

# 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 ..... 28/10/2021 17:17 (SGT)  
Date of Accident ..... 27/10/2021 18:30 (SGT)  
Exact Location of Accident ..... KJE, Singapore  
Additional Location Information ..... SLIP ROAD EXIT TOWARDS CHOA CHU KANG DRIVE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB2300L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KEN-JO INDUSTRIES PTE LTD  
Company Reg No ..... 2XXXXX177K  
Email Address ..... phuaywei89@gmail.com  
Mobile Phone No ..... (Phone) +65-93228783  
Alternative Phone No ..... +65-98564429

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
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 ..... 2100096156-13  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... AMIN RUHUL  
Passport No/FIN ..... FXXXX991W

|                                                                    |                                 |
|--------------------------------------------------------------------|---------------------------------|
| Date Of Birth .....                                                | 02/03/1971                      |
| Occupation .....                                                   | Outdoor                         |
| Date Of Driving Pass .....                                         | 10/11/2017                      |
| Driving experience .....                                           | 3 YEARS AND 11 MONTHS           |
| Gender .....                                                       | Male                            |
| Mobile Number .....                                                | (Phone) +65-98564429            |
| Alt. Phone Number .....                                            | -                               |
| Email Address .....                                                | phuaywei89@gmail.com            |
| Address .....                                                      | NORTHVALE 65 CHOA CHU KANG LOOP |
| Address complement .....                                           | -                               |
| Postcode .....                                                     | 689670                          |
| Is the driver the policyholder? .....                              | No                              |
| If No, Relationship of the Driver with the Insured .....           | Employee                        |
| 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? .....                                                  | No  |
| Was any other vehicle or property damaged? .....                                                          | Yes |
| Number of Passengers (Including Driver) .....                                                             | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |      |
|--------------|------|
| Name .....   | JONY |
| Gender ..... | Male |

#### DETAILS OF POLICE ACTION

|                                                 |    |
|-------------------------------------------------|----|
| Was the accident reported to the police? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### 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 Registration Number ..... | FBN1945U   |
| 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 ..... AMIN RUHUL  
 Gender ..... Male  
 Phone No ..... (Phone) +65-98564429  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... GBB2300L  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... JONY  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... GBB2300L  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## 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

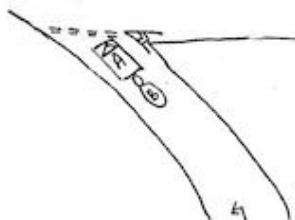
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## Sketch Plan

KSE Slip Road Exit towards Chon Chukang  
Dr (Ave 1, 3, 4)

Vehicle A: G882350L  
Vehicle B: FBN1945U



**Describe Circumstances of the Accident**

On the stated date Xtime, I, vehicle A( GBB2300L) was traveling at the stated location.

As the main road have oncoming vehicle, I slowed down and came to a stop to give way.

Out of sudden, I felt an impact from the rear portion of my vehicle. I alighted & realized vehicle B( FBN1945U) collided onto the rear portion of my vehicle causing damages and my spare tyre was also drop out due to the collision.

**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]* 28/10/2021  
Witnessed by Reporting Centre Personnel



















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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0821AS0005 Vehicle Registration No: G8B3 2800 L  
 Name (as shown in NRIC): AMIN RUTHA NRIC/FIN/Passport No: FXXXX991W  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 98564429  
 Email Address: \_\_\_\_\_  
 Date of Accident: 27/10/2021 Time of Accident: 18:30  
 Place of Accident: KIR TOYAROP (H/OA CHY KONG BEWARE  
 Insurance Company: MC

**(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:

Policy number to 2100096156-13

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: 10/11/2021  
 NRIC/FIN No.: Rashid  
 Date: 10/11/2021