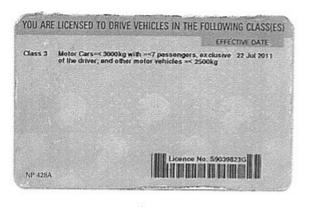
NAME (DRIVER)	: PISHIKESH RAJENDRA NAIDU
	: GBF 3473 T
VEHICLE NUMBER	
DATE/TIME OF ACCIDENT	: 11 APR 2019 / 2340
PLACE OF ACCIDENT	: AMK AVE 5, CTE EXIT SLIP ROAD
THIRD PARTY VEHICLE (IF ANY)	: CB 6725 G
*******	**********
DESTINATION BEFORE THE ACCID	JOURNEY AND WHERE WAS THE INTENDED BURNEY AND WHERE WAS THE INTENDED
WHAT IS THE TYPE OF COLLISION TO ALL VEHICLES INVOLVED?	on and the extensiveness of the damages From 7 to REAM
	GOF 34737
	(B 6725 G
WERE YOU OR YOUR PASSENG WERE YOU TAKEN TO THE TRAFF NO	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?

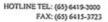
I Affirmed The Above Information Is Given To My Best Knowledge.













CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1950 ROAD TRANSPORT ACT, 1957 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.301

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS

\$\$5,000.00 (1)

CERTIFICATE NO. 999994447/100785645-00000

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED SS1.00.

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

GBF3473T

2) NAME OF INSURED

Popular Rent A Car Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 1 Aug 2018

4) DATE OF EXPIRY OF INSURANCE

31 Jul 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

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

An additional Young and Inexperienced Driver (YIDR) Excess of \$\$3,000 (unless otherwise stated) applies to any drivers(named and unnamed) who is below age 23 or less than 2 years driving experience

Olease refer to policy terms and conditions

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 DBS BANK 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 18 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000 DIRECT CLIENTS 01.4.95 AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120

))

Authorised Representative

ORIGINAL

SSPIUS

POPULAR RENT A CAR PTE LTD 501 Guillemard Road Singapore 399840 Tel: 6742 8888 | Fax: 6743 3003 Co Reg No: 199608195Z GST Reg No: 19-9608195-Z



VEHICLE RENTAL AGREEMENT

#01-989 Singapore 400352 No. R19030245

Date: 30 Mar 2019

AMOUNT

0.00

0.00

0.00

0.00

0.00

1,950.00

1,950.00

2,086.50

1,950.00

136.50

HIRER 3 PARTICULAR	ER'S PARTICUL	ARS	ŝ
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: TOUCH COMMUNITY SERVICES

Company Reg No : -

Gender

Address

Name

: -: 352 UBI AVE 1

Driving License N : -

Passing Date Date of Birth : -

Res / Office Tel : 6377 0122 : -

Hirer is driver : No

DRIVER'S PARTICULARS

NRIC/Passport No : S8123364J

Address (Res)

: S8123364I Driving Lic. No Passing Date : 13/09/2004 Date of Birth : 31/07/1981 Res / Office Tel : 91115815

: +6591115815 ADDITIONAL DRIVER'S PARTICULARS

Name (as in I/C) : -NRIC/Passport No : -Gender : -

Address (Res) : -Driving Lic. No : -Passing Date Date of Birth : -Res / Office Tel Mobile

VEHICLE PARTICULARS

Vehicle No Make & Model

: NISSAN NV350 PANEL VAN

: No

: GBF3473T

2.5 SAT 5DR EURO V

Date & Time Out Hire Period Expiry : 30 Mar 2019 | 15:25 : 30 Apr 2019 | 15:25

CDW (Collision Damage Waiver)

Malaysia Usage Excess

: 1500 | M'sia -

PAYMENT Daily Weekly

Monthly: 1 months x 1950.00 CDW

GST

Bank

Expiry

Sales ID

I.D.

SUB TOTAL

NETT AMOUNT

Payment Mode

SECURITY DEPOSIT

Delivery/Collection Service Name (as in I/C) : KOH CHEAK HUA JUSTIN Others

: 406C FERNVALE RD

#20-65 Singapore 793406

IMPORTANT

Rented out by

Only persons above 23 & below 60 years of age with more than 2 years driving experience, authorised, licensed and signing this agreement may drive the

: Cash

: JANE HO

: S004

: -

: -

2. The hirer shall be liable for excess charges for any late return at the rate shown per hour or per day, inclusive of CDW and/or PAI where applicable.

Vehicle is strictly for singapore use only, and may not be driven out of Singapore without prior written consent of the company Popular Rent A Car Pte Ltd.

In case of accident, the hirer shall report to rental office IMMEDIATELY. If there is any bodily injury, a police report must be made within 24 hours.

24-HOUR ROAD SIDE ASSISTANCE 67415828

Acknowledgement

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

Hirer's Signature

Main Driver's Signature

Rented out by Staff Name: JANÉ HO



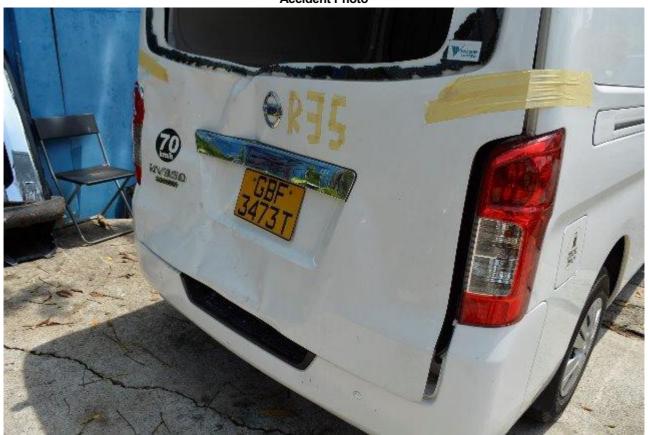






















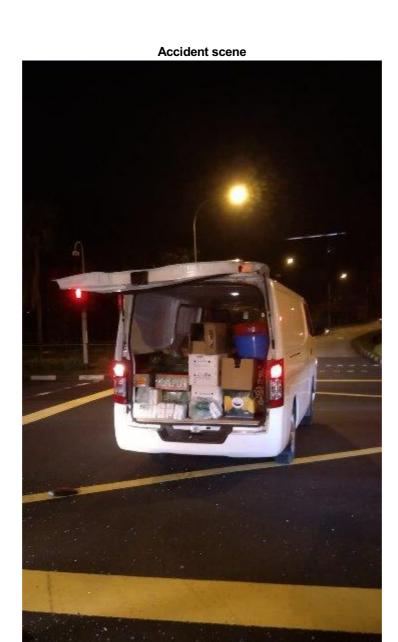




Accident scene











Accident scene



Accident scene



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE:</u> Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MKFS19049059 ____Vehicle Registration No: _GBF3473T POPULAR RENT A CAR NRIC/FIN/Passport No: 199608195Z Name(as shown in NRIC): PTE LTD (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(: Mobile No.: Contact (Tel) **Email Address** Date of Accident : 11/04/2019 ____Time of Accident : 23 : 40 Place of Accident : ANG MO KIO AVE 5 SLIP ROAD CTE EXIT Insurance Company: AIG Asia Pacific Insurance Pte. Ltd. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TYPO ERROR: VEHICLE NUMBER SHOULD BE GBF3473T 2. CLAIM TYPE SHOULD BE THIRD PARTY CLAIM. Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name:

NRIC/FIN No.: Date: