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.

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 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 11/08/2021 14:32 (SGT) Date of Accident 09/08/2021 10:25 (SGT) Exact Location of Accident Cleantech Loop, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC203B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRANSDAVE SERVICES Company Reg No 5XXXX919E **Email Address** randavesingh@yahoo.com.sg Mobile Phone No (Phone) +65-98270307 Alternative Phone No +65-98270307

VEHICLE PARTICULARS

Manufacturer Golden Dragon Model XML6103J98 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? Yes Vehicle Category Rus Transmission Manual CC 6693

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number DMB1SNW00014432000 Cover Note Number

DRIVER

Name of Driver RANDAVE SINGH S/O KALWEER SINGH NRIC No. SXXXX976Z

Date Of Birth 03/12/1976 Occupation Outdoor Date Of Driving Pass 08/02/2001 Driving experience 20 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-98270307 Alt. Phone Number Email Address randavesingh@yahoo.com.sg Address 230 WESTWOOD AVENUE #01-28 Address complement Postcode 648359 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **OWNER** Does Driver Own Other Vehicles? Nο 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 Theft 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210810/7004 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 UNKNOWN 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)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	UNKNOWN
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Pollcyholder and/or the Authorised Driver.
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- The Issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the Insurance companies.
- 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
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 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 malling 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:
 - 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

Policyholder's Signature

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

complying with requirements under an Europe gulations, laws or court orders.

Date & Time:

Reporting Centre Personnel's Signatur

NRIC/FIN No..

SKETCH PLAN

A-PC>38

Clean Tech Loop.

Please	refur Police	Report.	T/20210210/7004 7
		/	
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	/	8	
	(
A declare the foregoing pa	orticulars are true in evi	ery respect.	an Illostan
llcyholder's Signature	Driver's Sign		Resorting Centre Personniel's Signature
te & Time:	(If driver is n	ot the policyholder)	Name: / /////

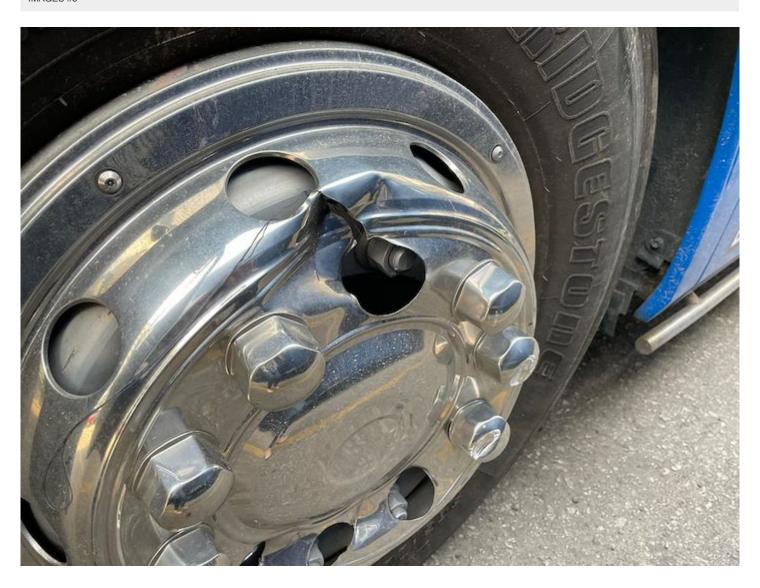
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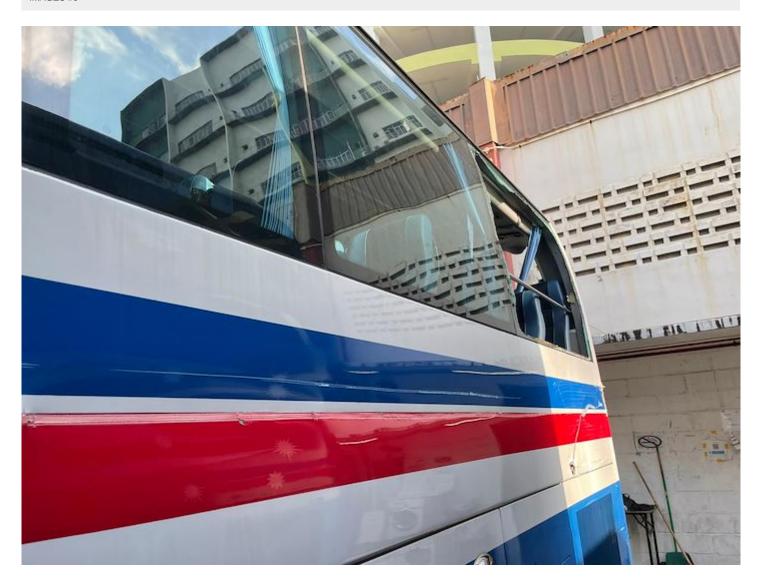




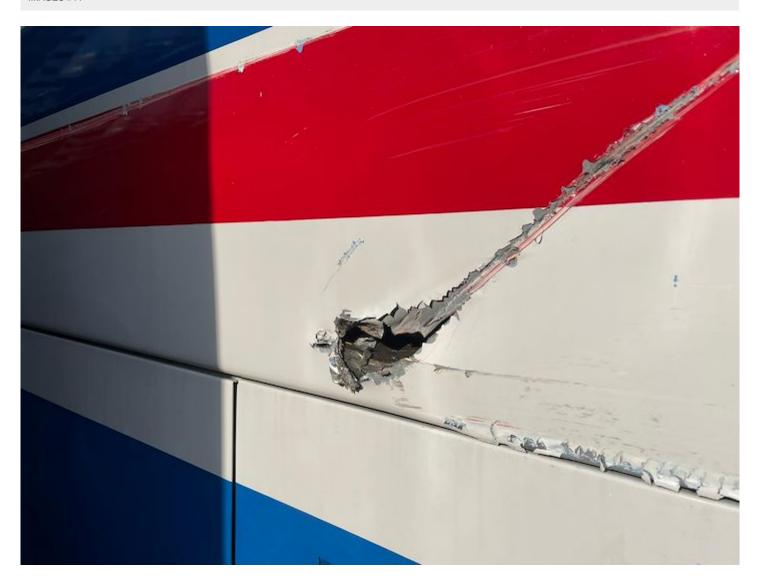


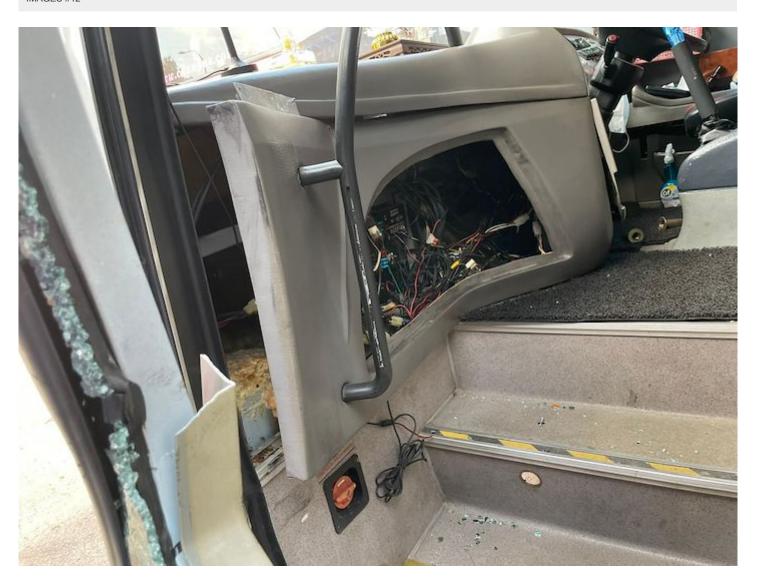






















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210810/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 10/08/20	e Report M 21 11:13	lade:	Vide Report No.: J/20210809/0077	Station Diary No.:	
Informa	nt's Particu	ılars			
Name of Informant: RANDAVE SINGH S/O KALWEER SINGH			Address: 230 WESTWOOD AVENUE #01-28 SINGAPORE 648359		
ID Type / ID No.: NRIC NO / S7639976Z			Contact No.: Home/Office:	Mobile: 98270307	
Nationality: SINGAPORE CITIZEN		EN	Email: randavesingh@yahoo.com.sg		
Sex: Age: Date of Birth: Male 44 03/12/1976			Type of Informant: owner		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information Class:	n: Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/08/2021 10:25	Type of Location Straight Road
Location: CLEANTECH	LOOP			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
				1 (122-44) (122-44) (124-4)

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
PC203B	Bus/Coach/Mi					0

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





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

Report No. T/20210810/7004

CONTINUATION OF REPORT

owner				T		000000000
Name	RANDAVE SINGH S/O KALWEER SINGH			ID No.		S7639976Z
Related Vehicle	NIL			Conta	ct No.	98270307
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL Date			NIL		
	ted Medical Leave	Degree o	of	NIL		

Brief Details.

On 09/08/2021 at around 1030hrs i received a call from the traffic police informing me that my vehicle PC203B was involved in an accident along Cleantech Loop. I made my way to Cleantech Loop and found out that someone has drove my vehicle PC203B without my permission and caused a collision with a stationary vehicle causing major damage to my vehicle PC203B and to the stationary vehicle. I also found out that the police has caught the subject and was in police custody.





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

3 of 3 Report No. T/20210810/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2021 11:13
Officer In Charge Of Case: TP / TPHQ / MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
Authentication Stamp	

NP168