

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	02/07/2019 15:44
Date Of Accident	23/06/2019 01:35
Exact Location Of Accident	ALONG SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9530E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	AETOSFLEETOFFICER@AETOS.COM.SG
Mobile Phone No	(LOCAL) +65-85464802
Alternative Phone No	OFFICE-85464802

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
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?	YES
If No, Please state action to be taken	
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	DAVINDRAN A/L MOHAN
NRIC No	G6675704N
Date Of Birth	15/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85464802
Fax Number	
Contact Number	OTHERS-85464802
Email Address	AETOSFLEETOFFICER@AETOS.COM.SG

Address	33 JALAN PERMAS 14 BANDAR BARU PERMAS JAYA
Postcode	JOHOR
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	-
	-
	-
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?	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

PLEASE REFER TO SKETCH AND ATTACHMENT

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	SLX5742R
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH MOON KIAN
NRIC/Passport Number	S9012479Z
Contact Number	90050692
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DAVINDRAN A/L MOHAN
------	---------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLA9530E
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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B. 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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/06/19 @ 19.05hrs

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

Accident Sketch Plan

SKETCH PLAN

A) SLA 9530E

B) SLX5742R

Symbowalk Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer an Incident Report

DECLARATION

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

Policyholder's Signature _____

Charles B. Tierney

Driver's Signature _____

(If driver is not the policyholder)

Date & Time: 28/06/19 @ 19:05hrs

Reporting Centre Personnel's Signature _____

84200000

SERC/FIN No. 1

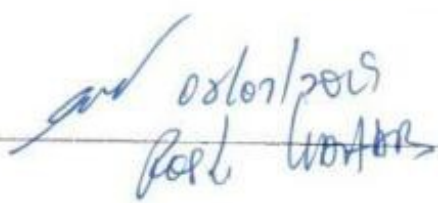


AETOS AUXILIARY POLICE FORCE

INCIDENT REPORT

Nature of Incident/Arrest		Location of Incident/Arrest	
SSB vehicle SLA 9530 E Accident with third party vehicle		Sembawang Road	
Date/Day:	23.06.2019 (Sunday)	Informant:	CPL(APF)T06993 Davindran
Time:	0138 hrs	Team:	NIL
Particulars of Ops Driver			
Name	: Davindran	Loh Moon Kian	
Sex	: Male	Male	
NRIC/FIN No:	: G6675704N	S9012479Z	
Nationality	: Malaysian	Singaporean	
Vehicle No	: SLA 9530 E	SLX 5742 R	
Contact No	: 85464802	90050892	

1. On the mentioned date, informant CPL(APF)T06993 Davindran together with Assistant Team Leader (ATL), LCP(APF)T11232 Lim Kwok Siong conducting supervisory round. After conducted supervisory round for CRN team SW 23 at SPC Yishun Ring Rd, CPL(APF) Davindran and ATL proceed to West Coast Plaza to conduct supervisory round for SW 21.
2. At around 0138 hrs, while CPL Davindran drive along at Sembawang Road, one third party vehicle (SLX 5742 R) drive in front of SSB vehicle (SLA 9530 E). While reached a cross junction, the third party vehicle's driver suddenly apply emergency brake when the traffic light turn to amber (third party already reached stop line when the traffic light turn to amber). During that time, SSB Patrol Car was travelling with around 60km/h and the road condition was dry. CPL Davindran immediately apply an emergency brake and slightly moved to left in order to avoid. However, SSB vehicle unable to stop in time and hit the left rear side of third party vehicle.
3. While taking the particulars with the third party driver, the third party driver said he knew that was his fault and he actually saw from the rear view mirror that SSB vehicle is coming from behind but he unable to move forward.
4. Third party vehicle's driver was no injured. CPL Davindran was having minor injuries on his right leg ankle due to the accident.
5. ACC Insp. Zuraiman was informed regarding the incident. SSB OIC Sgt Raja was informed and he advised CPL Davindran to consult doctor and revert medical status. OIC Sgt Raja advised to raise incident report and update the incident in the SD.
6. After CPL Davindran consulted doctor at Central 24-HR Clinic (Clementi), he was given 2 days MC on 23rd June 2019 and 24th June 2019.


 08/06/2019
 Roshan

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 81A)
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Employer
ARLOS SECURITY MANAGEMENT PTE LTD

Name
SUNDARAJAN, MOHAMMAD
Date of Birth
4 DEC 1983
Gender
MALE

For LKK/NAC Use Only

 81201327



YOU ARE TO BE PRESENTED THIS CARD WHEN IT IS REQUESTED
BY THE EMPLOYER (OR) WHEN A REQUESTING OFFICER IS ASKED TO VISIT.

For LKK/NAC Use Only

DATE OF BIRTH
4 DEC 1983
DATE OF EXPIRY
31 DEC 2013
NAME
SUNDARAJAN, MOHAMMAD

EMPLOYER'S SIGNATURE
DATE

VISIT PASS
WORKING WITH REGISTRATION

