

# 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 Submission ..... 17/12/2020 17:03 (SGT)  
Date of Accident ..... 16/12/2020 13:15 (SGT)  
Exact Location of Accident ..... Near 50 Kaki Bukit Pl, Singapore 415926  
Additional Location Information ..... SLIP RD OF KAKI BUKIT RD 1 TO KAKI BUKIT AVE 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ2403G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CYS CAR RENTAL PTE LTD  
Company Reg No ..... 201205697K  
Email Address ..... CYSAUTO@SINGNET.COM.SG  
Mobile Phone No ..... (Phone) +65-81630101  
Alternative Phone No ..... +65-81630101

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 999993812/100873400-0000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HUHAMMAD AL-NAJIB BIN SHALLEH  
NRIC No ..... S9302377C  
Date Of Birth ..... 19/01/1993  
Occupation ..... Outdoor

Date Of Driving Pass .....	11/03/2015
Driving experience .....	5 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87885451
Alt. Phone Number .....	-
Email Address .....	mdalnajib@hotmail.com
Address .....	BLK 550 BEDOK NORTH AVE 1 #07-508
Address complement .....	-
Postcode .....	460550
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 - Head to Rear
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 material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO SKETCH PLAN.

#### 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 .....	SKD2586L
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Vios
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

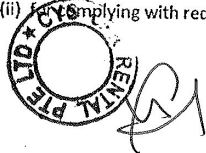
## SKETCH PLAN

**IMPORTANT NOTICE**

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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) complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

17/12/20

GIARMC SketchPlanForm\_V3

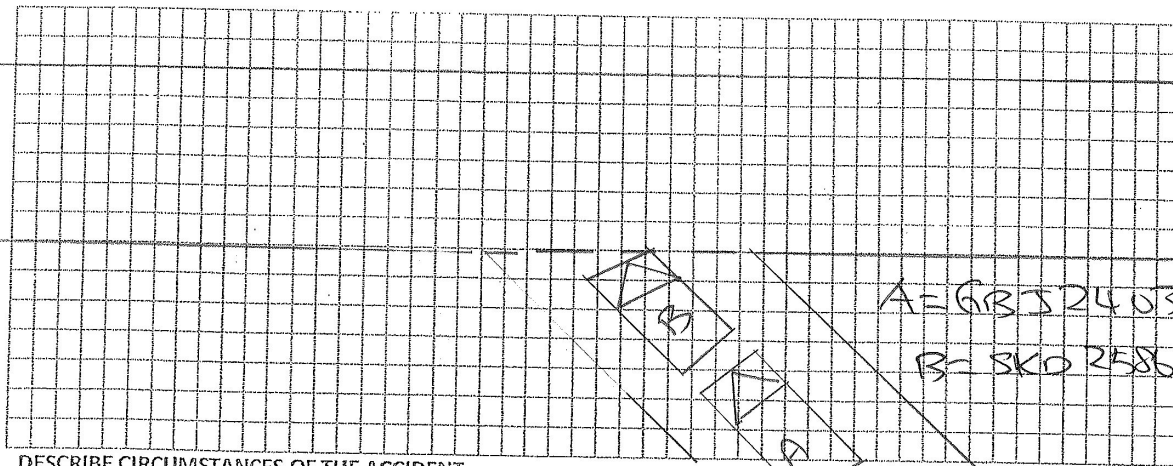
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

17/12/20

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

Slip Rd of KAKI BUKIT ROAD 1  
to ~~KAKI~~ KAKI BUKIT Ave 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE ABOVE MENTION DATE & TIME. I WAS TRAVELLING  
ALONG Slip ROAD of KAKI BUKIT ROAD 1 towards  
KAKI BUKIT Ave 1. VEHICLE B in front of ME  
MOVE OFF AND STOP AGAIN WHEN THE TRAFFIC WAS  
CLEAR. I COULDN'T BRAKE IN TIME AND HIT ONTO  
VEHICLE B REAR PORTION. ONLY 1 INSTRUCTOR & 1  
LEARNER DRIVER IN THIRD PARTY VEH.

\* DURING TIME OF THE ACCIDENT, I  
WAS DELIVERING GOODS.

Important:

You have been advised by the workshop that in the event that you wish to  
claim against your own policy (OD CLAIM), There is a FOURTEEN (14)  
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame  
from the day of the occurrence.

<input checked="" type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input type="checkbox"/>	- Claim OD/ TP at other workshop

DECLARATION

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



Policyholder's signature

Date & Time

17/12/20

*[Signature]*

Driver's Signature

(if driver not the policyholder)

Date & Time

17/12/20

*[Signature]*

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.



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.400

<p>COMPREHENSIVE COMMERCIAL MOTOR</p> <p><b>CERTIFICATE NO.</b> 999993812/100873400-00000</p> <p><b>1) VEHICLE REGISTRATION NO.</b> GBJ2403G</p> <p><b>2) NAME OF INSURED</b> CYS CAR RENTAL PTE LTD</p> <p><b>3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b> 17 Jun 2020</p> <p><b>4) DATE OF EXPIRY OF INSURANCE</b> 16 Jun 2021</p> <p><b>5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *</b></p> <p>Any person who is driving on the Insured's order or with their permission.</p> <p>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.</p> <p><b>6) LIMITATION AS TO USE *</b></p> <p>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</p> <ol style="list-style-type: none"> <li>1) Use for racing, pace-making, reliability trial or speed-testing.</li> <li>2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</li> <li>3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</li> </ol> <p><b>LOSS OF USE</b> NOT INCLUDED</p> <p><b>* NAMED DRIVER</b> N/A</p> <p><b>HIRE PURCHASE COMPANY</b> Daimler Financial Services Africa &amp; Asia Pacific</p> <p><small>* 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.</small></p>	<p><b>OWN DAMAGE EXCESS</b> S\$2,000.00 (1)</p> <p><b>WINDSCREEN EXCESS</b> S\$100.00</p> <p><small>(for policies with effect from 1st November 2002)</small></p> <p><b>SUM INSURED</b> S\$1.00</p> <p><b>INSURING WITH COE/PARF</b> YES</p>
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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 At Singapore 5 Jun 2020

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

503982-000  
 KHC HOLDINGS PTE. LTD.  
 389A BALESTIER ROAD  
 SINGAPORE 329796

  
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 Authorised Representative

ORIGINAL

SSCDSK







































