

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	21/02/2019 17:48
Date Of Accident	21/02/2019 13:20
Exact Location Of Accident	ROCHOR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA7858L
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Insured/Policyholder

Name Of Registered Owner	KINETIC ALLIANCE PTE LTD
Co Reg No	201613074E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-84888585

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS

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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994562
Cover Note Number	

Driver

Name of Driver	DANNY TEO SOO HUP
NRIC No	S7839759D
Date Of Birth	27/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1998
Driving Experience	20 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-92283999
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 444 HOUGANG AVE 8 #06-1599
Postcode	530444
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	CHAIN COLLISION
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?	YES
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 STATIONARY AT A TRAFFIC CONTROLLED JUNCTION. VEHICLE B REAR ENDED INTO MY VEHICLE A WHICH CAUSED ME TO SURGE FORWARD AND HIT ONTO VEHICLE C.

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	GBF5162C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMED GABRIEL IMRON S/O MOHAMED ELLIAS
NRIC/Passport Number	

Contact Number	94243975
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKA553K
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DANNY TEO SOO HUP
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMA7858L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan


SKETCH PLAN

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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.



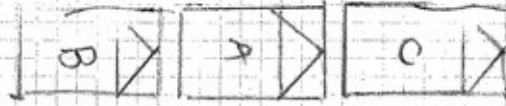
Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

VERVE MOTOR

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY AT A TRAFFIC CONTROLLED JUNCTION.
 VEHICLE B REAR ENDED INTO MY VEHICLE A WHICH
 CAUSED ME TO SURGE FORWARD AND HIT ONTO VEHICLE C.

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



Policyholder's Signature
 Date & Time:

[Signature]

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

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7839759D



Photo

DANNY TEO SOO HUP
(ZHANG SIHE)

张 肆 合

Race
CHINESE

Date of birth: 27-12-1978 Sex: M

Country of birth
SINGAPORE

17/09/2010

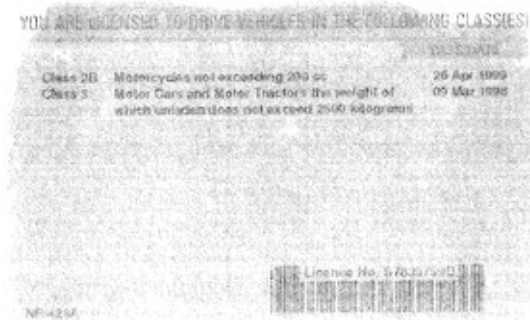
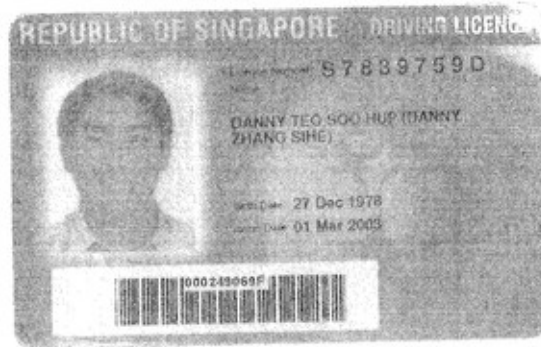


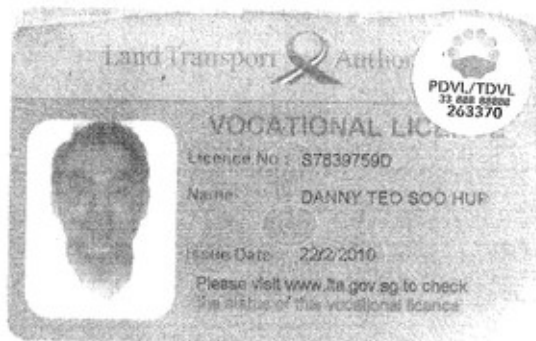
4344412
IDCARD No. S7839759D



23-01-2009

APT BLK 444 HOUGANG AVENUE 5 #06-1508
SINGAPORE 530444
NRC No. S7839759D Date: 08/05/2010





This card is not transferable and is the property of the Land Transport Authority (LTA). It may be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575761.

Type	Description	Issue Date
02	TAXI VL	22/02/2010





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

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1994 (MALAYSIA)

AT 2-406

		(The below excess is subject to GST)	
COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	\$81500.00 (Sect i)
CERTIFICATE NO.	SMA7858K	WINDSCREEN EXCESS	\$3100.00
POLICY NO.	999994562	SUM INSURED	YES
		INSURING WITH COE/PARF	YES
		SMA7858K	
		Kinetic Alliance Pte Ltd	
1) VEHICLE REGISTRATION NO.			
2) NAME OF INSURED			
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		27 June 2018	
4) DATE OF EXPIRY OF INSURANCE		07 June 2019	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
Any person who is driving on the Insured's order or with their permission.			
\$1,500.00 Section I & \$51,500.00 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 to whom the vehicle is hired.			
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.			
The Policy does not cover: 1) Use for motor, driving test, racing, speed-making, reliability and/or speed testing; 2) Use whilst driving a trailer except the towing (other than for towing) of any one insured mechanically propelled vehicle; 3) Use for any purpose as set out above with the Motor Vehicle.			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		NA	
*Exclusions included inoperative or section 3 of the Motor Vehicle Third Party Risks and Compensation Act (Chapter 169) and Section 55 of the Road Transport Act, 1987.			
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Accident Sketch Plan



DATED THIS 3 DAY OF JAN 2019

BETWEEN

(1) Company Name KINETIC ALLIANCE PTE. LTD.
UEN No. 201618392N
Address 9 Tagore Lane #03-21 S787472
Tel / Fax 62642231 / 62642340

AND



(2) Name DANNY TEO SOO HUP
NRIC / PP No. S7839759D
Address BLK 444 HOUGANG AVENUE 8 #06-1599 S530444
Date Of Birth 27/12/1978
License Passed Date 9/3/1998
Contact Number 9228 3999

VEHICLE RENTAL AGREEMENT

Vehicle Reg. Number	SMA7858L	
Make	TOYOTA	
Model	ALTIS	
Colour	SLIVER	
COE Expiry	22/9/2019	Rental start on
Contract Start Date	3/1/2019	4/1/2019
Contract End Date	4/3/2019	
Rental Rate/week	\$ 350.00	

HO WONG LAW PRACTICE LLC
MS. WONG SOO CHIH/MR. WARREN HO
Advocates & Solicitors
131 New Bridge Road #23-06 Chinatown Point
Singapore 059413

Accident Photo



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