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 Actual 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 29/07/2022 19:00 (SGT) Reported by Date of Accident 28/07/2022 23:15 (SGT) Exact Location of Accident Singapore Additional Location Information **BKE TOWARDS WOODLANDS** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG5234Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MILLION AUTO SERVICE Company Reg No 31741300K Email Address GRACE@MILLIONAUTO.COM Mobile Phone No (Phone) +65-92479568 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 Variant Exact purpose for which vehicle was being used at time of

accident **Employment** Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 1500

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D20MFL0002382

DRIVER

Name of Driver RENGASAMY SIVASNKAR NRIC No S7762147D Date Of Birth 30/06/1977 Occupation Outdoor

Date Of Driving Pass 28/08/2004 Driving experience 17 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-84941217 Alt. Phone Number Email Address SIVAARROW2010@GMAIL.COM Address BLK 626 YISHUN ST 61 Address complement #03-101 Postcode 760626 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 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? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBT8033Z Vehicle Manufacturer

Vehicle Model
Vehicle Variant

| Vehicle Colour | _ |
|---|------------|
| Vehicle Category | Motorcycle |
| 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 correctly the details of the accident to speed up the claims process.
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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 tocopies 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 transfersuch 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@rms, 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 mailing of correspondence, statements, invoices, reports or noticesto 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")
 - 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

| TCH PLAN | | | NU KANGE | - 5x15 |
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| ESCRIBE CIRCUMSTANCES OF | THE ACCIDENT | | | |
| ICENSE PLATE: GBG 52 | | ACCIDENT DATE & T | TIME: 28/07/ | 22-23:15 |
| CONTACT NUMBER: 9247 | 9568 | E-MAIL ADDRESS: | grace @milli | onguto.com |
| OCATION: BKE TOW | JARDS WOS | 3N, 2CHAJOC | AR CHUA (| HU KANG E |
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| NOTE: PLEASE NOTE TH | AT VOLID INSLIDED M | AV HAVE 14 DAYS TO | AE ERAME FOR YOU | TO SUBMIT AN |
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| OWN DAMAGE CLAIM UND | ER YOUR OWN POLIC | Y. PLEASE CHECK YO | OUR POLICY FOR MO | DRE INFORMATION |
| Please state: | | | | |
| () Claim Own Policy | () Claim Third Parly | LICIaim GSTP at | other workshop | () Reparting Only |
| DECLARATION | | | 1 | OVA AUD |
| I/We declare the foregoing particu | lars are true in every re | spect. | (| 1/1 |
| (E(*)(E)*) | | | , <u>)</u> | 3/3 |
| | - | - | / | WE SIE |
| VOITE | | | 1 | and the second s |
| Ballouboldor's Signature | Driver's Signiture | | Reporting Centre | Personnel's Signature |
| Policyholder's Signature Date & Time: | Driver's Signature (If driver is not the | policyholder) | Reporting Centre Name: | Personnel's Signature |
| Policyholder's Signature Date & Time: | | policyholder) | | Personnel's Signature |















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220729/7027

REPORT OF A TRAFFIC ACCIDENT

| | Date/Time Report Made: 19/07/2022 16:00 | | Vide Report No.: | Station Diary No.: | |
|---------------------|--|---------------------------|------------------------------------|-----------------------------|--|
| Informa | nt's Particu | ılars | | | |
| | Informant: SAMY SIVA | SANKAR | Address: 626 YISHUN STREET | 61 #03-101 SINGAPORE 760626 | |
| | / ID No.: D / S776214 | 47D | Contact No.: Home/Office: | Mobile: 84941217 | |
| Nationali INDIAN | ity: | | Email: SIVAARROW2010@G | MAIL.COM | |
| Sex: Male | Age: 45 | Date of Birth: 30/06/1977 | Type of Informant: Driver | | |
| Race: Indian | | Language: English | Institution / School Name: | | |
| Occupat PROJEC | ion: CT MANAG | ER | Driving Licence Inform Class: 3 | ation: Date of Expiry: | |

| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 28/07/2022 23:15 | Type of Location: Straight Road |
|--------------------------|-------------------|-----------------------|---|---|
| Location: BKE Towards | to woodlands near | Choa Chu Kang Exit | | |
| Weather | | Road Surface: | | Road Speed Limit: |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 90 Km/h |
| | | | | HT : 10 10 10 10 10 10 10 10 10 10 10 10 10 |

| Vehicle No. | Туре | Make | Model | Color | Conditio | No of |
|-------------|------------|--------|-------|-------|----------------------|-------|
| FBT8033Z | Motorcycle | | | Red | Seriously Damaged | 0 |
| GBG5234Z | Van | NISSAN | | Grey | Slightly Damaged | 0 |





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220729/7027

CONTINUATION OF REPORT

| Details of Perso | n Involved | | | | | | |
|-------------------|-------------------------------|----------------|-----------|--|-----------|-----------------------------------|--|
| Any Pedestrian Ir | nvolved: No | | | | | | |
| No. of Pedestrian | s Injured: NIL | in association | Use of Pe | Use of Pedestrian Crossing: NA | | | |
| Driver | | | | | | | |
| Name | RENGASAMY SIVASANKAR | | | ID No. | | S7762147D | |
| Related Vehicle | GBG5234Z (Van) | | | Contact No. | | 84941217 | |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry | | Class: 3 Date of Expiry: NIL | |
| Date | NIL Date | | | | NIL | | |
| No. of Days gran | ited Medical Leave NIL Degree | | | f | NIL | | |
| Rider | | | | | | | |
| Name | RAZALI BINTALIB | | | ID No |). | S7137164F | |
| Related Vehicle | NIL | | | Conta | ect No. | 88873614 | |
| Hospital/Clinic | NIL | | | Class Drivin Licen Expin | g ce & | Class: NIL Date of Expiry: NIL | |
| Date | 28/07/2022 | | Date | | NIL | | |
| No. of Days gran | ted Medical Leave | NIL | Degree o | f | Sligh | | |

Brief Details.

My vehicle GBG5234Z travelling on BKE toward to woodlands, am on lane 3 motor bike FBT8033Z hit me my left (near Choa Chu Kang Exit)





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220729/7027

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: 29/07/2022 16:00 |
| Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000 | Classification Of Case: |

NP168