

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	17/01/2019 17:45
Date Of Accident	17/01/2019 16:00
Exact Location Of Accident	COMMONWEALTH DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN9943C
Insured/Policyholder	
Name Of Registered Owner	KINETIC REGENCY PTE LTD
Co Reg No	201632127M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-85888585

Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994561
Cover Note Number	

Driver	
Name of Driver	MUHAMMAD FAISAL BIN A RAHMAN
NRIC No	S8437307I
Date Of Birth	06/12/1984
Occupation	OUTDOOR
Date Of Driving Pass	28/04/2012
Driving Experience	6 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93692921
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 547 WOODLANDS DRIVE 16 #02-179
Postcode	730547
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	Name: : ADELINE Gender: : Female

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 TOWARDS A TRAFFIC JUNCTION. AS THE FRONT VEHICLE HAD STOPPED. I WAS DRIVING ON A DOWN SLOPE AND DUE TO THE WET SURFACE AND THE GEOMETRY OF THE DOWN SLOPE, I HIT INTO VEHICLE B.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	ER6866A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR

Name of Driver	IRENE
NRIC/Passport Number	
Contact Number	98182175
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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) in compliance with requirements under any regulations, laws or court orders



1. The first part of the document is a list of names and their corresponding dates. The names are: John Doe, Jane Smith, and Bob Johnson. The dates are: 1/1/2020, 2/1/2020, and 3/1/2020.

Driver's Signature: _____
If driver is not the policyholder
Date & Time: _____

Personnel Training Personnel (Signal)

VERB AUTO

A - SJN9943C
B - ER6866A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling toward a traffic junction, as the front vehicle has stopped. I was driving on a down slope and due to the wet surface and the geometry of the down-slope. I hit onto vehicle B.

DECLARATION
We declare the foregoing particulars are true in every respect

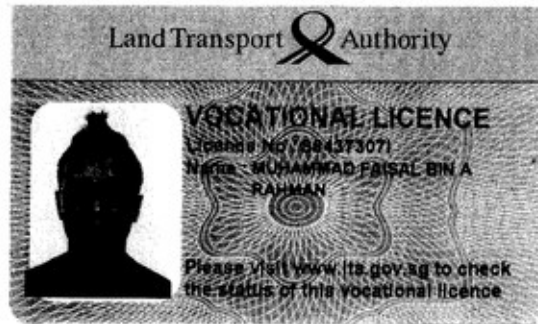


[Signature]

Reporting Officer's Signature
Date & Time

Driver's Signature
(If driver is not the complainant)
Date & Time

Reporting Centre Personnel's Signature
Name
Date & Time



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	23/07/2018



5429326



NRIC No. S84373071



Date of issue
27-02-2015

Address

APT BLK 547 WOODLANDS DRIVE 16
#02-179
SINGAPORE 730547

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 25 Apr 2012



Licence No: S84373071

NP 426A



Sketch Plan #5



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

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)

SI Z 400

(The below excess is subject to GST)

THIRD PARTY	COMMERCIAL MOTOR	POLICY EXCESS	SS1500.00 (Sect II)
CERTIFICATE NO.	SJN9943C	WINDSCREEN EXCESS	NA
POLICY NO.	999994561	SUM INSURED	NA
1) VEHICLE REGISTRATION NO.		INSURING WITH COE/PARF	NA
2) NAME OF INSURED		SJN9943C	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		Kinetic Alliance Pte Ltd	
4) DATE OF EXPIRY OF INSURANCE		16 July 2018	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		07 June 2019	
Any person who is driving on the insured's order or with their permission.			
SS1,000.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience.			
The policy does not cover drivers who are below 22 years old and / or less than 2 year driving experience.			
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*			
1) Use for social, domestic, pleasure purposes and business purposes of insured.			
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.			
3) Use for the carriage of passengers for hire or reward by any person whom the vehicle is hired.			
The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed testing. 2) Use whilst driving a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.			
LOSS OF USE	Not included		
HIRE PURCHASE COMPANY	NA		

*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 excluded under these headings.

17 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: 17 Jul 2018

AIG Asia Pacific Insurance Pte Ltd

501630-000
SC Alliance Pte Ltd
73 Sea Breeze Avenue
Singapore 437582

Signature

Authorised Signatory

ORIGINAL

COPY



DATED THIS 17 DAY OF Dec 2018

Deposit
at SCL17162
(KAP)

BETWEEN

(1) Company Name : KINETIC REGENCY PTE. LTD.
UEN No. : 201632177M
Address : 9 Tagore Lane #03-21 S787472
Tel / Fax : 62642231 / 62642340

AND

(2) Name : MUHAMMAD FAISAL BIN A RAHMAN
NRIC / PP No. : S84373071
Address : BLK 547 WOODLANDS DRIVE 15 #02-179 S730547
Date Of Birth : 6/12/1984
License Passed Date : 28/4/2012
Contact Number : 9369 2921



VEHICLE RENTAL AGREEMENT

(3) Vehicle Reg. Number : SJN9943C
Make : TOYOTA
Model : WISH
Colour : GREY
COE Expiry : 6/3/2019
Contract Start Date : 18/12/2018
Contract End Date : 17/2/2019
Rental Rate/week : \$ 450.00

Rental start on
19/12/2018

HO HOOD LAM PRACTICE LLC
25, A.M. Road, #01/02, KINEX, S787472
Singapore 787472
Tel: 62642231 / 62642340
Email: info@kineticregency.com

Page 1 of 1

[Signature]
18/12/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

