

# 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 ..... 02/03/2021 16:49 (SGT)  
Date of Accident ..... 25/02/2021 15:55 (SGT)  
Exact Location of Accident ..... Chai Chee Ln, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG5237R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ACEPAC Rental  
Company Reg No ..... 52916615A  
Email Address ..... kumchew1@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-88757339  
Alternative Phone No ..... (Office) +65-64536256

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
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 ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 100832936-00000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Khamis Bin Sin  
NRIC No ..... S1309233H  
Date Of Birth ..... 14/08/1958  
Occupation ..... Outdoor

Date Of Driving Pass .....	20/02/2017
Driving experience .....	4 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-88757339
Alt. Phone Number .....	-
Email Address .....	khamis140858@gmail.com
Address .....	Blk 12 Eunus Crescent #06-2785
Address complement .....	-
Postcode .....	400012
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 - Major/Minor Rd
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Roslan
Gender .....	Male

#### 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

Please refer to the 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 .....	CB7935K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	Teo Hock Leong
NRIC No .....	S1594338F

Contact Number .....	(Phone) +65-94892945
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

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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 would 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:

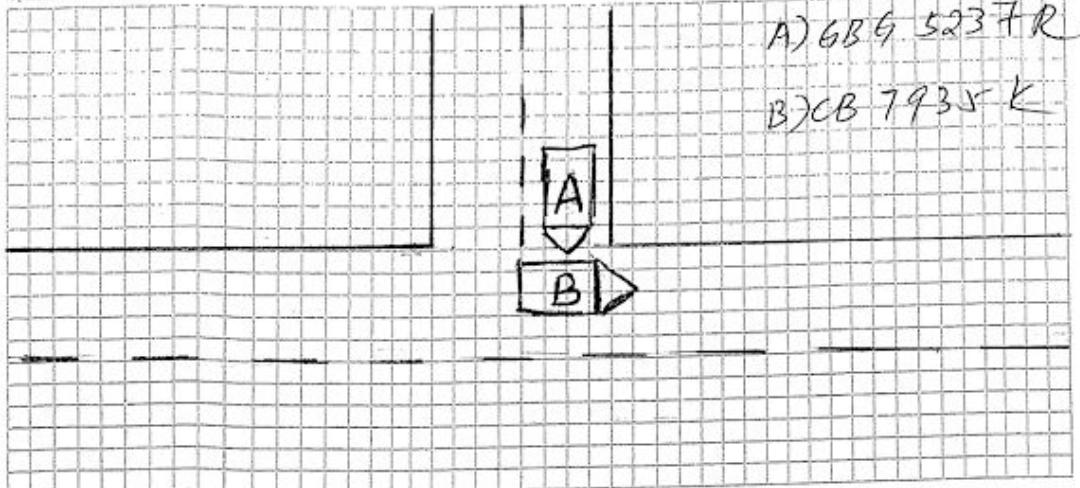
- 2 MAR 2021

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

- 2 MAR 2021

Reporting Centre Personnel's Signature  
Name: **Jenny Lim**  
HFIC/FHI No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date & time, I (GBG 5237R) was stop at chai chee Lane. After checking traffic was clear & I make a left. out of sudden vehicle B (CB 7935K) appear and both vehicle collided together.

DECLARATION

I declare the foregoing particulars are true in every respect.

- 2 MAR 2021

Policyholder's Signature



Driver's Signature

- 2 MAR 2021

Reporting Centre Personnel's Signature Jenny Lim

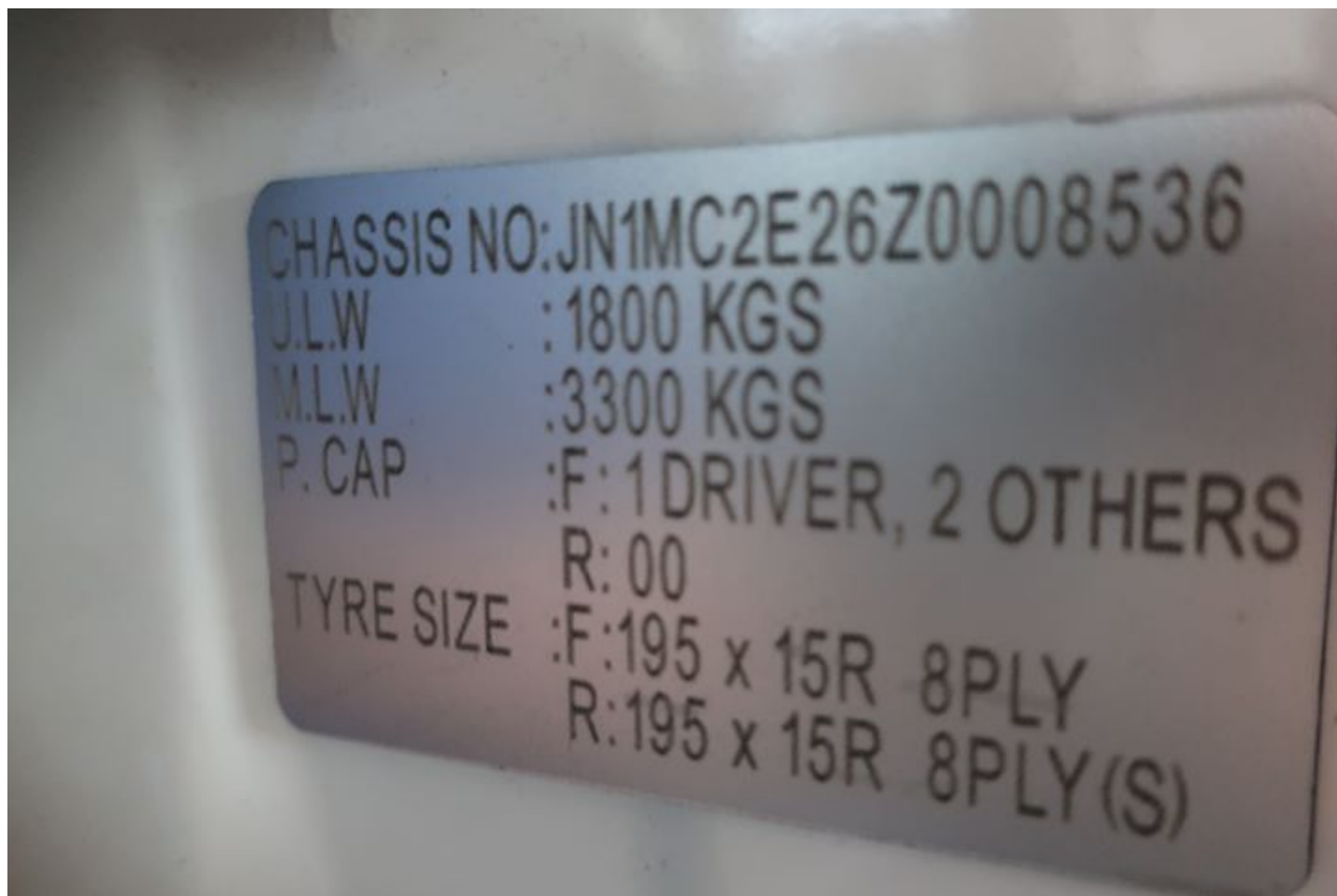












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ANNEX E

## NOTICE OF REPORTING

This is to confirm that Khamis Bin Sin, NRIC: S1309233H , HP: 88757339 has reported to the Police a non-injury traffic accident which occurred along Chai Chee Lane on 25.02.2021 at 03:55 p.m. involving the following vehicles :-

- i) **GBG5237R (Complainant's vehicle)**
- ii) **CB7935K**

2 If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276

Rank/Name of Issuing Officer: SSSgt T140479 Azhar

Date: 25.02.2021

Time: 2012 hrs

Station Diary ref: 20

Police Post/Unit: Chai Chee NPP

Chai Chee NPP  
Block 25 Chai Chee Ave  
Tel: 250/2500 Single line 2474  
Tel: 1800-426333

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

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version as of 15 Sep 2000



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.2.400

COMPREHENSIVE COMMERCIAL MOTOR CERTIFICATE NO. 999993724/100832935-00000	<table style="width: 100%;"> <tr> <td style="width: 70%;">OWN DAMAGE EXCESS</td> <td style="width: 30%;">S\$2,000.00 (1) ✓</td> </tr> <tr> <td>WINDSCREEN EXCESS</td> <td>S\$100.00</td> </tr> <tr> <td colspan="2" style="text-align: center;">(for policies with effect from 1st November 2002)</td> </tr> <tr> <td>SUM INSURED</td> <td>S\$1.00</td> </tr> <tr> <td>INSURING WITH COE/PAF</td> <td>YES</td> </tr> </table>	OWN DAMAGE EXCESS	S\$2,000.00 (1) ✓	WINDSCREEN EXCESS	S\$100.00	(for policies with effect from 1st November 2002)		SUM INSURED	S\$1.00	INSURING WITH COE/PAF	YES
OWN DAMAGE EXCESS	S\$2,000.00 (1) ✓										
WINDSCREEN EXCESS	S\$100.00										
(for policies with effect from 1st November 2002)											
SUM INSURED	S\$1.00										
INSURING WITH COE/PAF	YES										
1) VEHICLE REGISTRATION NO.	GBG5237R										
2) NAME OF INSURED	ACEPAC RENTAL										
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	22 Nov 2020										
4) DATE OF EXPIRY OF INSURANCE	21 Nov 2021										
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *											
<p>Any person who is driving on the Insured's order or with their permission.</p> <p>Authorised Drivers must be of age 21 years old with at least 1 year driving experience unless stated otherwise</p> <p>Additional All Claims Excess \$1,500 applies to drivers age below 25 years or Above 65 years old and or less than 2 years driving experience</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>											
6) LIMITATION AS TO USE *											
<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> <p>1) 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.          3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>											
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 At Singapore 19 Nov 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

503982-000  
 KHC HOLDINGS PTE. LTD.  
 369A BALESTIER ROAD  
 SINGAPORE 329796

\_\_\_\_\_  
 Authorised Representative

ORIGINAL

SSCNFY