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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 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.
- 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	07/03/2020 08:54
Date Of Accident	06/03/2020 09:40
Exact Location Of Accident	SHUN LI IND PARK
Country/State of Loss	SINGAPORE
The supplemental services and the service of the se	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA2299M
Insured/Policyholder	
Name Of Registered Owner	KST LEASING & SERVICING
Co Reg No	3 €
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96355542
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994128/100875290-00003
Cover Note Number	
Driver	
Name of Driver	GOVINDARAJI VIJAY
NRIC No	GXXXX096P
Date Of Birth	12/06/1996
Occupation	INDOOR
Date Of Driving Pass	14/02/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88503412
Fax Number	
ACCOUNT TO THE PARTY OF THE PAR	

NOEMAIL

Address 25 KAKI BUKIT RD 3

Postcode 415815

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 Registration Number of Driver's Own

-

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - U-TURN

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?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2

NAME:

: UNKNOWN

GENDER: : MALE

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

REFER TO STATEMENT.

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

GBJ3941M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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.

STATE & STATE

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

mo

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN A = GBA 2299M B = GBJ 3941M

Refer	t. st	atement	

DECLARATION

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

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.:

I WAS DRIVING INSIDE SHUN LI IND PARK, THERE WAS TWO WAY AND SINGLE LANE ROAD WITH THE CENTER DIVIDER, WHILE APPROACHING THE YELLOW BOX, I SWITCH ON MY RIGHT SIGNAL AND INTEND TO MAKE A U TURN, SUDDENLY VEH B OVERTAKE MY VEH FROM THE RIGHT SIDE AND HIT ONTO MY VEH RIGHT HAND SIDE.

ACCIDENT STATEMENT

ACCID	ENT DATE: 6 / 5 / 20	Aura			.
LOCATI	ON: 61 Kaki Bu	ikit Ave 1	Shun Li	Ind Buildi	25
	DETAILS OF VEHICLE a) VEHICLE NUMBER:	GBA 2299	<u> </u>	ă v	7
14 0	b)INSURANCE COMPANY:	~ + ~ *			
	C)POLICY NUMBER:	CD C V TUDO DAD	TV / TI (100 0 + 0TV	CIDE ATLIEFT	13
	d)POLICY TYPE: (COMPREHEN)MAKE & MODEL: 7040	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	IY / IHIRD PARIY	FIRE & I HEFT)	- 20
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2 1	ARE YOU CLAIMING UNDER Y				
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	ADDRESS: 25 Kakit	Bukit Rd 3			
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	NO, RELATIONSHIP OF TH				
	WEATHER CONDITION: (CLEA)	
	ROAD SURFACE: (DRY / WET		5 %		
	AS ANYBODY INJURED (YES /				
	REPORTED TO POLICE (YES /) IF YES, PLEASE STATE WHICH P		10.0	4.5	
8 TH	IRD PARTY VEHICLE	OLICE STATION.			
	VEHICLE NUMBER: G	BJ 3941M.	_MODEL:	<u>=</u>	
(Induding driver) b) DRIVER'S NAME:				
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email = KST.

VIDEO - IVO.



HOTLINE TEL: (65) 6419-3000

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.301

THIRD PARTY COMMERCIAL MOTOR

OWN DAMAGE EXCESS S\$1,000.00 (II)

WINDSCREEN EXCES

N/A

CERTIFICATE NO. 999994128/100875290-00003

(for policies with effect from 1st November 2002)

SUM INSURED S\$0.00

INSURING WITH COE/PARF NO

1) VEHICLE REGISTRATION NO.

GBA2299M

2) NAME OF INSURED

KST LEASING & SERVICING

3) EFFECTIVE DATE OF THE COMMENCEMENT 25 Apr 2019 OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

11 Apr 2020

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:

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.

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 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 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 6 Mar 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD

155005-000

KOH TONG POH

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120

Authorised Representative

ORIGINAL

SSCANA