

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 Submission	23/09/2021 15:07 (SGT)
Date of Accident	03/08/2021 13:08 (SGT)
Exact Location of Accident	Gambas Ave, Singapore 757022
Additional Location Information	TOWARDS YISHUN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4059A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AETOS SECURITY MANAGEMENT PTE LTD
Company Reg No	2XXXXX021N
Email Address	murugan.arunachalm@aetos.coms.g
Mobile Phone No	(Phone) +65-98261117
Alternative Phone No	+65-98261117

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Sprinter
Variant	516CDI
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21096813MFCV/28
Cover Note Number	

DRIVER

Name of Driver	POON KAH WAI
Passport No/FIN	GXXXX914W

Date Of Birth	25/10/1996
Occupation	Outdoor
Date Of Driving Pass	03/08/2017
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-98261117
Alt. Phone Number	
Email Address	murugan.arunachalm@aetos.coms.g
Address	BLK 5 #09-231 TOH YI DRIVE
Address complement	
Postcode	590005
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT AND SKETCH

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	SMU4731H
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Attrage
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YE CHUANHUN
Contact Number	(Phone) +65-92314676
Address	-
Address complement	-

SKETCH PLAN

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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 insurers who have insured vehicle(s) involved in this accident (all insurers (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 my 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 insurers (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 exist 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.

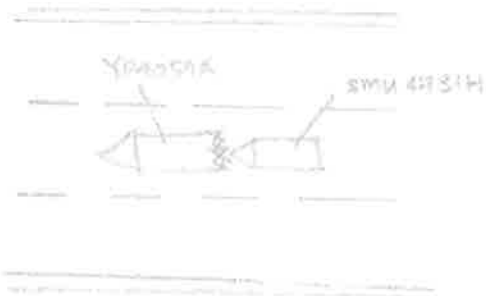


Policyholder
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/1/21

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached AETOS incident report. Thank you.

DECLARATION

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

Policyholder's Name
(Date & Time)



Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/8/11

Reporting Officer/Personnel's Signature
Name:
NRIC/ID No:

[Handwritten signature]
21/4/11

RESTRICTED



AETOS AUXILIARY POLICE FORCE

INCIDENT REPORT

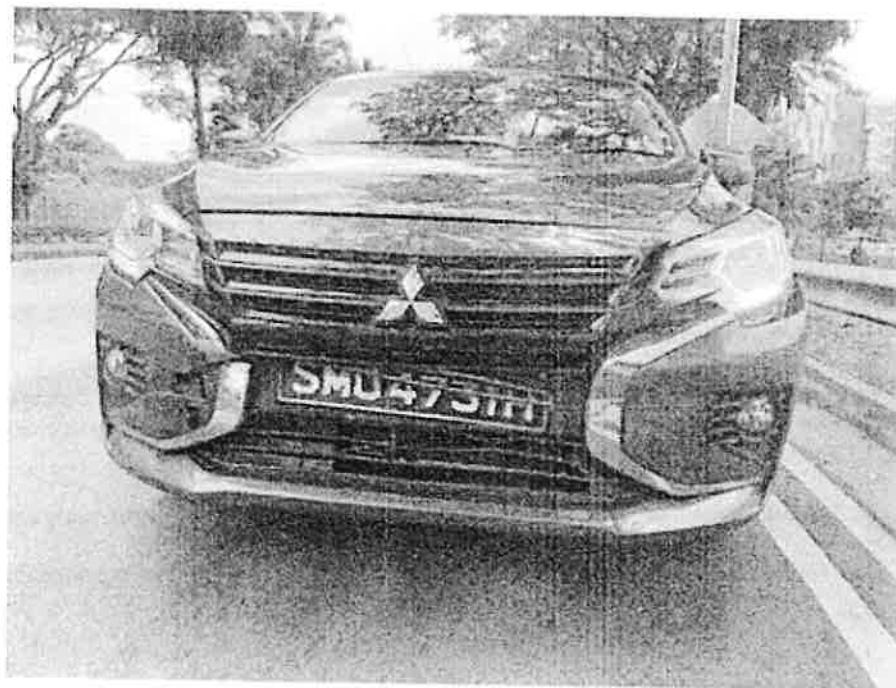
Nature of Incident		Location of Incident	
Third-Party Vehicle Knocked On SSB Vehicle		Gambas Avenue towards Yishun	
Date/Day:	3 rd August 2021 (Tuesday)	Informant:	CPL (APF) T11545 Poon Kah Wai
Time:	1308hrs	Team:	FRT1 (CRD)
Particulars of Driver			
Name	: CPL (APF) T11545 Poon Kah Wai	Ye ChuanHun	
Sex/Age	: Male/ 25 Years	Male	
NRIC/FIN No:	: G****914W	-	
Vehicle No	: YP4059A	SMU4731H	
1. Brief Fact of Case:			
<p>On the above date and time, the CRD FRT1 RO reported that while traveling along Gambas Avenue towards Yishun MRT to replenish ATM 5340.</p> <p>According to the OPS driver, the front vehicle suddenly slows down. SSB Ops driver managed to slow down however the third party vehicle that drove at the rear of the SSB vehicle did not manage to stop and knocked on the SSB vehicle's back.</p> <p>The Impact resulted in the third-party vehicle's radiator support and grilles being damaged.</p> <p>There is no visible damage on the SSB vehicle, however, we'll send for a vehicle damage assessment.</p> <p>No one is injured during the incident.</p>			
2. Escalation:			
<p>At about 1309hrs, escalated to SSB Officer In-charge (OIC) SSgt (APF) Raja Munusamy.</p>			

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3. Follow Up:

- I. OIC has advised the team to exchange particulars and take photos for reference.
- II. OIC advised the team to continue use the same vehicle for the replenishment duty since the vehicle was in good condition to drive.
- III. C3C DO CPL (APF) Shida was informed and acknowledged.
- IV. Maintenance Officer (MO) to download external and external footage (7 days).
- V. MO team, ground the vehicle after return to base, for the fleet team to follow up on accident and damage assessment.

4. Refer to the Attached Photos:



4.1 Third party vehicle's radiator support and grilles being damaged



4.2 The position of SSB vehicle and third party vehicle during the accident



4.3 No visible damage on SSB vehicle

Declaration:					
The above incident report was read over and explained to me in English. I affirmed it to be true, correct and I was offered to make any changes to the incident report but I declined.					
Reported & Acknowledge By:					
Ops Driver: <u>CPL AMOTTISHS PRINCE</u>	Signature: <u>[Signature]</u>	Date: <u>03/08/21</u>			
Replenish Officer: <u>(PL APF) T12769</u>	Signature: <u>[Signature]</u>	Date: <u>03/08/21</u>			
Guardsmen: <u>CPL (APF) T1146</u>	Signature: <u>[Signature]</u>	Date: <u>03/08/21</u>			
<table border="1"> <tr> <td> Drafted by: SGT (APF) T11077 Yau Ka Ken Covering Team Leader Sector E2 </td> <td> Signature: <u>[Signature]</u> </td> <td> Date : 3rd August 2021 </td> </tr> </table>			Drafted by: SGT (APF) T11077 Yau Ka Ken Covering Team Leader Sector E2	Signature: <u>[Signature]</u>	Date : 3 rd August 2021
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