## 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 <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.		
	ACCIDENT STATEMENT	
Date Of Report	14/10/2019 19:32	
Date Of Accident	26/09/2019 09:30	
Exact Location Of Accident	OASIS @ SAKRA ROAD CARPARK	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	PC8038J	
Insured/Policyholder		
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD	
Co Reg No	200710651D	
Email Address	MENDOZARICHARD1988@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-85869738	
Alternative Phone No	OFFICE-85869738	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	HIACE HIGHROOF	
Exact Purpose for which vehicle was being used at time of accident	TO CARRY WORKER TO SITE	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	REPORTING ONLY	
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	999994305/100875335-00003	
Cover Note Number		
Driver		
Name of Driver	RICHARD CATOY MENDOZA	
Passport No/FIN	G2831636X	
D-t- Of Disti	47/00/4000	

Passport No/FIN G2831636X
Date Of Birth 17/09/1988
Occupation OUTDOOR
Date Of Driving Pass 28/08/2019

Driving Experience 0 YEAR AND 0 MONTH

Gender MALE

Mobile Number (LOCAL) +65-85869738

Fax Number

Contact Number OFFICE-85869738

EMail Address MENDOZARICHARD1988@GMAIL.COM

Address 5 JALAN PAPAN WESTLITE DOMITORY

Postcode 62-19396

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 COLLIDED INTO PROPERTY

1

NO

NO

1

NO

NO

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? NO

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?

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 PLAN

## Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

Was there any audio recorded?

#### Accident Sketch Plan

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be empleted by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withhelding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- By the ladgment of this report to the insurers, you hereby content to the archiving of this report at the centre and to copies of the report being made available aforesald.
- 8 Consent under the Personal Data Protection Act (POPA)

t understand, acknowledge, agree and conceat that:

- [a] My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, one, 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers "buyers/law lirms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - processing, handling and/or dealing with my claims including the settlement of the claims and a synecessary
    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 "Parantes")
- (b) all insurer(s) who have insured velvice(s) involved in this accident and the insurers' lawyers/faw firms, may/are permitted to collect, uso, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/cun be disclosed by any of the Insurers and/or GIA to their third party service providers or agents/including their lawyers/flaw fams), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be solicated and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future risims.
- (e) the information to collected under (d) above may be shored / disclosed.
  - (i) to all insurers and/or any other shird parties that easist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(b) 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:

NUCTIN NO.

### **Accident Sketch Plan**

SKETCH PLAN

SKETCH PLAN

15-25 METERS
FROM CYTURNICE

2-1 HEIGHT

BANZRIEK

2-2 CROSS (

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SEPTEMBER 26, 2010 AT ARLUND 9:30 MAJE:P CHUISA TH DASKS AT CARRA ROAD JURLING I CLAND, I GO TO CUTSIDE PARKING, THE SECURITY ON THE AREA INSTRUCTED ME TO PARK HASIDE THE BUILDING TO I FOLLOW THEIR INCTRUCTION , AND DECIDED TO GO INCIDE THE HANGING FARRER HAS A LIMIT OF 2.1 METERS WHICH AS I KNOW THAT THE MITH ISUS CAN ENTER IN THIS HEIGHT I PASS ON THE EXPENSE WITH MC ANY PACIFIEM, EXPECTING THAT HE PACIFIEM AT ALL BUT AS I WAS HEADING TO THE CLOPP GOING UP TO SECULO LEVEL I HEARD AND FELT THAT MY TOP ROCF OF THE MINI VAN HIT SOMETHING (BE) I STOP AND GO DEWAY TO CHECK, I DISCOVER THAT THE RECF OF THE VAH HIT THE CONCRETE ABOVE CAUSING THE VAH DALINGE SUCH AS DENTS AND SPATCHES

DECLARATION ENTA:

Vive ductors for directin Contriculars are true in every respect.

Policyholder's Signature

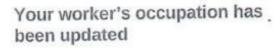
Drivery Signature /0.25 Just (if driver is not the policyholder)
Date & Time:

Name: NRIC/FIN No.: FWPOL715 - Change Worker's Occupation Approval



SANKYU (SINGAPORE) PTE LTD 11 CLEMENTI LOOP CLEVENTI DISTRIBUTION CENTRE SINGAPORE 129813

05 Sep 2019



Dear Sir/Madam

Your request to change RICHARD CATOY MENDOZA'S occupation to PROCESS MAINTENANCE & CONSTRUCTION WORKER-CUM-DRIVER has been approved. Your worker can perform the new duties from 05 Sep 2019.

You can view your worker's updated occupation using our 'SGWorkPass' mobile application from the next working day.

Yours sincerely

Gan Choon Alk For Controller of Work Passes RICHARD CATOY MENDOZA

0 27371590

SANKYU (SINGAPORE) PTE LTD

MINISTRY OF MANPOWER

A IMPORTANT

This approval does not exempt the worker from other licensing requirements (e.g. driving or operating a crane in Singapore).

Ministry of Manpower Work Pass Division

Inp.//www.rom.gov.sg

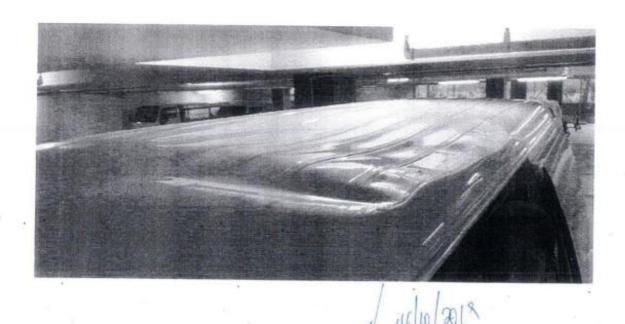
1411

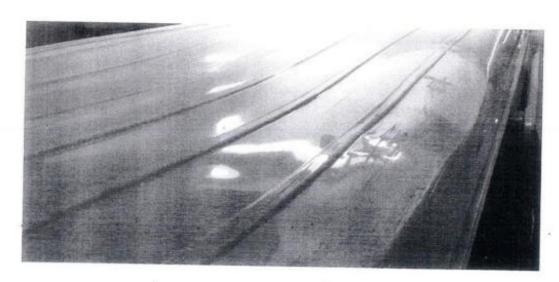






a/ 14/10/2019





gw 14/10/2018



















