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	13/02/2020 15:06
Date Of Accident	04/02/2020 00:00
Exact Location Of Accident	CARPARK NEAR BLK 731 JURONG WEST STREET 72
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF535T
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	R.SINGH@MANITOU-GROUP.COM
Mobile Phone No	(LOCAL) +65-98259230
Alternative Phone No	OFFICE-98259230
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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	YES
Policy Number	999994313
Cover Note Number	

Driver

Name of Driver

RANJEET SINGH

Passport No/FIN

Date Of Birth

Occupation

Date Of Driving Pass

RANJEET SINGH

GXXXX209M

12/12/1984

INDOOR

28/07/2017

Driving Experience 2 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98259230

Fax Number

Contact Number OTHERS-98259230

EMail Address R.SINGH@MANITOU-GROUP.COM

Address BLK 739 JURONG WEST STREET 73

#06-118

Postcode 640722

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

-

1

NO

NO

0

General Information of the Accident

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

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?

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? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address 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 SKETCH AND POLICE REPORT T/20200204/7009

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the clein's process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on one part of this 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 Ganoral 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 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 aforesed.
- 5. Consent under the Personal Data Protection Act (PDPA)

Lundwistand, acknowledge, agree and consent that:

- (a) My insurer, my workship and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose end/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 liawyers/law forms, the Manetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - processing, handling and/or dealing with my claims including the settlement of the chains and any necessary investigations resulting 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 persons; data about me to bring about delivery of the same at well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, Fandling and/or dealing with my claims. [collectively the "Purposes")
- (b) all insurer(s) who have insured velocie(s) involved in this accident and the losurers' 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 to collected under (d) above may be shared / disclosed:
 - (ii) to all insures, 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

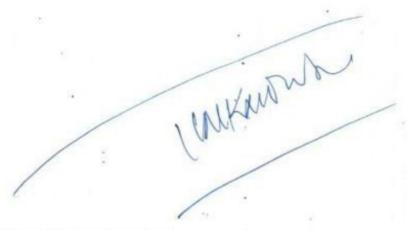
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time

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

Name: NBIC/FIN No. SKETCH PLAN



DESCRIBERATIONS FANCES OF THE ACCIDENT	
yesterday on 03/02/2020 at around 18:45 12	are parked my
Street 72 Safely in parking. Space S	13,
Today ou or 12020 morning pround of 1/15 check my van they cake to know the	I came and
my car from front Side, lawer brooker and young clange of Number plate of Parking Space Siy under another park	came clown
parking space sig under another park	ed vay.
I de outret Know who swhen	Samone duit
noving 2 took photographs our	of report
Police Report 1/2000004/10	09
CLARATION GENTAL Te declare the foregoing agriculars are true in every rappeout 2000	

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200204/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2020 11:34		Made:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars		THE RESEARCH THE SHE			
	Informant: T SINGH		Address: APT BLK 722 JURONG WEST AVENUE 5 #06-118 SINGAPORE 640722				
ID Type FIN NO	/ ID No.: / G3321209	9M	Contact No.: Home/Office:	Mobile: 98259230			
National INDIAN	Nationality: NDIAN		Email: r.singh@manitou-group.com				
Sex: Male	Age: 35						
Race: Indian			Language: Institution / School Name				
Occupation: Customer service manager		anager	Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident: 04/02/2020 00	Type of Location Car Park
Location:	ST STREET 72			
Weather: Clear	*	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collis	ion:	-		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF535T	Van		7			0
ν.	ANCE		4			

an Crossing: NA

POLICE REPORT





Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3 Report No. T/20200204/7009

CONTINUATION OF REPORT

Driver		The state of the s	4.1		12 200	
Name	RANJEET SINGH			ID No),	G3321209M
Related Vehicle	GBF535T (Van)			Conta	ct No.	98259230
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Di	scharge	NIL		
No. of Days grant	ted Medical Leave	NIL		of Injury	NIL	

Brief Details.

Yesterday on 03/02/2020 at around 18:45 i have parked my Van at J73 open car park near Block 731 Jurong West Street 72 safely in parking space 513,

Today 04/02/2020 morning around 08:15 i came and check my van then came to know that someone hit my car from front side, lower bumper came down and damage, number plate also found at parking space 514 under one another van, my van was parked at same place where i park last evening (03/02/2020).

I do not know who & when someone hit my Van,

Morning i took some photographs & amp; report to Goldbell (Van owner)

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No., T/20200204/7009

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	pla

NP166 +

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the erson making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2020 11:34
Officer In Charge Of Case:	Classification Of Case:
TP / TPIB / TAN JEOK LENG Contact No.: 65476144	
authentication Stamp	



