SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 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.	centre and are arounding of any report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/05/2019 15:26
Date Of Accident	04/05/2019 11:10
Exact Location Of Accident	ALONG NORTH CANAL ROAD BESIDE UOB PLAZA
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ2040U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MURUGAN.ARUNACHALM@AETOS.COM.SG
Mobile Phone No	(LOCAL) +65-98622025
Alternative Phone No	OFFICE-98622025
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	999994187/100871285
Cover Note Number	
Driver	
Name of Driver	LIM BAO RU
NRIC No	S8512296G
Date Of Birth	05/05/1985

OUTDOOR

19/08/2016

MALE

2 YEARS AND 8 MONTHS

(LOCAL) +65-98622025

MURUGAN.ARUNACHALM@AETOS.COM.SG

OTHERS-98622025

Address BLK 543 JELAPANG ROAD

#18-62

Postcode 670543

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

enide

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

NO

1

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY:

ess SINGAPORE

Police Station Contact **TEL NO**: 1800-8729999 - **FAX NO**: 67748639

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190506/2111

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 YN8699L

Vehicle Make/Model/Colour MITSUBISHI CANTER

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver TAY HONG HOE ZHENG FENGHE

NRIC/Passport Number S7402771G Contact Number 93886491

Address Postcode

Insurance Company Name

Page 2 of 20

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME: :

GENDER: :

2

Accident Sketch Plan

SKETCH PLAN

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 Univer-
- Information provided must be as <u>puth 4 and according an exception</u>. Any willy/imprepresentation or withholding of material facts may allow insurance companies to jupidiate action beautiful.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability or the part of the insurance companies.
- Asy falsa reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the assurers to the GM Records Mangement Center established by the Congret Insurance Association of Engagnes (CFA) for archiving and that copies of the report will for a lies be made available upon application by resnessed parties.
- By the lodgement of this supprit is the invurer's, you hereby accept to the exclusing of this report at the centre and to copies of the import seting more available efficiencie.
- 8. Consent under the Parsonal Data Protection Acceptal

Lunderstand, acknowledge, waven and consent that

(a) My enalter, my etakshop and the General insurance Association of Singapore ("GIA") mayone permitted to colors, such another process my personal autohorazonal orbitisation set out in this (form) and any other present information provided by me an enasested by my insurer (collectively the "Personal Information") and discusse and frantier such Personal Information as all mauricial who have insured version(s) involved in this accident (all insurer(s) who have equivalent website(s) involved in this accident shall be collectively referred to as the "Insurers"). But insurers few yenders fines the Mondary Authority of Singapore and any relevant questionary agencylauthority (butt) as the policy), for the purpose(s) of

(it processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations refining to the claims.

(ii) investigating the accident and/or my claims.

(III) carrying our another dealing with my instructions or responding to any enquiries by ma;

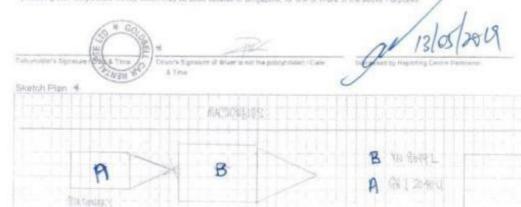
(v) administering my drams threading the malling of utirespondence, statements, involves, reports or notices to me, which could aprove decruture of certain personal data about me to bring about delivery of the same as well as on the external cover of envisionmental state about me to bring about delivery of the same as well as on the external cover of envisionmental state about me to bring about delivery of the same as well as on the external cover of envisionmental state about me to bring about delivery of the same as well as on the external cover of envisionmental state about me to bring about delivery of the same as well as on the external cover of envisionmental states.

(vi complying with applicable law in administrating, processing, handling analycidealing with my claims.

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(ti) all Personnial who have intuited vehiclicip) Purchast in this account and the Insurers (swyurshaw lines, may/are perhitted to called, one, disclose endfor process my Personal Municipal for one is more of the above Purphees, and

(ii) my Personal Information independent electrosed by any of the Resultes and/or QIA to their third picty service providers as information that leveyers/lev firms), which may be alred distaids of Singapore, for one or more of the above Purposes.



Accident Sketch Plan

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POLICE REPORT



T/20190506/2111

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

1 of 3 Report No. T/20190506/2111

REPORT	OF A TRAFFI	C ACCIDENT				
Date/Time Report Made: 06/05/2019 16:32		Vide Report No.:	Station Diary No.; 122			
Informa	nt's Partic	ulars				
Name o	f Informant: O RU		Address: APT BLK 543 JELAPANO	G ROAD #18-62 SINGAPORE 670543		
ID Type / ID No.: NRIC NO / S8512296G		96G	Contact No.: Home/Office: Mobile: 98622025			
National	nality: APORE CITIZEN		Email:			
Sex: Male	Age: 34	Date of Birth: 05/05/1985	Type of Informant: Driver			
Race: Chinese			Language: Chinese	Institution / School Name:		
Occupation:			Driving Licence Informatio	on: Date of Expiry		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/05/2019 11:	15	Type of Location Straight Road
Location: Along Road 1 NORTH CAN Along North (AL ROAD	OB Plaza near to McDo	nalds		
Weather:	-	Road Surface:	Horas	Roa	d Speed Limit:
Traffic Flow:	Traffic Control:			Traffic Volume:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ2040U	Van				Slightly Damaged	0
YN8699L	Lorry				Slightly Damaged	0

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

POLICE REPORT



T20190506/2111

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Report No. T/20190506/2111

Driver		DO HOLL	1 - 83 0 - 3 - 3	427	1125		
Name	LIM BAO RU			ID No		S8512296G	
Related Vehicle	GBJ2040U (Van)			Conta	ict No.	98622025	
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Dis			harge	narge NIL		
		Degree of	ee of Injury NIL				
Driver	ENDLE PROPERTY				MILE		38
Name	TAY HONG HOE		ID No	2	S7402771G		
Related Vehicle	YN8699L (Lorry)			Conta	ct No.	93886491	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g be &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL		
No. of Days gran	ays granted Medical Leave NIL			of Injury NIL			

Brief Details.

On 04/05/2019, I parked my vehicle(GBJ2040U) at the roadside behind a lorry(YN8699L) near to McDonalds with at least one car length distance behind the lorry. At about 1115hrs, suddenly the lorry in front of me made an abrupt and fast reverse. I tried to horn the lorry but he did not stop and collided into the front of my vehicle.

I immediately alighted to check if the driver was injured and assess the damaged of my vehicle. The driver was not in pain and there was no visible injury on him. He informed he was unaware that I was behind his vehicle. The front of my vehicle has a very big dent. We exchanged particulars and parted ways. There is an in vehicle camera in my vehicle and I am lodging this report as my company require me to do so.

The company(Supplier of Good Food Mood) is reluctant to disclosed more information about their company.

POLICE REPORT





Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999 CONTINUATION OF REPORT

3 of 3 Report No. T/20190506/2111

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: D / Sgt 3 BRENBAN LIM WEI JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/05/2019 16:32
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 SINGAPORE Authentication Stamp	Classification Of Case:
SIGNATURE	



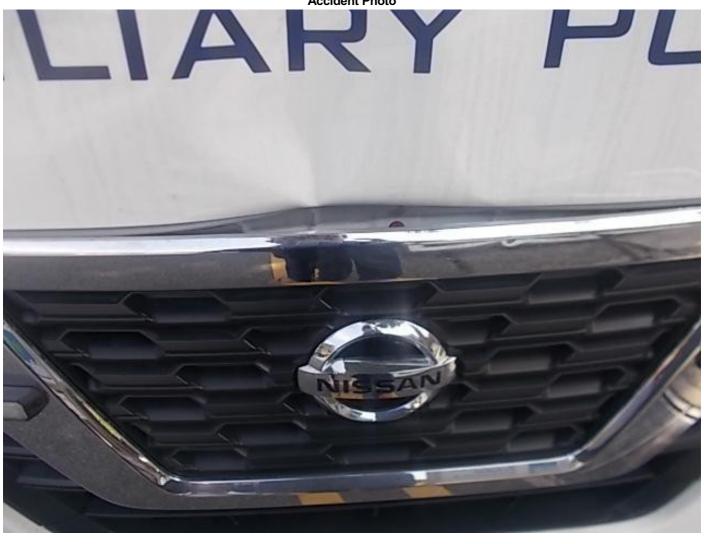






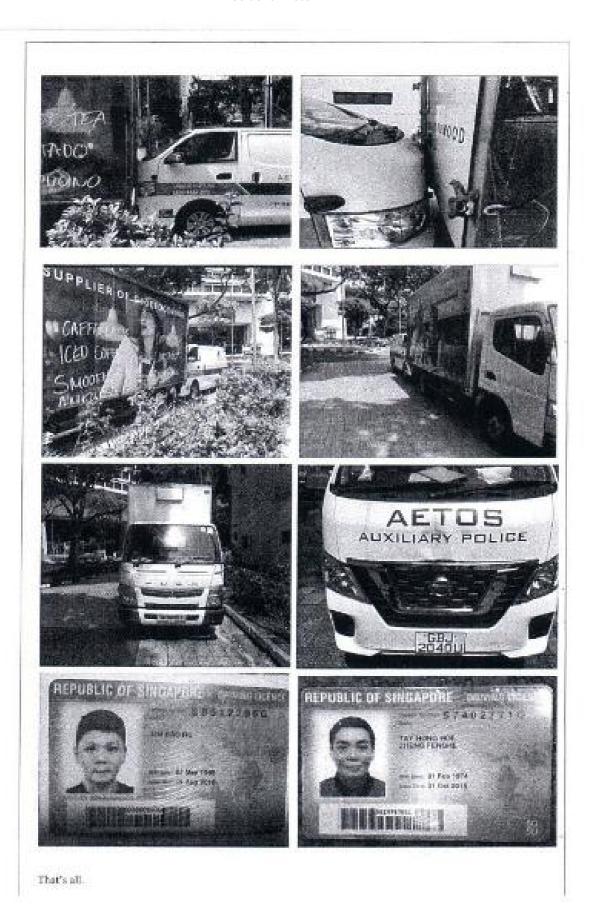












Identification Card

REPUBLIC OF SINGAPORE IDENTITY CAME NO. \$8512296G





LIM BAO RU

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23-52-2514

1071 DLX 140 JULYPANG SDAD J13-02 SNGAPDHE STEEKS

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Driving License



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APPROMESTS.

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