# **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 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.

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   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 12/04/2021 18:40 (SGT) Date of Accident 09/04/2021 15:10 (SGT) Exact Location of Accident Jln Angin Laut, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GW1215I

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KST AUTO RENTAL PTE. LTD. Company Reg No 2XXXXX860W **Email Address** kstteam@singnet.com.sq Mobile Phone No (Phone) +65-96355542 Alternative Phone No +65-96355542

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Liteace Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 1495

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage ThirdParty Fleet Policy Nο Policy Number 999993818 Cover Note Number

### DRIVER

Name of Driver MUHAMMAD ZULHELMI BIN MOHAMED SHARIF NRIC No. SXXXX464I

Date Of Birth 04/08/1986 Occupation Outdoor Date Of Driving Pass 08/05/2007 Driving experience 13 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-97745763 Alt. Phone Number Email Address EVATASHARINA@GMAIL.COM Address BLK 177 BOON LAY DR Address complement #06-392 Postcode 640177 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Other 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 Collided into Bicyclist Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Nο Number of Passengers (Including Driver) 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? Yes Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: G/20210410/7030

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### SKETCH PLAN

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- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

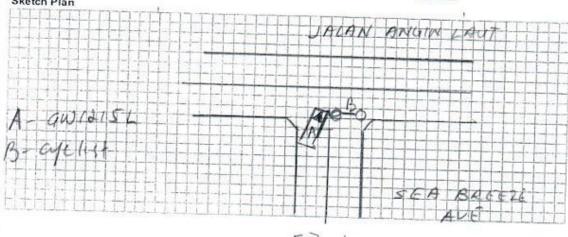
- (a) My insurer , my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) w ho 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' law yers/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
- (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
- (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 hsurers' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan



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POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Report No. G/20210410/7030

Date/Time Report Made 10/04/2021 13:26	Vide Report No.		Station Diary No	
Name Of Informant MUHAMMAD ZULHELMI BIN MOHAMED SHARIF	Address 177 BOON LAY DRIVE #06-392 SINGAPORE		GAPORE 640177	
ID Type / ID No. NRIC NO / S8620464I	Contact No. Home/Office: Mobile: 97745763			
Nationality SINGAPORE CITIZEN	Email Address evatasharina@gmail.com			
Occupation Working proprietor (transport, storage and courier)	Sex Male	Age 34	Date of Birth 04/08/1986	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 09/04/2021 15:05 - 09/04/2021 15:10	Location Of Incident jln angin laut juntion			
Brief details.		,		

i was stopping at the junction before making a right turn when this cyclist was dashing through even after horning him to warn him he still procced straight and hit my van.. after that i ask him if he is injured or not and needed ambulance he told me hes fine after that he wanted to settle this and agreed to pay me \$350 for the damages on my windscreen.after about an hour later his friend called me and threathen me to return back his friend money and will report me to the police.

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making thi report has been authenticated by		
Signature Of Interpreter:	SingPass. No signature is required.		
Not applicable	Date/Time: 10/04/2021 13:26		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			























1 of 1

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Report No. G/20210410/7030

Vide Re	port No.		Station Diary No.
Address 177 BOON LAY DRIVE #06-392 SING		APORE 640177	
Contact No. Home/Office: Mobile:			
Email Address			
Sex Male	Age 34	Date of Birth 04/08/1986	Race Malay
Language English			
Location Of Incident jln angin laut juntion			
	Address 177 BO  Contact Home/C  Email A evatash Sex Male  Languag English Location	177 BOON LAY DE Contact No. Home/Office:  Email Address evatasharina@gma Sex Age Male 34  Language English Location Of Inciden	Address 177 BOON LAY DRIVE #06-392 SING Contact No. Home/Office: Mobile: 97745763 Email Address evatasharina@gmail.com Sex Age Date of Birth Male 34 04/08/1986  Language English Location Of Incident

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