MVMG17093982 / Vermogen Ace Pte Ltd - HQ ENTRY DATE & TIME: 17/07/2017 15:03 SUBMITTED BY: Noor Roszaline Bte Rosli

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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

	ACCIDENT STATEMENT
Date Of Report	17/07/2017 15:03
Date Of Accident	16/07/2017 06:30
Exact Location Of Accident	KEPPEL ROAD TOWARDS AYE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD4204P
Insured/Policyholder	
Name Of Registered Owner	LION CITY RENTALS
Co Reg No	2XXXXX597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-66944919
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	HIRER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
lf No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995170
Cover Note Number	
Driver	
Name of Driver	JEFFREY TAN KIM HONG
NRIC No	SXXXX899E
Date Of Birth	09/03/1958
	OUTDOOD

**OUTDOOR** 

13/08/2003

13 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97603391

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address Postcode

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 - CHANGE/CROSS LANE

NO

2

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? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PASSENGER / WITNESS: IVANA LIM HP: 97304188

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC5363L

Vehicle Make/Model/Colour

Details Of Properties VEH. B

Vehicle Category

Name of Driver THAMIL SELVAN

NRIC/Passport Number

Contact Number 84282215

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Rease 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 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.
- 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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

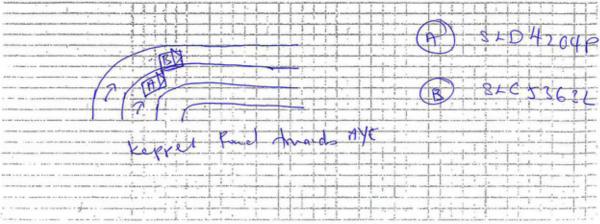
Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Dascribe Circumstances of the Accident
I was driving along keppel roads forwards AYE,
the state of the s
I have a parsenger en my cor. Industry I feel
an enpart for my fort left. I realized
a car was driving fast an collided einto me.
I realited my fund left parties danage.
The state of the s
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#### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

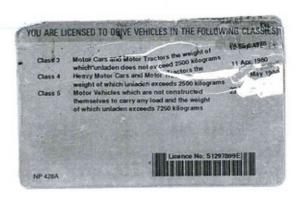
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel













1 of 2

Report No. J/20170717/2165

POLICE REPORT (NP299)

Police Station Of Origin Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

Tel No: 1800-7659999

Vide Rep	ort No.		Station Diary No. 118	
Address				
APT BLK 346 CHOA CHU KANG LOOP #10-77 SINGAPORE 680346				
Contact N	lo.			
Home/Off	Home/Office Mobile			
		97304188		
Email Address				
Sex	Age	Date of Birth	Race	
Female	37	08/05/1980	Chinese	
Language				
Location	Location Of Incident			
CANTON	CANTONMENT ROAD SINGAPORE			
TOWARD	TOWARDS KEPPEL ROAD			
	Address APT BLK SINGAPO Contact N Home/Off Email Add Sex Female Language Location CANTON	APT BLK 346 CHO SINGAPORE 68034 Contact No. Home/Office  Email Address  Sex Age Female 37 Language  Location Of Incident CANTONMENT RO	Address APT BLK 346 CHOA CHU KANG LO SINGAPORE 680346 Contact No. Home/Office Mobile 97304188 Email Address  Sex Age Date of Birth Female 37 08/05/1980 Language  Location Of Incident CANTONMENT ROAD SINGAPORE	

Brief details.

On 16/07/2017 at about 0630hrs, I boarded my 'Uber' (SLD4204P) at South Point Building heading to Choa Chu Kang. After boarding for about 5 minutes, we stopped along Cantonment Road on the middle lane at the junction of Cantonment Road and Keppel Road. When the traffic light turned green, the driver initial the right turn towards Keppel Road. Suddenly, a red vehicle came from the left and collided to the left side of the vehicle. I did not alight from the vehicle at the point of time and I was not injured.

	~ 2
Signature Of Officer Recording The Report	Signature Of Informant:
J/Cpl TAN XIANG WEI	
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2017 19:19
Officer In-Charge Of Case: J./ Jurong Police Divisional Investigation Branch / WEN JIANQUAN, NICHOLAS Contact No.: 67910000	Classification Of Case:
Authentication Stamp —	





70717/2165

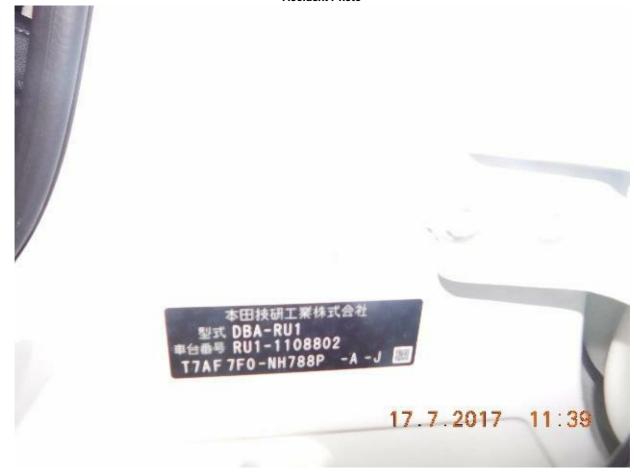
POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20170717/2165

I am making this Police report to provide to 'Uber' for their insurance claim purposes.

1	
Signature Of Officer Recording The Report:	Signature of Informant:
J/Cpi TAN XIANG WEI	
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2017 19:19
Officer In-Charge Of Case: J. Jurong Police Divisional Investigation Branch / WEN JIANQUAN, NICHOLAS Contact No.: 67910000	Classification Of Case:
Authentication Stamp	

















Addendum Sheet

# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

(A)		DENDUM MAKING THE AMENDMENTS:	
Original Report No :		Vehicle Registration No :	SLD4204P
Name(as shown in NRIC):			
NRIC/Passport No :	20150462k	e Owner) (*) Please delete as app	propriate
Address :			
Contact (Tel) :	66944919	(H/P):	97-603391
(Email) :			
Date of Accident :		Time of Accident :	06:30
	Keppel Road to	woods AYG	
Insurance Company:	ALG		
have made a report on the a		N / AMENDMENTS: t and would like to include addition	onal information or n
have made a report on the a ne following amendments:	bove mentioned acciden	t and would like to include addition	onal information or n
have made a report on the a ne following amendments:	bove mentioned acciden	t and would like to include addition	onal information or n
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10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030 Operating Hours : Monday to Friday 9am to 5pm