

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	18/10/2021 16:27 (SGT)
Date of Accident	15/10/2021 19:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE TWDS WOODLANDS EXIT 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2506J
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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) +65-96355542
Alternative Phone No	+65-96355542

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	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	HONG SWEE SEN,GRAYSON
NRIC No	SXXXX302C

Date Of Birth	28/08/1980
Occupation	Outdoor
Date Of Driving Pass	18/01/2002
Driving experience	19 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98779704
Alt. Phone Number	-
Email Address	kstteam@singnet.com.sg
Address	BLK 308C ANCHORVALE RD
Address complement	#10-20
Postcode	543308
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	HIRER(COMPANY)
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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 THEPOLICE REPORT:T/20211015/7040.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH659J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBH659J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 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.
- (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.



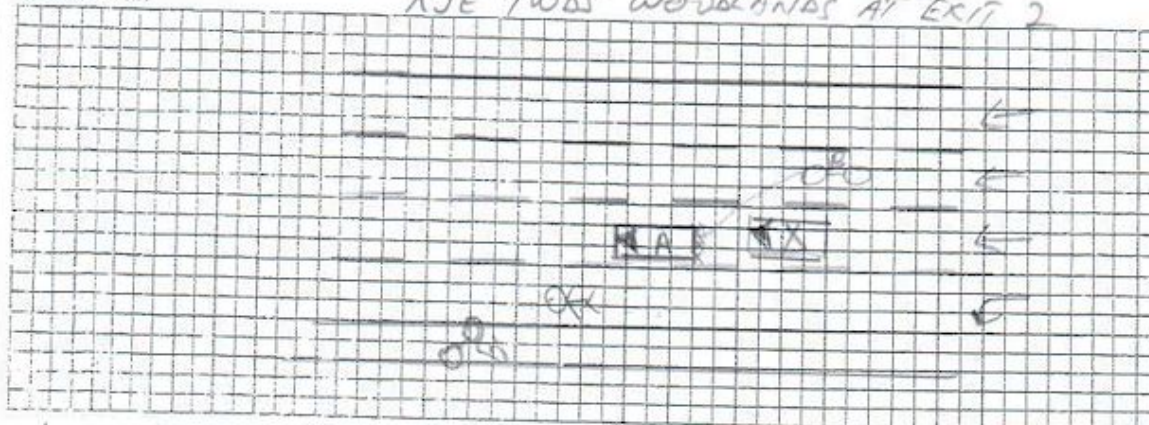
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

KJE TWO'S WOODLANDS AT EXIT 2



A - GB425065
B - FBH6595
X - WITNESS

Describe Circumstances of the Accident

P/s refers to the police report - T/2021/015/7040

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

18/10/2021

Shym 18/10/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211015/7040

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

2 of 3

Report No. T/20211015/7040

CONTINUATION OF REPORT

Driver			
Name	HONG SWEE SEN, GRAYSON	ID No.	S8026302C
Related Vehicle	GBG2506J (Van)	Contact No.	98779704
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	15/10/2021
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

i was travelling from CCK toward woodland. as i was on the left lane trying to filter to the right 3rd lane at exit 2. i over took a trailer and filter right into 3rd lane. i saw the right mirror and it was clear and proceed to filter. after filtering not long i felt a "bump" on my left side rear. then i proceed to see my left mirror and saw a motorist(FBH 659J) on the left filter lane to wards exit 2. so i proceed to slow down and park at the divider between exit 2 and kje and get down to see what happened. a driver behind me by the name of Eugene (96990945) told me the the motorist was fast and side swipe my vehicle.



















**SINGAPORE
POLICE FORCE**



T/20211015/7040

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

1 of 3

Report No. T/20211015/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2021 21:07		Vide Report No.: L/20211015/0109	Station Diary No.:
Informant's Particulars			
Name of Informant: HONG SWEE SEN, GRAYSON		Address: 308C ANCHORVALE ROAD #10-20 SINGAPORE 543308	
ID Type / ID No.: NRIC NO / S8026302C		Contact No.:	Mobile: 98779704
Nationality: SINGAPORE CITIZEN		Email: GRAYSONHONG@YAHOO.COM	
Sex: Male	Age: 41	Date of Birth: 28/08/1980	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: cleaning company manager		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/10/2021 19:05	Type of Location: WOODLANDS ROAD EXIT 2
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBG2506J	Van					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211015/7040

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

2 of 3

Report No. T/20211015/7040

CONTINUATION OF REPORT

Driver			
Name	HONG SWEE SEN, GRAYSON	ID No.	S8026302C
Related Vehicle	GBG2506J (Van)	Contact No.	98779704
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	15/10/2021
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

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POLICE FORCE**



T/20211015/7040

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

3 of 3

Report No. T/20211015/7040

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ABDUL RAHIM BIN SALIM
Contact No.: 65476437

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/10/2021 21:07

Classification Of Case: