

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 | 10/06/2019 17:22 |
| Date Of Accident | 07/06/2019 19:10 |
| Exact Location Of Accident | NORTH CANAL RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SGL2500P |
| Insured/Policyholder | |
| Name Of Registered Owner | BS CSR RENTAL PTE LTD |
| Co Reg No | 201736414R |
| Email Address | MARCUSTLS.25@GMAIL.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-81450033 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|-------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | SGL2500P |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | KISHORE S/O KUMAR |
| NRIC No | S8706102G |
| Date Of Birth | 03/03/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/12/2018 |
| Driving Experience | 0 YEAR AND 6 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98275328 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|-----------------------------------------------------|---------------------------------|
| Address | BLK 716 YISHUN ST 71 #10-260 |
| Postcode | 760716 |
| 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 - CHANGE/CROSS LANE |
| 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? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| 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 |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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 | SLQ5287A |
| Vehicle Make/Model/Colour | HONDA VEZEL |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | GIAM CHEOK TAT |
| NRIC/Passport Number | S1355090E |
| Contact Number | 98505406 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|-------------------|
| Name | KISHORE S/O KUMAR |
|------|-------------------|

| | |
|-----------------------------------------------------|----------|
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SGL2500P |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

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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) 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 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:
 - (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.

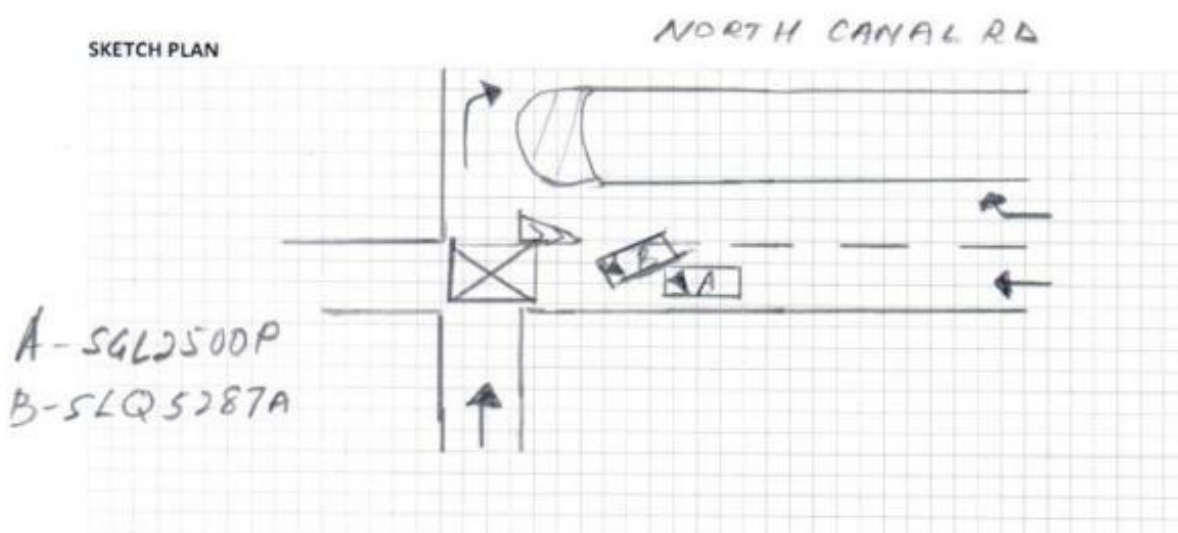


Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/6/19.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along North Canal Road to pick up a client. As I was driving along a Honda Vezel changed lane abruptly ~~and hit~~ from my right and collided onto me. Towards ~~the~~ rear of his car hit the front of my car.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 10/06/19

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/6/19

Reporting Centre Personnel's Signature
Name: 2/ym 10/06/19
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



LOST OF IC & DL



**SINGAPORE
POLICE FORCE**



F/20190417/7010

1 of 2

POLICE REPORT (NP322)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No.1800-2180000

Report No. F/20190417/7010

| | | | | | |
|--------------------------------------------------------------|--|---------------------------------------------------------------------|-----------|-----------------------------|----------------|
| Date/Time Report Made 17/04/2019 10:38 | | Video Report No. | | Station Diary No. | |
| Name Of Informant KISHORE S/O KUMAR | | Address APT BLK 716 YISHUN STREET 71 #10-260 SINGAPORE 760716 | | | |
| ID Type / ID No. NRIC NO / 58706102G | | Contact No. Home/Office: Mobile: 96275328 | | | |
| Nationality SINGAPORE CITIZEN | | Email Address raeshem@hotmail.com | | | |
| Occupation | | Sex Male | Age 32 | Date of Birth 03/03/1987 | Race Indian |
| Institution/School Name | | Language English | | | |
| Date/Time Of Incident 16/04/2019 22:00 - 17/04/2019 02:00 | | Location Of Incident 10 TEBING LANE SINGAPORE 620036 | | | |

Brief details.

I was leaving the place. I thought I had my wallet with me the whole time. I left the cafe, Miami Bistro, and went to the toilet. from there I proceeded to the car waiting for the Valet Driver. That's when I realized I didn't have my wallet with me. I searched the cafe which was already closed and searched the toilet, but couldn't find it anywhere.

Property information

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 17/04/2019 10:38 |
| Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch MARY LAXMI D/O SUNDERAM Contact No : 88556488 | Classification Of Case: |

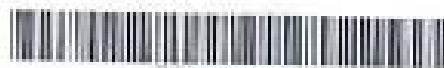
Authentication Stamp

FUPO hotline number: 68429845

LOST OF IC & DL



**SINGAPORE
POLICE FORCE**



F/20190417/7010

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20190417/7010

| S/N | Item | Type | Brand | Model | Serial No/ IMEI No | Quantity | Value | Description |
|-----|---------------------------------------------------------------------------------------------------|------|---------------------------|-------|-----------------------|----------|--------------------------|-----------------------------------------------------------------------------------|
| 1 | Identity Card | Lost | SINGAPORE NRIC | | | 1 | | |
| 2 | Cash | Lost | | | | 1 | Singapore Dollars 300.00 | |
| 3 | Licence | Lost | Qualified Driving Licence | | | 1 | | |
| 4 | Ezlink Card | Lost | | | | 1 | Singapore Dollars 20.00 | |
| 5 | Credit Card / Debit Card/ ATM Card | Lost | DBS BANK LTD | | | 1 | | Several debit cards and atm cards |
| 6 | Wallet, with PAP Membership card, my late mother's NRIC, blood donation card, several name cards. | Lost | | | | 1 | | There are several items which are of utmost value. For eg.: my late mother's NRIC |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio Police Divisional Investigation Branch
MARY LAXMI D/O SUNDERAM
Contact No : 65556488

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
17/04/2019 10:36

Classification Of Case:

FLUPO hotline number: 68428645