

# 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 ..... 21/12/2021 13:41 (SGT)  
Date of Accident ..... 21/12/2021 10:10 (SGT)  
Exact Location of Accident ..... Kim Tian Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBR3360Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... STARK HOLDINGS INN BIKE LEASING PTE LTD  
Company Reg No ..... 201419069W  
Email Address ..... starkholdingsinn@gmail.com  
Mobile Phone No ..... (Phone) +65-92201069  
Alternative Phone No ..... +65-92201069

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Aerox  
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 ..... Motorcycle  
Transmission ..... Manual  
CC ..... 155

### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... M0016413  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM KELVIN  
NRIC No ..... S9123864J

Date Of Birth .....	08/07/1991
Occupation .....	Indoor
Date Of Driving Pass .....	14/02/2020
Driving experience .....	1 YEAR AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87155508
Alt. Phone Number .....	-
Email Address .....	starkholdingsinn@gmail.com
Address .....	BLK 749 YISHUN STREET 72 #11-132
Address complement .....	-
Postcode .....	760749
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 .....	Collision - U-Turn
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

I WAS RIDING ALONG KIM TIAN ROAD. VEHICLE B WHO WAS MAKING AN ILLEGAL U-TURN HIT ONTO THE FRONT OF MY MOTORBIKE, CAUSING ME TO FALL TO THE RIGHT.

#### 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 .....	SHA2332D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	LIM SOO KIAT
Contact Number .....	(Phone) +65-98480201
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

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.

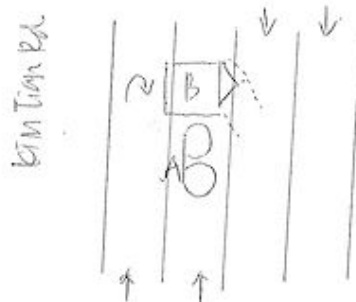


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



①: FBR336DY  
②: SMA2332D

Describe Circumstances of the Accident

I was riding along Kim Tran Road. vehicle B who was making an illegal U-turn hit onto the front portion of my motorbike and causing me fell to the right.

Declaration

I/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



## INTERVIEW FORM

Name (Driver) : LIM KEVIN

Policy No : MO016413

Vehicle No : FBK3360Y

Place of Accident : KIM TIAN ROAD

Insured Driver's relationship with Insured : H/REK

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : 0

Injury to Insured and/or Insured driver, please indicate which hospital: NO

Third Party Vehicle No (if any) : SHA 2332D

No of passenger(s) in Third Party Vehicle : N/A

Injury to Third Party driver and/or passenger(s), please indicate which hospital: N/A

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved: HIT FRT, FELL TO THE RIGHT SIDE

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement): NO

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date  
I, affirmed the above information is given to  
my best knowledge

Attended by (Name & Signature) / Date  
Workshop Name: \_\_\_\_\_

Etiqa Insurance Pte Ltd  
One Raffles Quay  
#22-01 North Tower  
Singapore 048583

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F +65 63392109

www.etiqa.com.sg  
Company Reg. No. 20133909K

A Member of Maybank Group



































MY100  
31003841  
Cov. Type: Third Party Only

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

CERTIFICATE No. MO016413

- |  |   |                    |
|--|---|--------------------|
| 1. Index Mark and Registration Number of Vehicle                           | FBR3360Y                                |                    |
| 2. Name of Policyholder  | Stark Holdings Inn Bike Leasing Pte Ltd |                    |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 08/02/2021                              |                    |
| 4. Date of Expiry of Insurance   | 07/02/2022                              |                    |
| 5. Persons or Classes of Persons entitled to drive                         | Engine No                               | : G3J8E0137554     |
|  | Chassis No                              | : MH3SG4640J066939 |

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOYMENT AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION.

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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

USE ONLY FOR THE POLICYHOLDER'S BUSINESS OR PROFESSION.  
USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES BY THE POLICYHOLDER.  
THE POLICY DOES NOT COVER:  
(i) USE FOR CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.  
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.

\* Limitations 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), are not to be included under these bindings.

#### Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

WE HEREBY CERTIFY 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).

GOPFAD 13:19:57



For and on behalf of Etiqa Insurance Pte. Ltd.  
Approved Insurer

Authorised Signature





☐ STARK HOLDINGS INN BIKE LEASING PTE. LTD  
 Reg. No.: 201419069W  
 149 Shun Li Industrial Park, Kaki Bukit Ave 1, Singapore 416009  
 HP: 92201069 (Account No: 712720291001 Ocbe Current Account)  
 Gst No: 201419069w

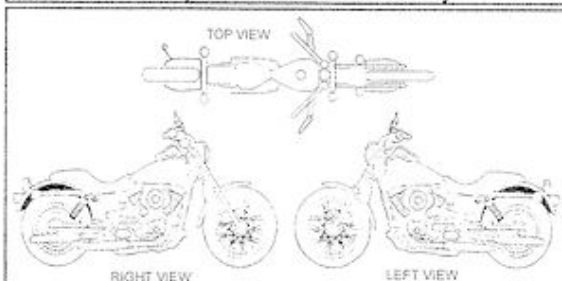
Tax Invoice No: STKB-S9123864J

DATE: 16/10/2021

## MOTORBIKE LEASING / RENTAL AGREEMENT

VEHICLE'S PARTICULARS	
Vehicle No.	FBR3360Y Model: AEROX
HIRER'S / GUARANTOR PARTICULARS	
Name:	LIM KEVIN
Address:	BLK 749 YISHUN STREET 72 #11-132 S(760749)
P.P.I.C.No.:	S9123864J
Contact Person:	Tel: 8715 5508

DRIVER'S PARTICULARS	
Name:	(Wendy) Mother
Address:	
Tel No:	
P.P.I.C.No.:	
Date of Birth:	
Nationality:	
Purpose of use:	Transport / Leisure / Work / Delivery



A - ACCIDENTS C - CRACKED D - DENTS S - SCRATCHES

**IMPORTANT:** (1) ONLY persons above 18 and below 60 years of age with min. 2 years driving experience, authorized, licensed and signing this agreement may drive the vehicle. (2) THIS vehicle insurance is covered in Malaysia and Singapore. (3) THIS vehicle will not be insured after the expiry of the hire period and in case of any accident the hirer will be liable for all consequences. FOR extension of rental please inform us at least 24 hrs before the expiry time and payment for the extended rental will have to be made within 24 hrs. Late charges at 1/5 (One-fifth) of the daily rate of rental for each hour exceeding the time will be imposed. (4) HIRER is responsible for all parking and traffic violations and missing items. (5) HIRER who is 23 years with 2 years of riding experience in Singapore excess payable will be \$2000 for each claim, hirer who has less than 23 years old without 2 years of riding experience in Singapore excess payable will be \$5000 for each claim. (6) No refund will be given for vehicle returns early and petrol left in vehicle. (7) Hirer/guarantor/hirer declares that vehicle will not be used for any unlawful purposes which will result in forfeiture by the relevant authorities. In event of vehicles being seized, confiscated or forfeited, the hirer/guarantor/hirer shall indemnify Stark Holdings Inn Bike Leasing Pte. Ltd. the full value of vehicle at time loss. Insurance in Malaysia only cover for accident only not for fire, theft and breakdown.

HIRER'S DECLARATION: I agree to terms and conditions above and as set out/over and declare that all information given on this form are true and accurate.

CHECK OUT / CHECK IN	
DATE OUT:	16/10/21 TIME OUT: 1815 HR
PETROL:	E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F
DATE IN:	12/01/22 TIME IN: 8:15 HR
PETROL:	E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

Rates are fixed cannot be prorated  
 Weekend Min 3 Days & Ph Chargers Apply.

EXTENSION OF RENTAL	
Date	13/12/21
Amount	\$588.58
Expiry	12/01/22
Initial	

CHARGES	
Months @ \$	per month
Weeks 1 @ \$	per week 200.00
Days @ \$	per day
Helmets @ \$	per day
7% Gst	SUB-TOTAL(1) 14.00
Delivery / Collection @ \$	
Repairs / Damages	
Fri/Sat Return is @ 12pm, If extend till Mon.	
TOTAL CHARGES	214.00

PRE-PAYMENT \$20 (Additional \$6)	
SECURITY DEPOSIT	
ADVANCE RENTAL PAID	
By: CASH NETS	
AMOUNT DUE REFUND	
REFUND	BY
RECEIVED \$	RECEIVED:

Attend:   
 SIGNATURE

Early Return No Refund  
  
 HIRER'S / GUARANTOR SIGNATURE

RIDER'S SIGNATURE

THUMBPRINT