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 28/03/2022 16:13 (SGT) Date of Accident 24/03/2022 16:30 (SGT) Exact Location of Accident 1 Stadium Dr, Singapore 397629 Additional Location Information **CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Subaru

Vehicle Registration Number SMC1906K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RASDEEN BIN MOHAMED ALI NRIC No. SXXXX139H Email Address razsurfer67@hotmail.com Mobile Phone No (Phone) +65-93370400 Alternative Phone No +65-93370400

VEHICLE PARTICULARS

Manufacturer

Model Forester Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1995

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1800074181-03 Cover Note Number

DRIVER

Name of Driver RASDEEN BIN MOHAMED ALI NRIC No. SXXXX139H

| Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver | 23/02/1967 Indoor 13/08/1987 34 YEARS AND 7 MONTHS Male (Phone) +65-93370400 +65-93370400 razsurfer67@hotmail.com BLK 248 PASIR RIS STREET 21 #07-159 - 510248 Yes - No |
|--|---|
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident Weather Conditions Road Surface | Hit by fallen tree / Other objects Raining Wet |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No 1 No - Yes 0 No |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom? | Yes Bedok Division Headquarters (Phone) +65-18002440000 (Fax) +65-64443009 30 Bedok North Road Singapore 469676 No |
| CIRCUMSTANCES OF ACCIDENT | |
| PLEASE REFER TO SKETCH PLAN POLICE REPORT G/202203 | 325/7061 |
| ATTACHMENT(S) | |
| Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHER | Yes No No VEHICLE PROPERTY 1 |
| Vehicle Registration Number | |
| Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category | - - - - NA / Unknown |
| · ············ | TWAY CHINIOWH |

| Name of Driver | - |
|---|------------------|
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | FALLEN TREE |
| Details of property damaged in accident | PUBLIC LIABILITY |
| 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 Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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)

l 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' 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, 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' 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 & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

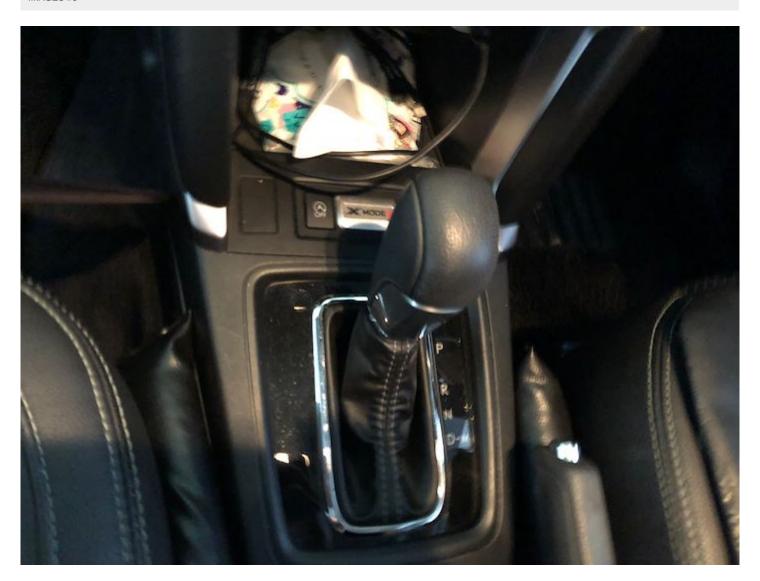
A: SMC1906K.

////// : TREE.

| Describe Circumstances of | the Accident |
|--------------------------------------|--|
| ON THE S | TATED DAR AND TIME, I PARKED AND LEFT MY |
| VEHICLE. | |
| THE PASSE | LEYS WIRE INFORMING MF THAT IS TREE FELL |
| ONTO MY VITTICE | CF. |
| 1 Ligur Zaci | E TO MY VATICLE AND SAW THE SAW TREE ON |
| 704 of my ven | icue. |
| PoJICH RA | EPORT G/20120325/7061 |
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| eclaration | |
| Ne declare the foregoing particular | s are true in every respect. |
| Ray. | marklar ba |
| olicyholder's Signature / Date & ime | Driver's Signature (If driver is not the policyholder) / Date & Time Wifnessed by Reporting Centre Personnel |

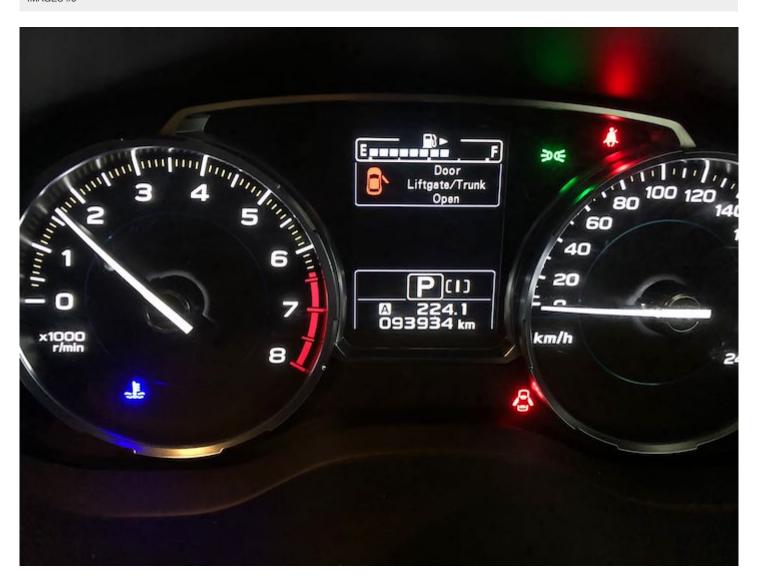


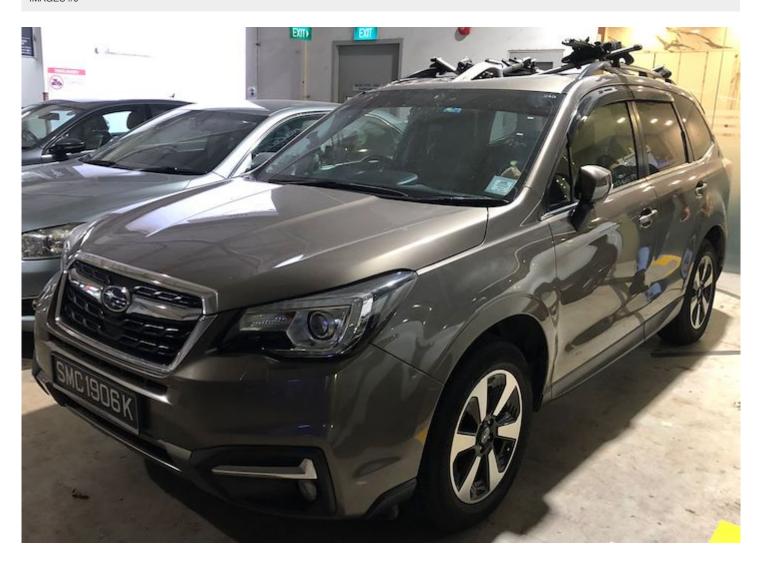




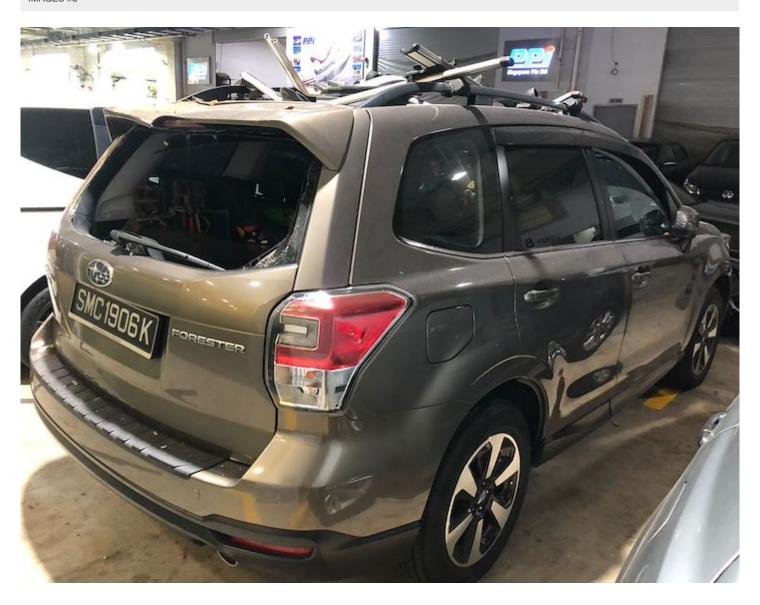




















1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20220325/7061

| Date/Time Report Made 25/03/2022 16:22 | Vide Re | port No. | | Station Diary No. |
|--|---|----------|---------------------|-------------------|
| Name Of Informant RASDEEN BIN MOHAMED ALI | Address 248 PAS 510248 | | REET 21 #07-159 | SINGAPORE |
| ID Type / ID No. NRIC NO / S1829139H | Contact Home/C | | Mobile: 93370400 | |
| Nationality SINGAPORE CITIZEN | Email Address RASDEEN@ACSINDEP.EDU.SG | | | |
| Occupation | Sex | Age | Date of Birth | Race |
| Teachers' aide | Male | 55 | 23/02/1967 | Indian |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident 24/03/2022 17:00 - 24/03/2022 22:00 | Location Of Incident 1500 EAST COAST PARKWAY NATIONAL SAILING CENTRE SINGAPORE 468963 | | | |

Brief details.

At 4.30pm, a heavy storm hit the National Sailing Centre. My car was parked at the designated carpark. I was in the shelter. The strong winds uprooted the tree nearby and crashed onto the roof of my car. There was nobody else around the carpark and my car was the only one that was damaged. Nparks was called when the storm passed. They had to cut the tree in pieces to remove it away from the car. An Npark officer was onsite and a qualified arborist did mention to the Sailing Ctr that the trees were in bad condition. A crane was required to move the bigger tree trunks. All was cleared by 2200hrs. The extend

| 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: 25/03/2022 16:22 | |
| Officer In-Charge Of Case: | Classification Of Case: | |





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220325/7061

of the damage caused the roof of the car to collapse, rear windscreen shattered, suspension was compromised, alignment was also compromised. Car was left there to be towed next day. It was unsafe to drive the vehicle. There were many witnesses from the sailing Centre to the fallen tree episode. I wish to claim public liability from National Sailing Centre's insurers and any other claims related to the incident of no fault of my own.

| Victim | | | | |
|-------------|-------------------|---------------------------|---|--|
| Person Name | RASDEEN BIN MOHAN | MED ALI | | |
| ID Type | NRIC NO | ID No | S1829139H | |
| Gender | Male | Age | 55 | |
| Race | Indian | Language | English | |
| Occupation | Teachers' aide | Address | 248 PASIR RIS STREET 21 #07-159 SINGAPORE 510248 | |
| Mobile No | 93370400 | Is Informant A Victim? | Yes | |

| 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: 25/03/2022 16:22 | |
| Officer In-Charge Of Case: | Classification Of Case: | |
| | | |