

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 20/12/2021 10:49 (SGT)
Date of Accident 16/12/2021 17:50 (SGT)
Exact Location of Accident 122 Eunos Ave 7, Singapore 409575
Additional Location Information LOADING BAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GX3325J

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 Nissan
Model Urvan
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 2953

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 999993602
Cover Note Number -

DRIVER

Name of Driver SITHIRAVELU THIRUMURUGAN
Passport No/FIN GXXXX688X

Date Of Birth	20/02/1989
Occupation	Outdoor
Date Of Driving Pass	06/04/2017
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82616246
Alt. Phone Number	-
Email Address	kstteam@singnet.com.sg
Address	46 CIRCUIT ROAD
Address complement	#02-653
Postcode	370046
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTER
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED STATEMENT

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	GBG669K
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KHOR POH ING
NRIC No	SXXXX327E
Contact Number	(Phone) +65-93417388
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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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.



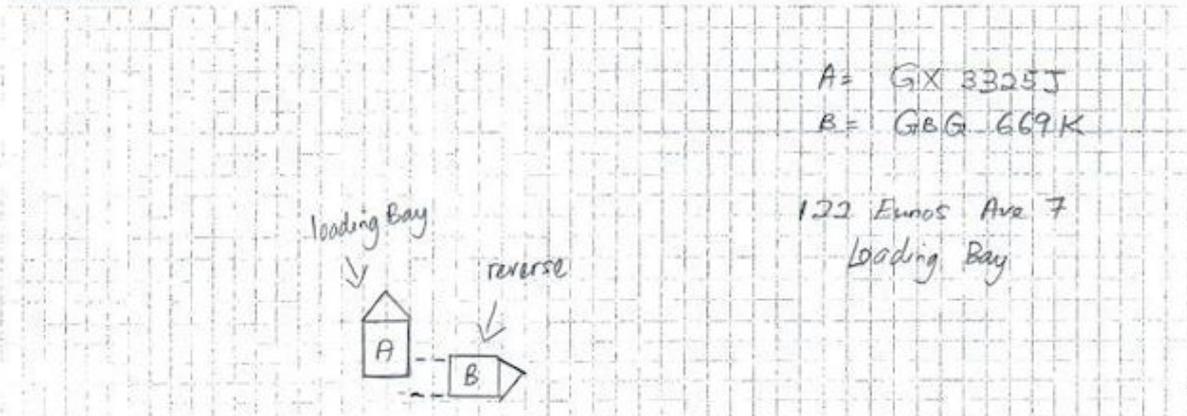
Policyholder's Signature / Date & Time

S. Teo 20/12/21
 Driver's Signature (If driver is not the policyholder) / Date & Time

R 20/12/21

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was stationary my vehicle at loading bay to delivery goods, and suddenly vehicle B reverse his vehicle and hit onto my vehicle rear right side portion.

Declaration

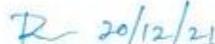
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

 20/12/21

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

 20/12/21

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: SN0921CK0002 Vehicle Registration No: GX3325J
 Name (as shown in NRIC): Sithiravelu Thirumurugan NRIC/FIN/Passport No: G2696688X
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 46 circuit road, #02-653 Singapore Singapore (370046)
 Contact (Tel): _____ Mobile No.: 8261 6246
 Email Address: ks@team@singnet.com.sg
 Date of Accident: 17/12/2021 Time of Accident: 17:50
 Place of Accident: 122 Eunos Ave 7, Landing Bay
 Insurance Company: AIG

(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:

Amend date of accident to 16/12/2021 17:50hrs.



Policyholder / Driver's Signature _____
 Date: 29/12/2021

Reporting Centre Personnel's Signature _____
 Name: Rance Sia
 NRIC/FIN No.: _____
 Date: 29/12/2021