

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	14/07/2020 14:39
Date Of Accident	23/06/2020 07:30
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3417E
Insured/Policyholder	
Name Of Registered Owner	METALQUIP TC INDUSTRIAL PTE LTD
Co Reg No	199305621Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-86111131

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 5MT 5DR EURO V (A)
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	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	100881079-00018
Cover Note Number	

Driver

Name of Driver	ARAVIND GURURAJ S/O THANGARASAN
NRIC No	S9414058G
Date Of Birth	14/04/1994
Occupation	OUTDOOR
Date Of Driving Pass	22/11/2019
Driving Experience	0 YEAR AND 7 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-83489703
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	40 TELOK BLANGAH RISE #04-391
Postcode	090040
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	COLLISION - HEAD TO REAR
Weather Conditions	NOT SURE
Road Surface	NOT SURE

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?	NO
Was any injured conveyed to hospital by ambulance?	
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

POLICE REPORT - T/20200713/2068

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH4092Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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 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. 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.
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.:

212

Police report - T/20200713/2068.

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

Date & Time:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200713/2068


2 of 2

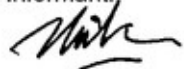

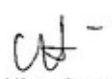
POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. T/20200713/2068

Others				
Person Name	PATRICE LEONG			
ID Type	NRIC NO	ID No	S7245870B	
Gender	Female	Age	48	
Nationality	SINGAPORE CITIZEN	Race	Chinese	
Occupation	SALES	Address Type	Apt Blk	
Address	APT BLK 408 FAJAR ROAD #02-343 SINGAPORE 670408		Mobile No	86111131

Signature Of Officer Recording The Report: TP / WINSTON KOH WEN ZHONG 
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246
Authentication Stamp

Signature Of Informant: 
Date/Time: 13/07/2020 15:52
Classification Of Case:
<div>SINGAPORE POLICE FORCE</div> <div>Signature: </div>

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200713/2068

1 of 2

POLICE REPORT (NP299)

Report No. T/20200713/2068

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

Date/Time Report Made 13/07/2020 15:52	Vide Report No. E/20200623/0048	Station Diary No.	
Name Of Informant WINSTON KOH WEN ZHONG	Address 10 Ubi Avenue 3 SINGAPORE 408865		
ID Type / ID No. NRIC NO / S9819282D	Contact No. Home/Office 96967606	Mobile 96967606	
Nationality SINGAPORE CITIZEN	Email Address Winston WZ KOH@spf.gov.sg		
Occupation Police officer	Sex Male	Age 22	Date of Birth 14/06/1998
Institution/School Name	Language English	Race Chinese	
Date/Time Of Incident 23/06/2020 07:30 - 23/06/2020 07:30	Location Of Incident PAN-ISLAND EXPRESSWAY SINGAPORE		

Brief details.

I AM DOING THIS REPORT FOR INSURANCE COVERAGE FOR THE VEHICLE GBK3417E AS A CASE OF TRAFFIC ACCIDENT HAPPENED ALONG PAN ISLAND EXPRESSWAY PURPOSES AS SOMEONE IS CLAIMING AGAINST US. I REPRESENT MY CAR LEASING COMPANY TO MAKE THIS REPORT.

THIS REPORT IS FOR RECORDING PURPOSES ONLY.

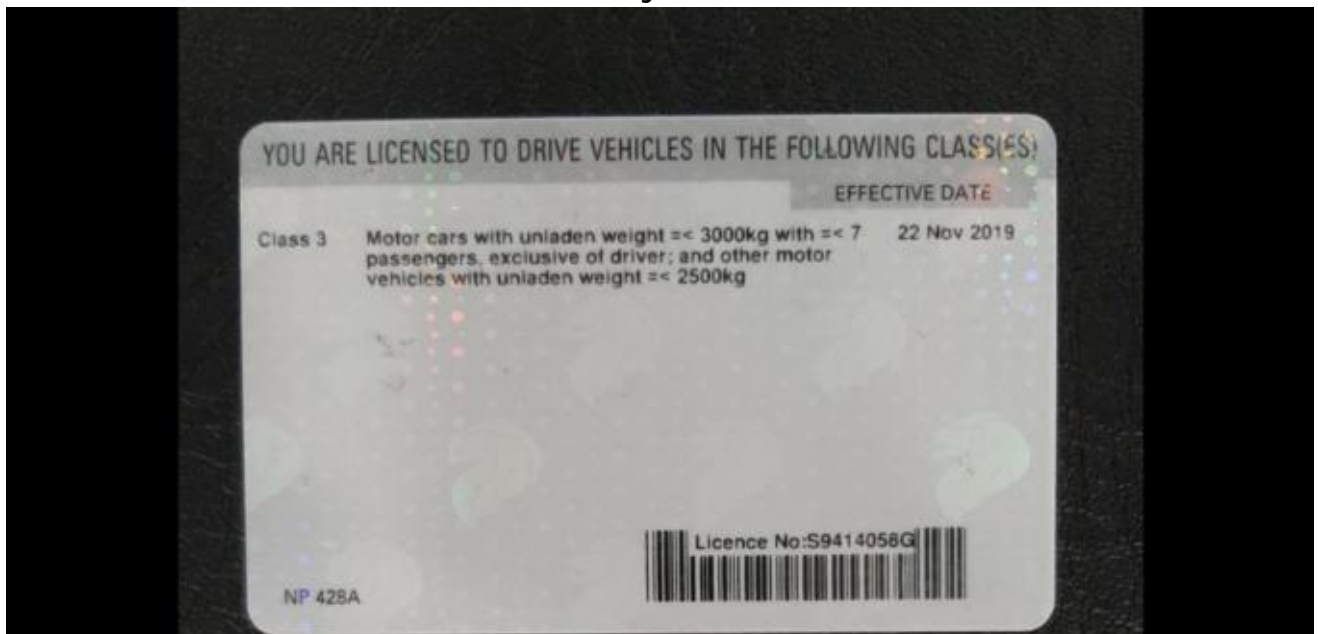
Subjects Involved	
Signature Of Officer Recording The Report: TP / WINSTON KOH WEN ZHONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2020 15:52
Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:

Authentication Stamp

Identification Card



Driving License



Driving License



Identification Card



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo

