

# 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 ..... 200806860W  
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 ..... S7348460Z

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

## IMPORTANT NOTICE

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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.

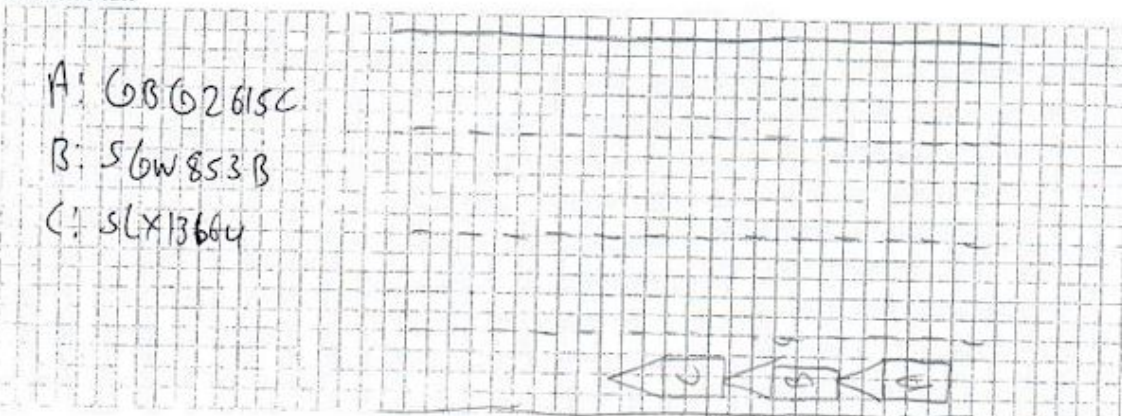


Policyholder's Signature / Date & Time

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 7/20210506/2082

Lined area for describing the circumstances of the accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

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

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Report No. T/20210506/2082

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
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

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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.:
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#### 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

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Report No. T/20210506/2082

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
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

4

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:

*[Handwritten Mark]*