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 this is form by instrained 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 18/05/2022 10:42 (SGT) Date of Accident 11/05/2022 18:05 (SGT) Exact Location of Accident Upper Changi Rd N, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SLS1026C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **IRAWAN SINGGIH** NRIC No SXXXX545B Email Address claimsicautoworks@gmail.com Mobile Phone No (Phone) +65-94311741 Alternative Phone No +65-94311741

VEHICLE PARTICULARS

Manufacturer

Model Cla180 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 1595

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1700045408-04 Cover Note Number

DRIVER

Name of Driver FELIX KURNIAWAN SINGGIH NRIC No SXXXX287H

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	05/01/1997 Indoor 18/07/2020 1 YEAR AND 10 MONTHS Male (Phone) +65-94311741 - claimsjcautoworks@gmail.com 521 BEDOK RESERVOIR ROAD #03-75 - 479277 No Child No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
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? FOREIGN VEHICLE 1 Vehicle Registration Number	Yes 2 Yes No Yes 1 No
Vehicle Category	Commercial vehicle
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 Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20220512/7027 AND G	/20220512/7033
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes WITH OWNER No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number VH120

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAJASEGARAN A/L SUBRAMANIAM
Passport No/FIN	8XXXXXXX5765
Contact Number	(Phone) +60-164378845
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
, , ,	- -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Gender
Male
Phone No
(Phone) +65-94311741
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

FELIX KURNIAWAN SINGGIH
Male
SINGHER
SINGHER
SP4311741
SUGHT INJURY
SLS1026C
Yes
No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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.
- 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, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (ii) investigating the accident and/or my claims;
- (ii) 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 &

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

Witnessed by Reporting Centre Personnel

HTSON CAOS Sketch Plan

D

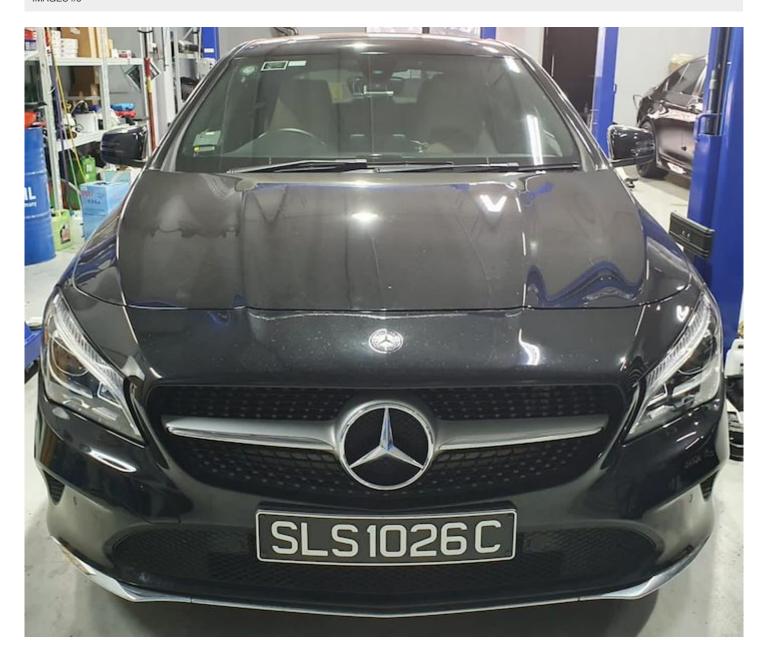
SLS 1026C

VH120

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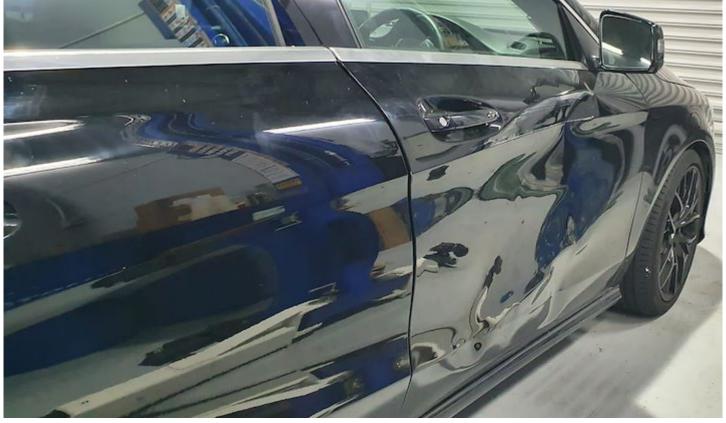






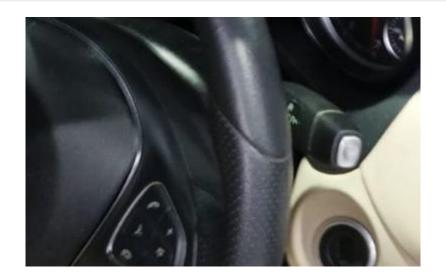




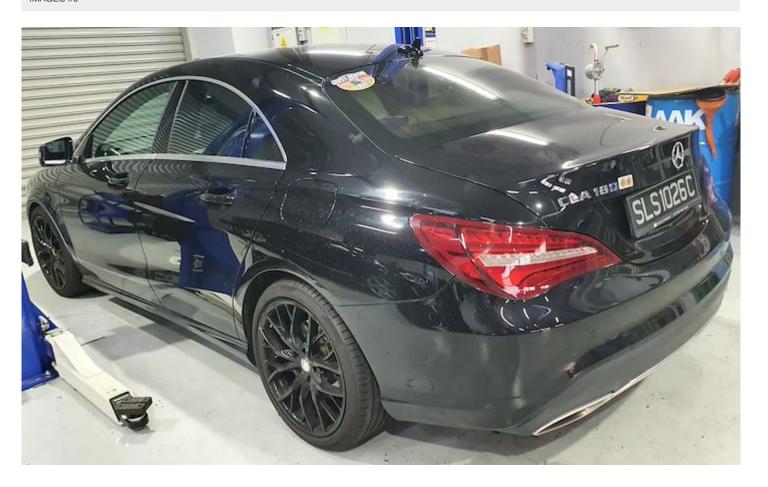














T/20220512/7027

Police Station Of Origin: Traffic Police

Report No. T/20220512/7027

1 of 4

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 22 16:07	fade:	Vide Report No.: G/20220511/0083	Station Diary No.:
Informa	nt's Particu	ulars		NOT THE RESERVED AS A STORY
	Informant: URNIAWAI	N SINGGIH	Address: APT BLK 521 BEDOK RESER SINGAPORE 479277	RVOIR ROAD #03-75
	/ ID No.: D / S97002	87H	Contact No.: Home/Office:	Mobile: 94311741
National INDONE			Email: singgihfelix@gmail.com	
Sex: Male	Age: 25	Date of Birth: 05/01/1997	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
	Occupation:		Driving Licence Information:	Date of Expiry:

	mation of the Accident	电影音乐。一名《图图》	SECURIAL DEPOSIT OF THE CONTROL OF T	[
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/05/2022 18:05	Type of Location T-Junction
Location: TAMPINES E	XPRESSWAY			
Weather:		Road Surface: Dry		Road Speed Limit: 50 Km/h
Weather: Clear Traffic Flow: One Way		Road Surface: Dry Traffic Control: Not Controlled		

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLS1026C	Car	MERCEDES BENZ	CLA180	Black	Seriously Damaged	0
VH120	Prime mover			White	Slightly Damaged	2



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

2 of 4 Report No. T/20220512/7027

CONTINUATION OF REPORT

Vehicle No.	ehicle Insurance Insurance Company	Insurance No	Effective	Expiry Date
venicle ivo.		1700015100 01	07/09/2021	06/09/2022
SLS1026C	AIG ASIA PACIFIC INSURANCE PTE.	1700045408-04	07/09/2021	00/03/2022
	LTD.			
VH120	BERJAYA SOMPO INSURANCE BERHAD			

Any Pedestrian In	volved: No					
No. of Pedestrian		l	Jse of Pe	destrian	Cross	ng: NA
Driver			(BRE) 2/46	ID N		S9700287H
Name	FELIX KURNIAWAN SINGGIH			ID No.		59/0020711
Related Vehicle	SLS1026C (Car)			Contact No.		94311741
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Driving Licent Expiry	e &	Class: 3A Date of Expiry: NIL
Date	11/05/2022		Date			/2022
No. of Davs gran	ted Medical Leave 03		Degree o	f	Sligh	THE COLUMN TWO STREET SHOWS THE
Driver						074007005705
Name	RAJASEGRAN A/L SUBR	RAMANIA	M	ID No		851027025765
Related Vehicle	VH120 (Prime mover)		***	Contact No.		0164378845
Hospital/Clinic	NIL			Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: 27/10/2023
Date	NIL		Date		NIL	
No. of Davis area	nted Medical Leave NII		Degree o	of	NIL	

I was driving home from work at Selarang Camp. As I was driving back, towards to exit of Upp Changi Road North to PIE, I saw a prime mover in the right hand side of the lane also turning left towards the same direction I was going. As I saw the traffic condition was safe enough for me to move out, the prime mover immediately accelerated and overtook me. I ascertained that he did not have much of a turning radius and part of his vehicle was already eating into my lane. I immediately stopped my vehicle and engaged the brakes as hard as I had a gut feeling his vehicle is going to collide with mine. True enough the prime mover collided with my vehicle. I took a photo of his Malaysian IC and Permits and immediately called the police. As he does not have a work permit in Singapore, I took notice of the company he is working for. The company is called Euroasia total logistics (M) SDN.BHD. and the website of the company is www.etlgps.com



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20220512/7027

CONTINUATION OF REPORT

3 of 4

Report No. T/20220512/7027



T/20220512/7027

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

Informant is not able to provide sketch

Sketch Plan

4 of 4 Report No. T/20220512/7027

CONTINUATION OF REPORT

Sigr The bee requ
Date 12/0

Officer In Charge Of Case:

TP / TPIB / TAN JUN YAN Contact No.: 65476311

NP168

Signature Of Informant: The identity of the person making this re been authenticated by Singpass. No sign required.	port has nature is
Date/Time: 12/05/2022 16:07	
Classification Of Case:	





Report No. G/20220512/7033

POLICE REPORT (NP299)

Brief details.

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Station Diary No. Vide Report No. Date/Time Report Made 12/05/2022 11:29 Address Name Of Informant 521 BEDOK RESERVOIR ROAD #03-75 SINGAPORE FELIX KURNIAWAN SINGGIH 479277 Contact No. ID Type / ID No. Mobile: Home/Office: NRIC NO / S9700287H 94311741 Email Address Nationality SINGGIHFELIX@GMAIL.COM INDONESIAN Date of Birth Race Age Sex Occupation 05/01/1997 Chinese Male National Service Full Time Language Institution/School Name English Location Of Incident Date/Time Of Incident UPPER CHANGI ROAD NORTH 11/05/2022 18:05 - 11/05/2022 18:30

I was driving home from work at Selarang Camp. As I was driving back, towards to exit of Upp Changl Road North to PIE, I saw a prime mover in the right hand side of the lane also turning left towards the same direction I was going. As I saw the traffic condition was safe enough for me to move out, the prime mover immediately accelerated and overtook me. I ascertained that he did not have much of a turning radius and part of his vehicle was already eating into my lane. I immediately stopped my vehicle and engaged the brakes as hard as I had a gut feeling his vehicle is going to collide with mine. True enough the prime mover collided with my vehicle.

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: 12/05/2022 11:29
Officer In-Charge Of Case:	Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220512/7033

Mabile No	94311741	Is Informant A Victim?	Yes	
Person Name	FELIX KURNIAWAN	SINGGIH (Informant)		

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: 12/05/2022 11:29
Officer In-Charge Of Case:	Classification Of Case:





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220512/7033

I took a photo of his Malaysian IC and Permits. And immediately called the police. As he does not have a work permit in Singapore, I took notice of the company he is working for. The company is called Euroasia total logistics (M) SDN.BHD. and the website of the company is www.etlgps.com

Subjects Involved	J		
Suspect			
Person Name	Rajasegran A/L Subramaniam		
ID Type	NEW MALAYSIAN IC	ID No	851027025765
Gender	Male	Age	33-40
Race	Indian	Language	Malay
Occupation	Trailer-truck driver	Mobile No	0164378845
Complexion	Dark	Build	Plump
Height About	170cm	Attire Last Worn	Uniform
Hair Colour	Black	Hair Style	Short-Natural Curls
Relation To	Guy who crashed me	Habits & Oddities	Goatee and he slouches
Victim			
Person Name	FELIX KURNIAWAN SINGGIH		
ID Type	NRIC NO	ID No	S9700287H
Gender	Male	Age	25
Race	Chinese	Language	English
Occupation	National Service Full Time	Address	521 BEDOK RESERVOIR ROAD #03-75 SINGAPORE 479277

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: 12/05/2022 11:29		
Officer In-Charge Of Case:	Classification Of Case:		