



## 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	24/12/2020 16:36 (SGT)
Date of Accident	23/12/2020 14:50 (SGT)
Exact Location of Accident	Mandai Link, Singapore
Additional Location Information	EXIT TO MANDAI RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8263B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Company Reg No	-
Email Address	kstteam@singnet.com.sg
Mobile Phone No	(Phone) +65-67415520
Alternative Phone No	(Office) +65-67415520

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	ThirdParty
Fleet Policy	No
Policy Number	999993818
Cover Note Number	-

#### DRIVER

Name of Driver	MOHAMAD ARIFF BIN MISLAM
NRIC No	SXXXX573D
Date Of Birth	25/01/1983
Occupation	Outdoor

Date Of Driving Pass .....	30/04/2014
Driving experience .....	6 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88666937
Alt. Phone Number .....	-
Email Address .....	RAVEWANIEEN7118@GMAIL.COM
Address .....	BLK 548A SEGAR RD #17-604
Address complement .....	-
Postcode .....	671548
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

REFER TO STATEMENT.

#### 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 .....	GBB2657H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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

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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.

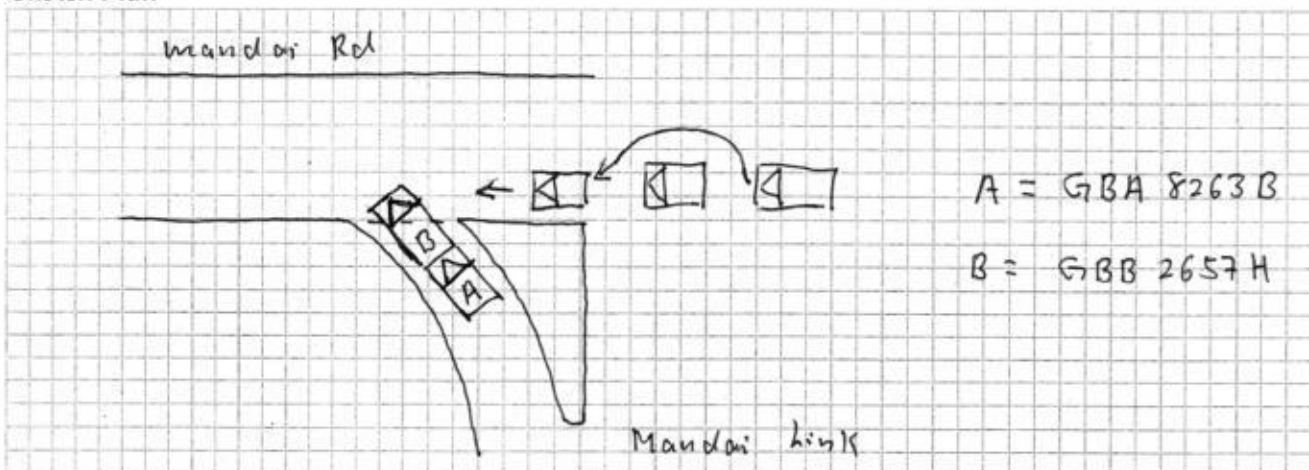


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

AT 1450 HRS, 23/12/2020, I WAS BEHIND WOLLY (CAB 26574) FROM  
TO MANDAL ROAD FROM MANDAL WALK. AS I ACCELERATED, WOLLY  
IN FRONT OF ME JAM BRAKED DUE TO A VEHICLE THAT  
SIGNATURED EARLY. MAKING US ASSUME HE IS TURNING LEFT  
MANDAL WALK, BUT PROCEEDED STRAIGHT AHEAD. THAT IS  
HOW THE ACCIDENT HAPPENED WHICH LED ME TO HIT WOLLY  
FROM BEHIND DUE TO SUDDEN JAM BREAK. AT POINT OF  
ACCIDENT, I WAS CHECKING TRAFFIC ON MY RIGHT.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre  
Personnel

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8300573D**  
Name: **MOHAMAD ARIFF BIN MISLAM**

Birth Date: 25 Jan 1983  
Issue Date: 30 Apr 2014

0023004368



SINGAPORE  
IDENTITY CARD NO. **S8300573D**



Name: **MOHAMAD ARIFF BIN MISLAM**

محمد عارف بن ميسلم

Race

**MALAY**

Date of birth

**25-01-1983**

Sex

**M**

Country of birth

**SINGAPORE**

S8300573D

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

EFFECTIVE DATE

3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 30 Apr 2014



NP 428A



NRIC No: **S8300573D**



Date of issue

**25-01-2013**

**APT BLK 548A SEGAR ROAD #17-804  
SINGAPORE 671548**

NRIC No: **S8300573D**

Date: **09/08/2020**



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) and Road Transport (Amendment) Act 2019

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

		(The below excess is subject to GST)	
COVERAGE TYPE	COMMERCIAL MOTOR	POLICY EXCESS	REFER TO ITEM 6
CERTIFICATE NO.	GBA8263B	WINDSCREEN EXCESS	NIL
POLICY NO.	999993818	SUM INSURED	NA
1) VEHICLE REGISTRATION NO.		INSURING WITH COE/PARF	NO
2) NAME OF INSURED		GBA8263B	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		KST AUTO RENTAL PTE LTD	
4) DATE OF EXPIRY OF INSURANCE		12 April 2020	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		11 April 2021	
Any person who is driving on the insured's order or with their permission. S\$1,000.00 section 2 excess is applicable for driver who is between 21 years to 70 years old with minimum 1 year driving experience where vehicle tonnage is below 2 tons. S\$1,500.00 section 2 excess is applicable for driver who is between 21 years to 70 years old with minimum 1 year driving experience where vehicle tonnage is below 3 tons.			
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 to whom the vehicle is hired.			
The Policy does not cover: 1) Use for tuition, driving test, racing, peace-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 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) and Road Transport (Amendment) Act 2019, 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) and Road Transport (Amendment) Act 2019.

Issued in Singapore 03 Jun 2020

AIG Asia Pacific Insurance Pte. Ltd.

155005-000  
Koh Tong Poh Peter  
AIG Building  
78 Shenton Way (Gems Room)  
Singapore 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC



## ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 12 / 20) (DD/MM/YYYY), TIME: (14 : 50) (HH:MM)

LOCATION: Mandar Link Exit to mandai Rd.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA 8263 B  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Hiace, manual  
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: 6741 5520  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 88666 937  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

- a) VEHICLE NUMBER: GBB 2657 H. MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

9635 5542

ve

Email = rarewanicent118@gmail.com

fax =

VIDEO = Yes.

CI sent by  
afternoon.

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )