

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 07/05/2021 13:01 (SGT)
Date of Accident 06/05/2021 13:40 (SGT)
Exact Location of Accident Ang Mo Kio Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG2615C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KST AUTO RENTAL PTE. LTD.
Company Reg No 2XXXXX860W
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
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 999993603
Cover Note Number -

DRIVER

Name of Driver MOK LOO KIANG(MO LUQIANG)
NRIC No SXXXX460Z

Date Of Birth	31/12/1973
Occupation	Outdoor
Date Of Driving Pass	26/10/2007
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93740972
Alt. Phone Number	-
Email Address	kstteam@singnet.com.sg
Address	BLK 356B ANCHORVALE LANE
Address complement	#08-47
Postcode	542356
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210506/2082

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	SGW853B
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX1366U
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)	-

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 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.

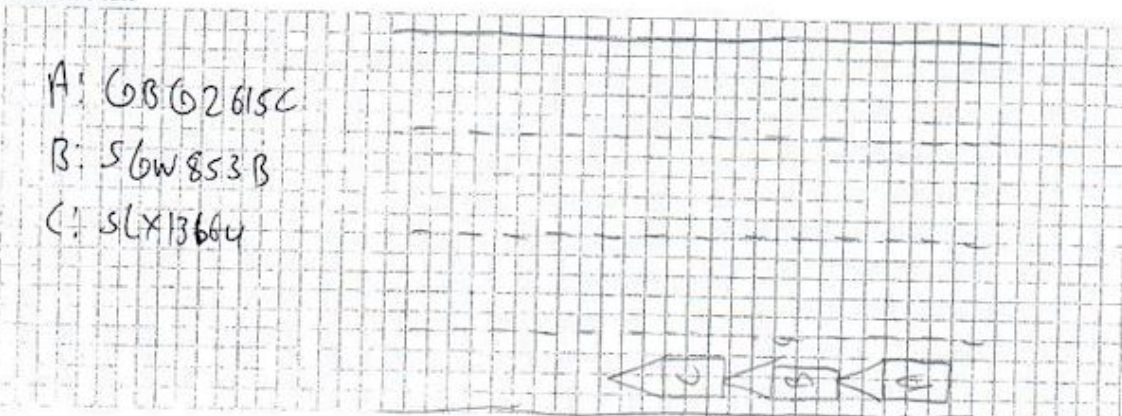


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report 7/202/0506/2082

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] 07/05/21
Witnessed by Reporting Centre Personnel



SINGAPORE
POLICE FORCE



T/20210506/2082

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210506/2082

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOK LOO KIANG	ID No.	S7348460Z
Related Vehicle	GBG2615C (Van)	Contact No.	93740972
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION

I WAS DRIVING THE VEHICLE BEARING REGISTRATION NUMBER GBG2615C ALONG ANG MO KIO AVENUE 1. I WAS DRIVING ON THE FAR LEFT HAND SIDE OF THE ROAD, AND AS I WAS DRIVING, THE VEHICLE IN FRONT OF ME BEARING THE REGISTRATION NUMBER SGW853B CAME TO A SUDDEN HALT CAUSING ME TO HIT THE REAR SIDE OF HIS VEHICLE CAUSING A COLLISION. WE EXCHANGED PARTICULARS AND I LEFT THE SCENE IMMEDIATELY AFTER. THAT IS ALL



















SINGAPORE
POLICE FORCE



T/20210506/2082

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210506/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2021 16:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOK LOO KIANG			Address: APT BLK 356B ANCHORVALE LANE #08-47 SINGAPORE 542356		
ID Type / ID No.: NRIC NO / S7348460Z			Contact No.: Home/Office: Mobile: 93740972		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 31/12/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Building technician			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2021 13:40	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 1				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2615C	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	White	Slightly Damaged	0
SGW853B	Car	TOYOTA	VIOS J AUTO	Black	Slightly Damaged	0



SINGAPORE
POLICE FORCE



T/20210506/2082

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20210506/2082

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOK LOO KIANG	ID No.	S7348460Z
Related Vehicle	GBG2615C (Van)	Contact No.	93740972
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION

I WAS DRIVING THE VEHICLE BEARING REGISTRATION NUMBER GBG2615C ALONG ANG MO KIO AVENUE 1. I WAS DRIVING ON THE FAR LEFT HAND SIDE OF THE ROAD, AND AS I WAS DRIVING, THE VEHICLE IN FRONT OF ME BEARING THE REGISTRATION NUMBER SGW853B CAME TO A SUDDEN HALT CAUSING ME TO HIT THE REAR SIDE OF HIS VEHICLE CAUSING A COLLISION. WE EXCHANGED PARTICULARS AND I LEFT THE SCENE IMMEDIATELY AFTER. THAT IS ALL



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210506/2082

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Report No. T/20210506/2082

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /

SC ABU HURAIRAH BIN ABDUL TALIB

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Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

[Handwritten Signature]

Date/Time:

06/05/2021 16:23

Classification Of Case: