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 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.

- 4. The issue and acceptance 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 Submission 11/05/2021 17:57 (SGT) Date of Accident 07/05/2021 11:50 (SGT) Exact Location of Accident 21 Kampong Java Rd, Singapore 228892 Additional Location Information TANGLIN DIVISION HQ CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number GBF9393B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ACE COMP SERVICES & TRADING Company Reg No 4XXXX100W Email Address aden.1111@yahoo.com Mobile Phone No (Phone) +65-98198822 Alternative Phone No +65-96434484

VEHICLE PARTICULARS

Manufacturer

Model Hiace Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC 2754

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2070174359 Cover Note Number

DRIVER

Name of Driver TIAN WEIZHI, FABIAN NRIC No. SXXXX786A

Date Of Birth 13/06/1987 Occupation Outdoor Date Of Driving Pass 10/08/2007 Driving experience 13 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96434484 Alt. Phone Number Email Address aden.1111@yahoo.com Address BLK 97 COMMONWEALTH CRESCENT #02-28 Address complement Postcode 140097 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Kampong Java Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002959999 Alt. Police Station Phone No (Fax) +65-63913442 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT E/20210507/2025 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBF3319G Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour
Vehicle Category

Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	-
Insurance Company Name	·····
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	<u>-</u>

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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)

Lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handing 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/mall 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' law yers/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 &

Sketch Plan

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

Personnel

Vehicle A: G1BP9393B

Witnessed by Reporting Centre

Vehicles: GBF3319G

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Declaration

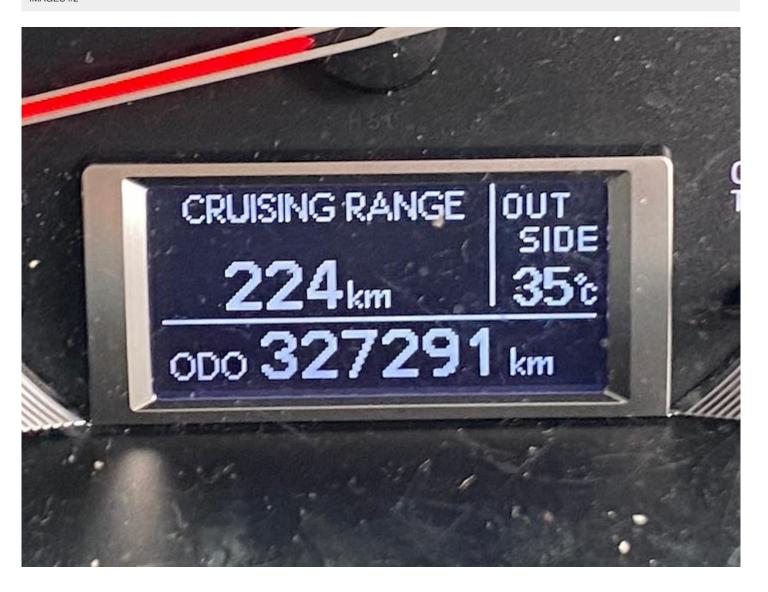
We declare the foregoing particulars are true in every respect.

Policyholder s-Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





















Report No. E/20210507/2025

POLICE REPORT (NP299)

Police Station Of Origin Kampong Java N.P.C 21 Kampong Java Road SINGAP 228892 Tel No: 1800-2959999

PORE		
	Vida Danad Na	Station Die

Date/Time Report Made 07/05/2021 13:36	Vide Rep E/20210	oort No. 507/0096		Station Diary No. 48			
Name Of Informant	Address						
TIAN WEIZHI, FABIAN	APT BLK 97 COMMONWEALTH CRESCENT #02-28 SINGAPORE 140097						
ID Type / ID No. NRIC NO / S8718786A	Contact Home/O		Mobile 96434484				
Nationality SINGAPORE CITIZEN	Email Address						
Occupation	Sex	Age	Date of Birth	Race			
DELIVERYMAN	Male	33	13/06/1987	Chinese			
Institution/School Name	Language English						
Date/Time Of Incident 07/05/2021 11:50	21 KAM DIVISIO	Location Of Incident 21 KAMPONG JAVA ROAD TANGLIN POLICE DIVISIONAL HQ* SINGAPORE 228892 back carpark near the basketball court					

Brief details.

On 07/05/2021 at about 1140hrs, I entered into Tanglin Police Division and parked my vehicle, a dark purple Toyota Hiace bearing registration plate number GBF9393B, parallel to the basketball court area. I then went to deliver food for the PIC's at the lock up area. At about 1150hrs, I saw that a Police van, a blue Hyundai Starex bearing registration plate number GBF3319G, collided onto the left rear side of my vehicle.

Signature	Of	Officer	Recording	The	Report
Sidilatale	\sim	CHICK	1 COOLUMN	1110	I CODOLL

E / Sgt 2 TEO CHENG PENG KYLE

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp TAN HOE PENG

Contact No.: 63914738

Classification Of Case:

Date/Time: 07/05/2021 13:36

Signature/Of/Informant:

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210507/2025

After the collision the Police van shifted forward and continued to adjust and subsequently parked near the motorcycle lots at the side of Tanglin Police Station. Thereafter, one of the Police officer who was seated at the front passenger seat came down and asked me about the damages on the vehicle and what happened. I then told him that I saw the Police Van collide into the left rear of my vehicle which was stationary.

My vehicle suffered damages of scratches and paint peel on my left rear bumper and cracks on the left rear taillight. The Police van suffered damages of scratches and dents on the centre right side of the driver's door. There was no injury to anyone. I was then instructed to lodge a Police report on the matter.

Signature Of Officer Recording The Report:

E / Sgt 2 TEO CHENG PENG KYLE

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp TAN HOE PENG Contact No.: 63914738

Authentication Stamp

5478 11/1 Signature Of Informant:

Date/Time: 07/05/2021 13:36

Classification Of Case: