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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.

 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	26/10/2021 14:28 (SGT)
Date of Accident	25/10/2021 11:34 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	TOWARDS AVENUE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number		GBK3937X
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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) +65-90226700
Alternative Phone No	+65-90226700

VEHICLE PARTICULARS

Manufacturer

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 Type of Coverage Fleet Policy Policy Number Cover Note Number	AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 999993604
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DRIVER

Name of Driver	LUTFI ALI BIN AILUDIN
NRIC No	SXXXX069D

Date Of Birth Occupation	23/07/1986
Occupation Date Of Driving Pass	Outdoor
Driving experience	01/03/2010
Gender	11 YEARS AND 7 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-90226700
Email Address	*
Address	kstteam@singnet.com.sg
Address complement	BLK 31 PASIR RIS LINK #01-25
Postcode	-
Is the driver the policyholder?	518153
If No, Relationship of the Driver with the Insured	No Ulara
Does Driver Own Other Vehicles?	Hirer
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	
Weather Conditions	Collision - Head to Rear
Road Surface	Clear
	Dry
OTHER INFORMATION	
OTHER INFORMATION	
West	
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 other vehicle or proporty degree of 2	-
Was any other vehicle or property damaged? Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
g assistante assistante :	NO
DETAILS OF POLICE ACTION	
Was the assident reported to the li o	
Was the accident reported to the police? Was notice of intended Prosecution given?	No
If yes, against whom?	No
ii yoo, agairist wiloili ?	*
CIDCUMOTANICES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
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 I NOI ENTIT
Vehicle Registration Number	CHEROSOL
Vehicle Manufacturer	SHE8080J
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	- Taxi
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)	

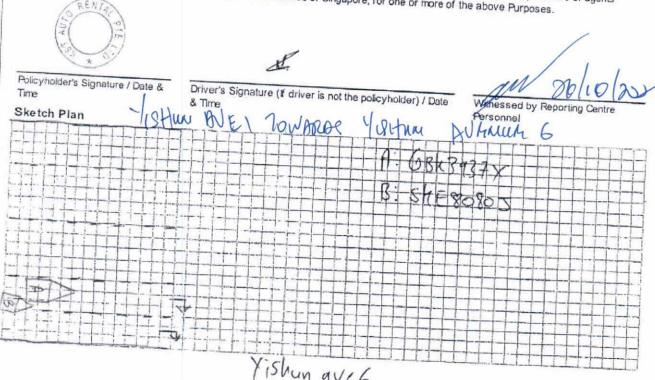
SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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 8. Consent under the Personal Data Protection Act (PDPA)

l 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 yers/law firms, the Monetary Authority of Singapore and any relevant
- (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/mall
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Yishun ave 6

Vehick A

De scribe	Circumstances	of	11.0	Acrieland

Inwas Stationary at the junction of rishum alle 17 de
Inwas Stationary at the junction of rishun avel Zucl turning right land to rishun avel Suddenly I felt an impact on my rear. Vehicle B had hit the rear right partion of my vehicle it
The parties of my vehicle of

Declaration

I'We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Winnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 25 10 21 JOD/MM/YYY). TIME: (11 : 34) (HH:MM)
LOCATION: Yishun avel to ave 6
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: 6813437X b) INSURANCE COMPANY: PIG c) POLICY NUMBER: a) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: 11 a (C i) TYPE: (SALOON / COUPE / MPV / (AN) LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) i) ARE YOU CLAIMING UNDER YOUR OWN.
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
IF NO. PLEASE STATE (THIRD PARTY CLAIM / GEPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: STATE (THIRD PARTY CLAIM / GEPORTING ONLY) [MALE / FEMALE] C) ADDRESS: ON ONTACT: 9027 6 700
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER Conducting driver) DINRIC/FIN/PASSPORT: CONTACT: 90726700
*d)DATE OF BIRTH: () (DD/MM/YYYY)
f) YEARS OF DRIVING EXPRENENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!) IF NO, RELATIONSHIP OF THE INSURED'S COMPANY?
DIROAD SURFACE: (DAY KAINING / OTHERS
7. a) REPORTED TO POLICE IVES (VES)
He of pessenger a) VEHICLE NUMBER: She 8080 5
- Including driver) b) DRIVER'S NAME: MODEL:
(
No of pessanger d) VEHICLE NUMBER:MODEL:
Inducting deliver) f) DRIVER'S NAME:
cinati = hSTTEAM @ GSINGNET low. SG
fax =
NIDEO = NO



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA) and Road Transport (Amendment) Act 2019

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M 2 400

COMPREHENSIVE

COMMERCIAL MOTOR

POLICY EXCESS

(The below excess is subject to GST) REFER TO ITEM 5

CERTIFICATE NO.

GBK3937X

WINDSCREEN EXCESS

\$\$100.00

YES

POLICY NO.

999993604

SUM INSURED

MARKET VALUE

INSURING WITH COE/PARF

1) VEHICLE REGISTRATION NO. 2) NAME OF INSURED

GBK3937X

KST AUTO RENTAL PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF

12 April 2021

11 April 2022

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their permission.

551,000.00 section 1 excess is applicable for driver who is between 21 years to 70 years old with minimum 1 year driving experience where vehicle tonnage is below 2 tons. SS1,500.00 section 1 excess is applicable for driver who is between 21 years to 70 years old with minimum 1 year driving experience where vehicle tonnage is below 3 tons.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not included

HIRE PURCHASE COMPANY

REFER TO POLICY SCHEDULE

*Univitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

1/ We hereby Cortify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019.

Issued in Singapore 15 Apr 2021

AIG Asia Pacific Insurance Pte. Ltd.

155005-000 Koh Tong Pah Peter AIG Building 78 Shenton Way (Gems Room) Singapore 079120

AUTHORISED REPRESENTATIVE

SSPORC

ORIGINAL