

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 04/05/2021 17:01 (SGT)
Date of Accident 30/04/2021 14:30 (SGT)
Exact Location of Accident 407 Yishun Ave 6, Singapore
Additional Location Information CARPARK LOT 413
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GW2390G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KST AUTO RENTAL PTE LTD
Company Reg No -
Email Address LINGHEONG6097@GMAIL.COM
Mobile Phone No (Phone) +65-67415520
Alternative Phone No +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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 999993602
Cover Note Number -

DRIVER

Name of Driver TAN LING HEONG
NRIC No SXXXX050C

Date Of Birth	15/04/1978
Occupation	Outdoor
Date Of Driving Pass	07/05/2016
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86612707
Alt. Phone Number	-
Email Address	LINGHEONG6097@GMAIL.COM
Address	BLK 329A ANCHORVALE STREET #08-507
Address complement	-
Postcode	541329
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	Side Swipe
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?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
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	EY318T
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

Describe Circumstances of the Accident

me vehicle A was reversing into lot 413 half way in when I felt an impact
on my ~~right~~ left handSide. Vehicle B had collided into my ~~right~~ left handSide of the vehicle.
left

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Tan Lushou

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

[Signature]

Witnessed by Reporting Centre Personnel

SKETCH PLAN**IMPORTANT NOTICE**

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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' law firms/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' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



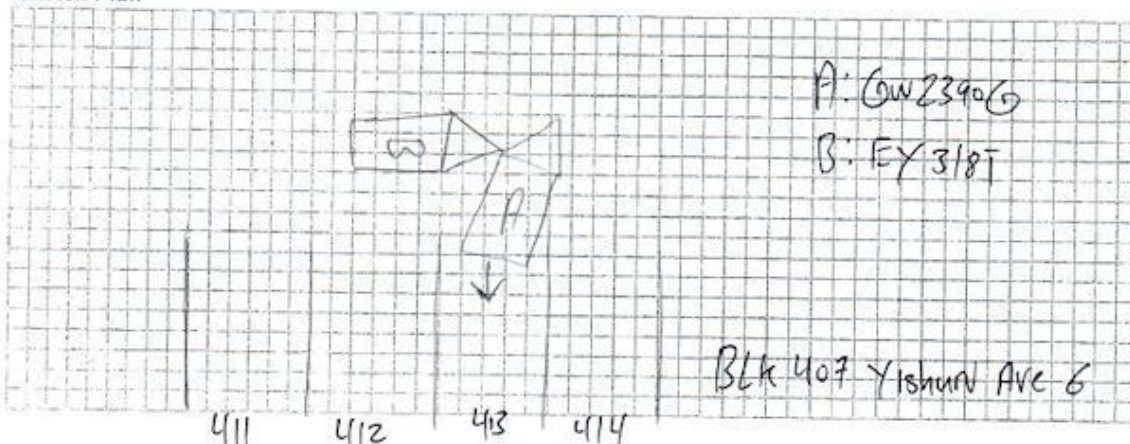
Tan Loo Hong

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

















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Annex E

NOTICE OF COMPLIANCE

This is to confirm that Tan Ling Heong, NRIC S7888050C has reported to the Police a non-injury traffic accident which occurred at Blk 407 Yishun Ave 6 open space carpark at lot 413 on 30.04.2021 at 2.30pm involving the following vehicles:

1. GW2390G (driven by Tan Seng Chuan)
2. EY318T (driven by a Chinese uncle)

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

Rank/Name of Issuing Officer: Sgt (2) Nicholas
Date: 01/05/2021 Time: 0152 hrs
S/D Ref: 13
Police Post/Unit: Ang Mo Kio South NPE

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

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Version as of 15 Jan 2002

Tan Ling He
Tan Ling He
S7888050C



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN092154000C Vehicle Registration No: GW2390G
Name (as shown in NRIC) : TAN LING HEBN4 NRIC/FIN/Passport No : SXKKX050C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 329A ANCHURVALE STREET #08-507 Singapore(541329)
Contact (Tel) : _____ Mobile No.: 86612707
Email Address : _____
Date of Accident : 30/04/21 Time of Accident : 14:30
Place of Accident : 407 YISHUN AVE 6
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT TO TP CLAIMS



Policyholder / Driver's Signature
Date: 10/08/2021

shym 11/05/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: