

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 | 15/07/2019 13:48 |
| Date Of Accident | 14/07/2019 18:55 |
| Exact Location Of Accident | JCTN OF NORTH BUONA VISTA RD & LOWER KENT RIDGE RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLT3757H |
| Insured/Policyholder | |
| Name Of Registered Owner | SHAZIB PERVAIZ |
| Passport No/FIN | F2458057K |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96614732 |
| Alternative Phone No | Office-96614732 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | LEXUS |
| Model | ES250-2.5 (A) |
| Exact Purpose for which vehicle was being used at time of accident | NORMAL USAGE |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| 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 | 1800114370 |
| Cover Note Number | |

Driver

| | |
|----------------------|--|
| Name of Driver | CLEMENT EP PERVAIZ MARIE-VERONIQUE CATHERINE |
| Passport No/FIN | F5509530L |
| Date Of Birth | 25/11/1963 |
| Occupation | INDOOR |
| Date Of Driving Pass | 25/05/2006 |
| Driving Experience | 13 YEARS AND 1 MONTH |

| | |
|---|--|
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91773862 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |
| Address | 27 WEST COAST CRESCENT #21-24 BLUE HORIZON |
| Postcode | 128048 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - MAJOR/MINOR RD |
| 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 | 3 |
| Was any body injured in the Accident? | NO |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

Attachment(s)

| | |
|---|---------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH TRAFFIC POLICE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SMA604Z |
| Vehicle Make/Model/Colour | |

| | |
|-------------------------------------|---------------|
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRONT PORTION |
| No. Of Passenger (Including Driver) | |

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:

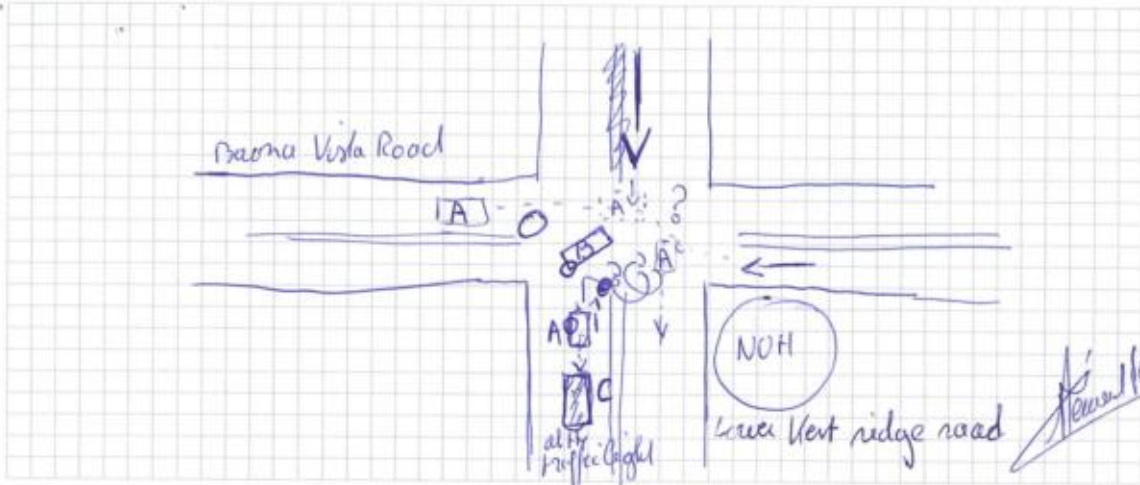
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a right turn while vehicle B hit my car left inside portion. The car ~~stopped~~ ^{spun} for few seconds and hit Car C that was waiting at the traffic light. My car hit Car C with the back of my car (A).
The front of

and stopped at lower kent ridge road in the traffic direction

I am not sure from which direction the vehicle B came from. This will require looking at the recording of the accident from my inside vehicle camera or from the traffic light camera.

Note that a police report was done number: D/20190714/100

Arun Kumar

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

GARENK 345678901234567890



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Clement EP Pervailz
Marie - Veronique Catherine

VEHICLE NUMBER : SLT 8757H

DATE/TIME OF ACCIDENT : 14/7/2019 - 1855hrs

PLACE OF ACCIDENT : Junction of North Buona Vista
Road at Lower Kent Ridge Rd.

THIRD PARTY VEHICLE (IF ANY) : BMA 604Z

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Started journey from Holland Village, on
the way home

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Veh A - LHS of Rear Veh C - front
Veh B - front

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No

Clement Pervailz

Name: Clement EP Pervailz Marie - Veronique Catherine

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



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Shazib Pervaiz
Period of Insurance : 21 Oct 2018 To 26 Oct 2019
Engine No. : 2ARF488124
Chassis No. : JTHBJ1GG202105320

Vehicle No. : SLT3757H
Policy No. : 1800114370
Endorsement No. : 000000000273268
Issued Date : 22 Apr 2019

ABOUT THE COVER

Make/Model : LEXUS ES250
Engine Capacity/Tonnage : 2,494.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PAF : Yes

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (IDR) if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Shazib Pervaiz, Catherine Pervaiz Marie-Veronique - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503428000

LIM FUNG MING
51 SCOTTS ROAD #03-23/24
SINGAPORE 228241

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


Signature

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE


SSP/JZ

78 Shenton Way #07-19 AIG Building 8019120 | T: +65 6419 3000 | www.aig.sg


AIG Asia Pacific Insurance Pte. Ltd.


 **EMPLOYMENT PASS**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
NATIONAL UNIVERSITY OF SINGAPORE

 Name
SHAZIB PERVAIZ

FIN
F2458057K

 **F2458057K**

 **K0790073**

VISIT PASS
Immigration Regulations 17-09-2015

Name
SHAZIB PERVAIZ

FIN
F2458057K

Date of Birth
19-03-1960

Sex
M

Nationality
FRENCH

 **MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Identification Card







SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: D/20190714/100.

I, SS Tn0134 Mukherjee.

(Recipient's Name, NRIC or Passport No. / Rank and No.)

of 10 Lor Aue 3 / TP.

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 One Thinkware Dash cam 16GB memory card.

2

3

4

5

6

7

8

9

10

from Clement EP Pervariz Mane - Veronique Cattenet, F5509530

(Name, NRIC or Passport No. / Rank and No.)

of 27 West Coast Crest 21-24 SC128085.

(Address / Police Station / NPC / NPP)

on 18/07/19.

(Date)

at

1035

(Time)

Witnessed by / * Handed over by:

(* Delete if applicable)

Received by:

[Signature]

(Signature)

Marie Clement

F55095304

(Name, NRIC or Passport No. / Rank and No.)

[Signature]

(Signature)

SS Tn0134 Mukherjee

(Name, NRIC or Passport No. / Rank and No.)

Other Remarks:

Carine Yeo TCBC

From: Pervaiz, Shazib <phssp@nus.edu.sg>
Sent: Monday, July 15, 2019 11:30 AM
To: Carine Yeo TCBC
Cc: Marie-Veronique Clement
Subject: SLT3757H

CAUTION: This email originated from outside of the organization (Inchcape). Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Carine,

I authorise my Wife Marie Veronique Clement to sign and take all relevant decisions on my behalf with respect to the vehicle repairs and other matters pertaining to the aforementioned vehicle.

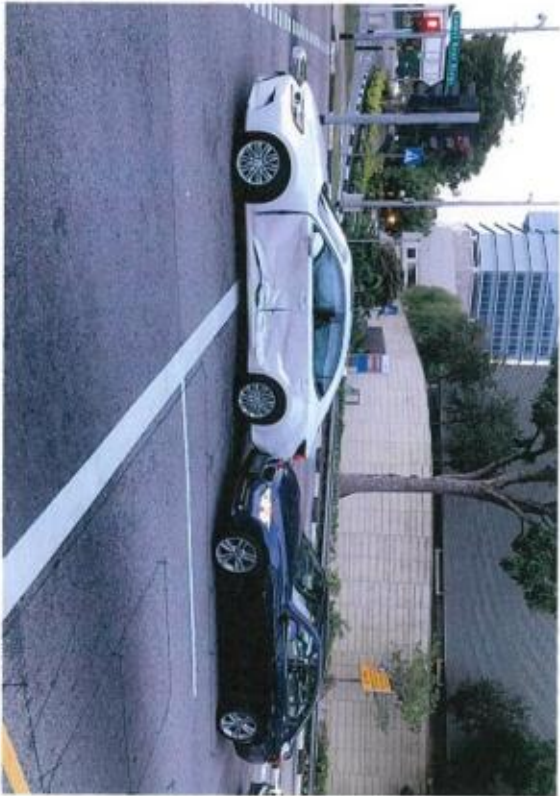
My best

Shazib

Sent from my iPhone

Important: This email is confidential and may be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you.







ACC PHOTO

...published in *The Straits*
from 23 to 27 March 2015

It captures Mr Lee's impact on Singapore on the geopolitical stage, in tributes from family and friends, and essays by the most seasoned political journalists.



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO.: D/20190716/100

Traffic Accident along Southbound UST Rd
involving vehicles: Lower East Kent Ridge Rd
on _____ at about _____ am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

SPF Electronic Police Centre (SPF EPC)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

initially published in *The Straits Times*
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on the geopolitical stage, in tributes from his
family and friends, and essays by the new
most seasoned political journalists



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO.:

D/20190714/100

Traffic Accident along

Salem Drive Vista Park

involving vehicles:

Lower East Kent Ridge Rd

on

at about

am/pm.

With reference to the above, you are advised to lodge an accident report online
via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>)
within 24 hours.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



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