

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 Report	28/12/2018 14:07
Date Of Accident	27/12/2018 16:05
Exact Location Of Accident	CHANGI SOUTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5490U
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	-
Email Address	KSTTEAM@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96355542

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994636/100862166-00012
Cover Note Number	

Driver

Name of Driver	ONG THUTT PEET STEVEN
NRIC No	S1542853H
Date Of Birth	26/07/1962
Occupation	INDOOR
Date Of Driving Pass	12/08/1981
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97305060
Fax Number	
Contact Number	
EEmail Address	BOBBY.SIM@SF-EXPRESS.COM

Address	BLK 349 TAMPINES ST 33 #02-420
Postcode	520349
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG CHANGI SOUTH AVE 1 JUNC OF CHANGI SOUTH AVE 2 TWDS CHANGI SOUTH ST 2. SUDDENLY VEH(B) BEARING REG NO GBH6553R FROM OPPOSITE DIRECTION OF CHANGI SOUTH AVE 1 MAKE A RIGHT TURN WITHOUT LOOKING FOR ONCOMING VEH. I HAVE NOT ENOUGH TIME TO REACT AND MY VEH HIT ONTO THE LEFT SIDE PORTION OF VEH B.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH6553R
Vehicle Make/Model/Colour	FIAT
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MS SARMIENTO ELSA DELA CRUZ
NRIC/Passport Number	F7963979Q
Contact Number	91130087
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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. 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 lodgment 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)

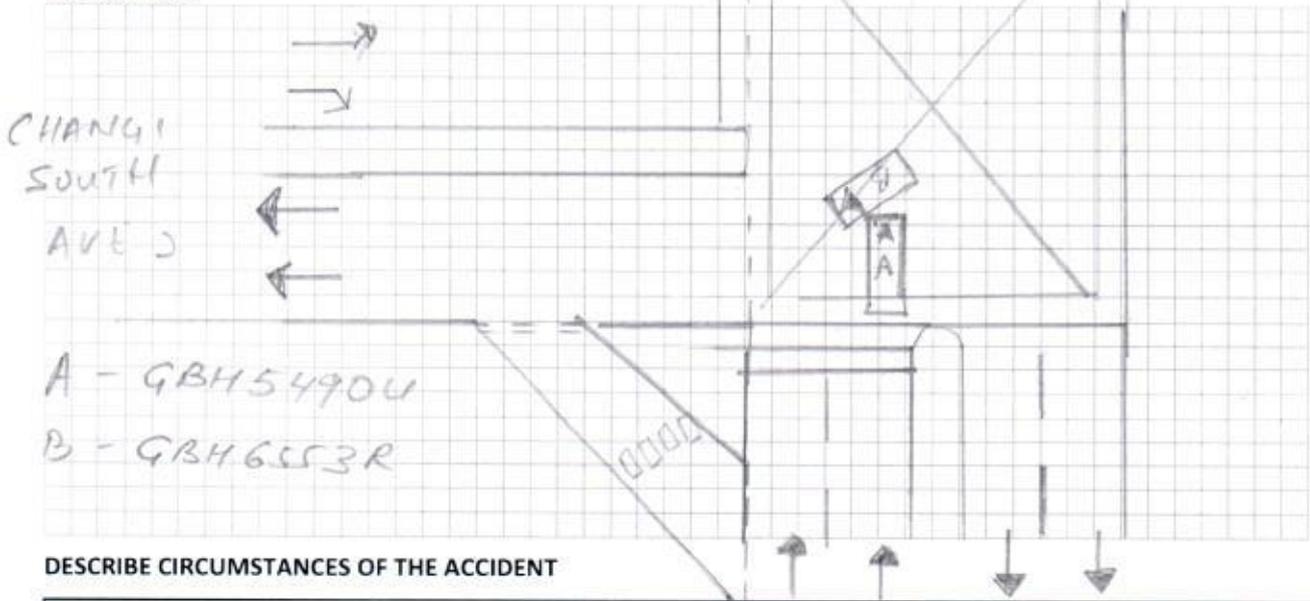
Date & Time: 28-DEC-18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



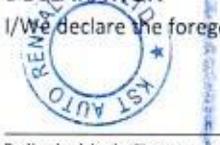
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CHANGI SOUTH AVE 1

Pls refer to the attached statement.

DECLARATION

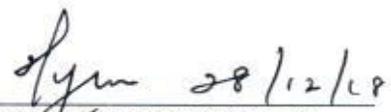
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 28 Dec 18

 28/12/18

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

ACCIDENT STATEMENT

ACCIDENT DATE: 27/12/18 (DD/MM/YYYY), TIME: 1605 HRS (HH:MM)
LOCATION: CHANGI SOUTH AVE 1

1. DETAILS OF VEHICLE GBH54904
- a) VEHICLE NUMBER: GBH54904
 - b) INSURANCE COMPANY: AIG
 - c) POLICY NUMBER: 999994636 / 100862 / 66-00012
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: NISSAN NV 200
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY)
2. INSURED / POLICY HOLDER
- A) NAME: KST AUTO RENTAL PTE LTD (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: 96355542
 - c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
- a) NAME: ONG THUT PEET STEVEN (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S1542853H CONTACT: 97305060
 - c) ADDRESS: BUK 349 #02-420
TAMPINES ST 33 S (520349)
 - *d) DATE OF BIRTH: 26/07/1962 (DD/MM/YYYY)
 - e) OCCUPATION: (INDOOR / OUTDOOR)
 - f) YEARS OF DRIVING EXPERIENCE: 12/8/1981

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE GBH6553 R MODEL: FIAT
- a) VEHICLE NUMBER: GBH6553 R MODEL: FIAT
 - b) DRIVER'S NAME: MS SARMIENTO ELSA DELA CRUZ
 - c) NRIC/FIN/PASSPORT: F7963979 Q CONTACT: 9113 0087

9. THIRD PARTY VEHICLE
- d) VEHICLE NUMBER: _____ MODEL: _____
 - e) DRIVER'S NAME: _____
 - f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email =
fax =
video =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1542853H



Name
ONG THUTT PEET STEVEN



Race
CHINESE

Date of Birth Sex
26-07-1962 M

Country of Birth
SINGAPORE

1702344



NRIC No. S1542853H



Blood Group Date of Issue
B+ 07-02-1994

Address
11, Jalan...
Singapore 119111

Issue No. 1619215

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 1542853H**
Name: **ONG THUTT PEET STEVEN**

Birth Date: **26 Jul 1962**
Issue Date: **21 Aug 2003**

000763203J



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	20 May 1986
Class 2A Motorcycles between 201 cc and 400 cc	20 May 1986
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Aug 1981

NP 428A

Licence No: S1542853H





HOTLINE TEL: (65) 6419-3000
FAX: (65) 6413-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS S\$1,500.00 (1)

CERTIFICATE NO. 999994636/100862166-00012

WINDSCREEN EXCES S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

GBH5490U

2) NAME OF INSURED

KST Auto Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

5 Jul 2018

4) DATE OF EXPIRY OF INSURANCE

11 Apr 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Insured's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the Insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY Mercedes-Benz Financial Services Singapore Ltd

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 1 Aug 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

155005-000

KOH TONG POH

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 SP-LLL

Authorised Representative

ORIGINAL

SSCDSK