SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 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

r. By the loagement of this report to the insurers, you hereby conse aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/05/2020 11:49
Date Of Accident	23/05/2020 12:10
Exact Location Of Accident	BLK 588 ANG MO KIO STREET 52 MSCP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ7373B
Insured/Policyholder	
Name Of Registered Owner	UP COMMUNICATIONS PTE LTD
Co Reg No	199800711W
Email Address	BRITTO@UPCOM.COM.SG
Mobile Phone No	
Alternative Phone No	Office-67415104
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900142151
Cover Note Number	
Driver	
Name of Driver	RAMAN UDAIYAPPAN
Passport No/FIN	G2727814R
Date Of Birth	20/02/1995

OUTDOOR

27/11/2018

1 YEAR AND 5 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-85102269

Fax Number

Contact Number

EMail Address NOEMAIL

Address C/O 5 LORONG BAKAR BATU #05-05

Postcode 348742

YES Was driver an employee of the Insured's Company

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 - MAJOR/MINOR RD

2

NO

YES

NO

1

YES

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?

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

POLICE STATION NAME [OTHER] **ROCHOR NPC**

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20200523/2021

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SKM6589E

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR KOK BOON HENG Name of Driver

NRIC/Passport Number S0520881E Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
 - 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:

4 6 MAY 2020

Driver's Signature

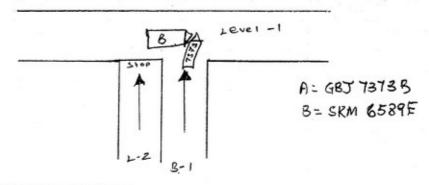
(If driver is not the policyholder)

Date & Time: 2 6 MAY 2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No : Jenny Lim



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	10	Police	Report	No:	T/20200523	/2021
			-			

DECLARATION

Date & fime 2 6 MAY 2020

(If driver is not the policyholder)

Date & Time:

2 6 MAY 2020

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Jenny Lim





Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

T/20200523/2021

1 of 3 Report No. T/20200523/2021

23/05/2020 15:31			Vide Report No.:	Station Diary No.: 49		
Informa	nt's Partic	ulars				
Name of Informant: RAMAN UDAIYAPPAN			Address: APT BLK 744 WOODLANDS CIRCLE #03-760 SINGAPORE 730744			
	/ ID No.: / G2727814	4R	Contact No.: Home/Office: Mobile: 85102269			
Nationality: INDIAN			Email:			
Sex: Age: Date of Birth: Male 25 20/02/1995			Type of Informant: Driver			
Race: Indian			Language:	Institution / School Name:		
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3 Date of Expiry:			

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/05/2020 12:10	Type of Location
Location: Along Road 1 ANG MO KIC Multi-story ca				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled	9 19	Traffic Volume: Moderate
One Way		110t Contached		viouerate

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
GBJ7373B	Van	NISSAN	NV200 1.5 MT	Grey	Slightly Damaged	0	
SKM6589E	Car	TOYOTA		Blue	Slightly Damaged	1	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Report No. T/20200523/2021

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

CONTINUATION OF REPORT

Driver						
Name	RAMAN UDAIYAPPAN			ID No.		G2727814R
Related Vehicle	GBJ7373B (Van)			Conta	ct No.	85102269
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL Dat			harge	NIL	
No. of Days granted Medical Leave NIL		Degree of	Degree of Injury NIL			
Name	Unknown			ID No		NIL
Related Vehicle	SKM6589E (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Degree of Injury NIL		

On 23/05/2020 at about 1210hrs, I was driving my company's van (GBJ7373B, Company: Up Communications Pte Ltd) from Block 588 Ang Mo Kio Street 52 multistory carpark from basement 1 to level 1. As I was driving up the slope of the multistory carpark from basement 1 to level 1, I checked the left side ensuring no on coming vehicle and signaled right before turning out. Just as I was turning out, a car (SKM6589E) was driving straight and hit onto my front left. My van's front left suffered some scratches and was dented in. The other party car suffered scratches and was dented on the front right of his vehicle as well. Both the driver (Name: Kok Boon Heng, NRIC: S0520881E) and I exchange particulars and left, no one is injured. I would like to mention that the car's driver is driving fast and did not see my van. There is also a mirror at the slope area when I turn up and also a stop line before entering the carpark.

That is all.





3 of 3 Report No. T/20200523/2021

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

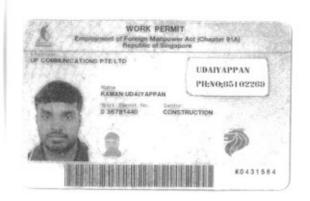
CONTINUATION OF REPORT

Sketch Plan

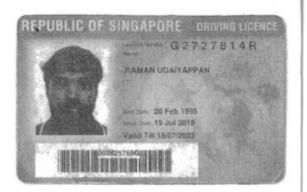
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A / Sgt 2 MADELINE LOW GEK TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/05/2020 15:31
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authonication: Stamp NP168 POLICE FORCE SIGNATURE	









CERTIFICATE OF INSURANCE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : Up Communications Pte Ltd : 31 Jul 2019 To 30 Jul 2020

Vehicle No. : GBJ7373B Policy No.

Engine No.

: K9KE628D674808

Endorsement No.

1900142151

Chassis No.

: VSKYBAM20Z0178553

Issued Date

: 19 Aug 2019

ABOUT THE COVER

Make/Model

: NISSAN NV 200 Engine Capacity/Tonnage : 0.6 Tonnage

Sum Insured : Market Value

First Year of Registration : 2019

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexpenenced Driver Excess" ("YIDH") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving expenence.

Age Condition

: All Age Condition

nitation as to use* :

y Use in connection with the Policyholder's businesis.

2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.

3) Use for social domestic or pleasure purposes. This Policy does not cover a) use for hire or reward criving fulfillor, chiving test, racing, pace-making, reliability that or speed-lesting; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled whiche c) use for any purpose in connection with Motor Traide.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Trans (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

- Tar Chong Motor Sales: Add. 913-81 Tenah Road Singapore 689623-64694091-64694092-64694693.
 2 1C Auto-Claric: Acd. No.1. Stoch Lok Yang Road Singapore 678099-628022212.
 3 Tar Chong Motor Sales: Add. 17 Lot 6 Tox Payor Singapore 319254-63570752-63570754.
 4 Auto-Claric: Add. 25 Leng Kee Road Singapore 439023-6490965.
 5 TC Auto-Claric: Add. 25 Leng Kee Road Singapore 159097-67038511-67038512-67038513.

For other Approved Reporting Centres/A/G Authorised Repairers, please contact our 24-hour accident emergency hotine at +65.6338-6200. Altomatively, you may refer to A/G website www.aig.com.sg. or A/G SG Mobile Acp. Serrply search and download "A/G SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company. Employer's Loan: United Overseas Bank Limited

(We hareby certify that the policy to which this Costificate of insurance relates is issued in accordance with the previsions of the Motor Vehicles (Third Party Risks and Compensation). Act (Cap. 189), Part V of 5 the Rood Transport Act. 1987 (Malaysia). Road Transport (Americans).

TAN CHONG CREDIT PTE LTD - GYZ 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

AIG Asia Peoric Insurance Ple. Ltd.

78 Sherton Way #07-16 AIG Butting \$079120 | T+65 6419 3000 | www.eg.sg

Accident Photo







Accident Photo



Chassis Number

