

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 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 05/10/2022 18:32 (SGT)
Reported by Driver
Date of Accident 04/10/2022 17:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information ZION ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ7869X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DOWNTOWNTRAVEL SERVICES PTE LTD
Company Reg No 1XXXXX671H
Email Address aziz@tchospitality.asia
Mobile Phone No (Phone) +65-67038400
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Subaru
Model Impreza
Variant IMPREZA 4D 2.0I-S EYESIGHT AWD CVT
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7990000060/1220000227

DRIVER

Name of Driver SOUNDARARAJAN ADILSHAH ZERUBABEL
Work Permit No GXXXX635L
Date Of Birth 01/01/1985
Occupation Indoor

Date Of Driving Pass	07/11/2018
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87982681
Alt. Phone Number	-
Email Address	ADILSHAH.SOUNDARARAJAN@SBNOFFSHORE.COM
Address	# 2 KIM SENG WALK
Address complement	-
Postcode	239404
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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?	No
Number of Passengers (Including Driver)	1
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?	No
If yes, against whom?	-

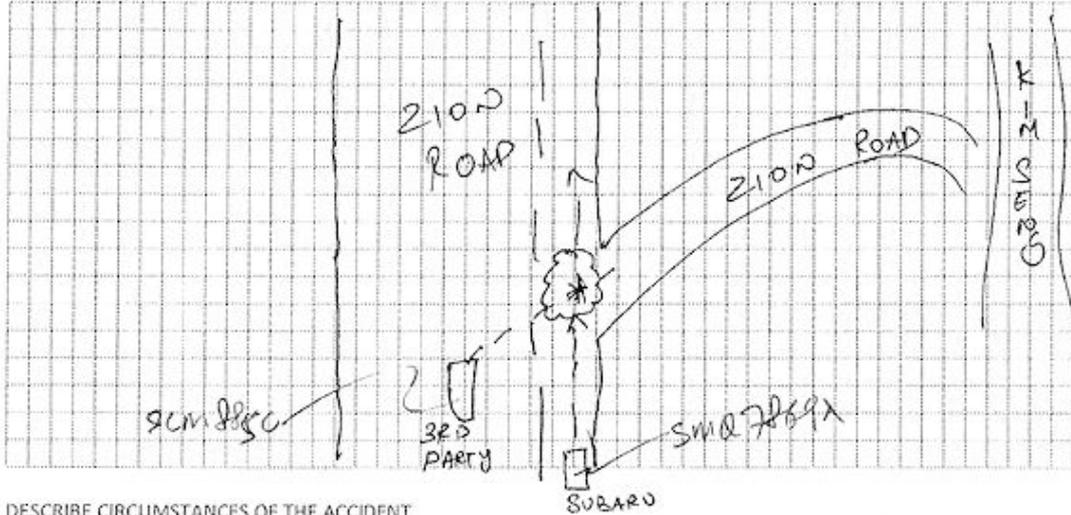
CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

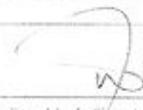
SKETCH PLAN

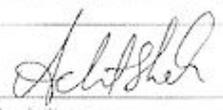


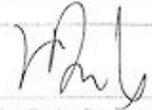
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING IN THE RIGHT LANE OF ZION ROAD BETWEEN HAYLOCK AND KIM SENG PROMENADE. I SAW A BLACK CAR SUDDENLY CUT ACROSS FROM THE LEFT LANE IN FRONT OF ME (IN MY OPINION, I BELIEVE THE CAR WAS TRYING TO TURN RIGHT TO GET ONTO ZION ROAD THAT CONNECTS TO KIM SENG BY MAKING A LAST MINUTE TURN ACROSS 2 LANES) AND I SKANMED MY BRAKES HARD TO TRY AND AVOID HITTING IT BUT COULD NOT STOP IN TIME AND HIT THE BLACK CAR.

Empty lined area for additional notes or details.


 Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 05-OCT-22
 13:10


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

SKETCH PLAN

IMPORTANT NOTICE

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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)
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:
 - (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' 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 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.

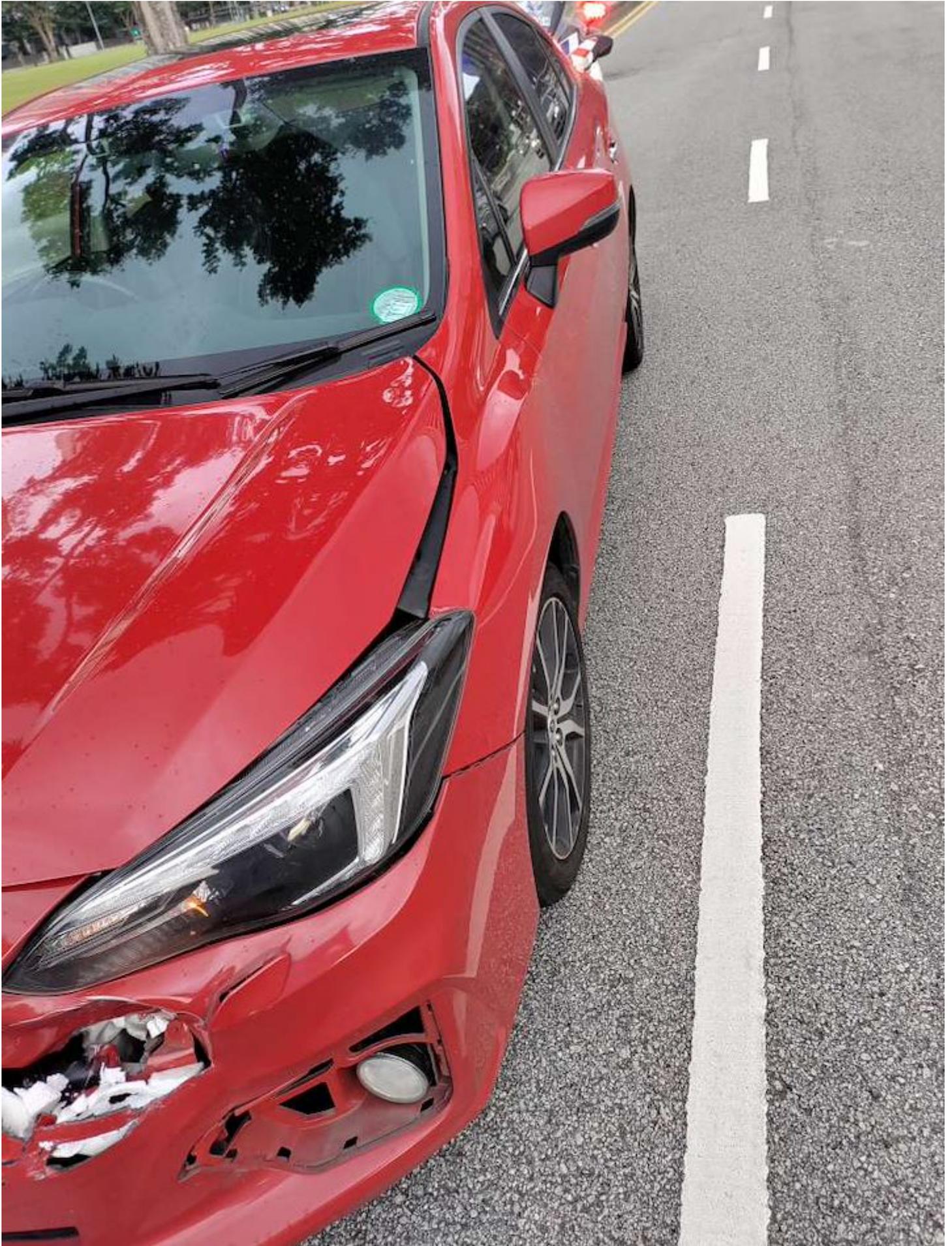

 Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 5-OCT-22
 13:06


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





























































**SINGAPORE
POLICE FORCE**



T/20221004/7070

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

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Report No. T/20221004/7070

CONTINUATION OF REPORT

Driver			
Name	SOUNDARARAJAN ADILSHAH ZERUBABEL		ID No. G6365635L
Related Vehicle	SMQ7869X (Car)		Contact No. 87982681
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

Brief Details.

I was driving in the right lane of Zion Road between Havelock and Kim Seng Promenade. I saw a black car sudden cut across in front of me (In my opinion, I believe the car was trying to turn right to get onto Zion Road that connects to Kim Seng Road by make a very last minute turn across 2 lanes) and I slammed my brakes hard to try and avoid hitting it but could not stop in time and hit the black car. I have photos post event only.



**SINGAPORE
POLICE FORCE**



T/20221004/7070

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

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Report No. T/20221004/7070

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: 04/10/2022 19:08
Officer In Charge Of Case: TP / TPIB / ABDUL RAHIM BIN SALIM Contact No.: 65476433	Classification Of Case:

NP158