

# 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 .....	03/01/2022 18:09 (SGT)
Date of Accident .....	01/01/2022 10:00 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE TOWARDS BUKIT BATOK EAST AVE 3.
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMT6094E
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	BIZLINK RENT-A- CAR PTE LTD
Company Reg No .....	200402911Z
Email Address .....	OPERATIONS@BIZLINKGROUP.COM.SG
Mobile Phone No .....	(Phone) +65-90126616
Alternative Phone No .....	+65-62856616

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	999993557
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ONG HUNG KWANG
NRIC No .....	S0553333C

Date Of Birth .....	09/06/1944
Occupation .....	Indoor
Date Of Driving Pass .....	21/06/1969
Driving experience .....	52 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90688467
Alt. Phone Number .....	-
Email Address .....	ADMIN@SINTECH.SG
Address .....	BLK 187 BISHAN ST 13 #04-467
Address complement .....	-
Postcode .....	570187
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 - Change/cross lane
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 DRIVING STRAIGHT ALONG PIE TOWARDS BT BATOK EAST AVE 3 AT THE 4TH LANE OF 5 LANES. SUDDENLY, I FELT A HUGE IMPACT FROM MY LH SIDE. VEHICLE B AT THE EXTREME LH LANE ENCROACHED INTO MY LANE AND COLLIDED INTO THE REAR LH PORTION OF MY VEHICLE AND CAUSED DAMAGES.

#### 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 .....	SJM5373D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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

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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' law yers/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' law yers/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.



*[Handwritten signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

*[Handwritten sketch plan showing a road layout with vehicles A and B, and a north arrow pointing up.]*

*[Handwritten notes:]*  
A: SM76094E  
B: SJM5373D  
PIE Towards B1 Bantok East Ave 3

*[Handwritten signature]*

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving straight along PIE towards Bt Batok East Ave 3 at the 4th lane of 5 lanes.

Suddenly, I felt a huge impact from my LH side.

Veh "b" at the extreme LH lane encroached into my lane and collided into the rear LH portion of my vehicle and caused damage. *1/2*

**DECLARATION**

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



*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



















**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: SS1Y22130014 Vehicle Registration No: SM76074E  
 Name (as shown in NRIC): CHIA HUIYI KWANG NRIC/FIN/Passport No: S0552323C  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BK 187 BISHAN ST 13 #04-67 Singapore (570187)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9068 8667  
 Email Address: \_\_\_\_\_  
 Date of Accident: 01/01/22 Time of Accident: 10:00  
 Place of Accident: PIE TWS BUKIT BATOK EAST AVB 3  
 Insurance Company: ACG

**(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 ROC NUMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



HOTLINE TEL: (65) 6419-3000

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 183)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1962

ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRANSPORT (AMENDMENT) ACT 2019

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

MZ 400

		(The below excess is subject to GST)	
COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	REFER to ITEM 5
CERTIFICATE NO.	SMT6094E	WINDSCREEN EXCESS	S\$100.00
POLICY NO.	989993557	SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
		SMT6094E	
		BIZLINK RENT-A-CAR PTE LTD	
1) VEHICLE REGISTRATION NO.		01 July 2021	
2) NAME OF INSURED		30 June 2022	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			
4) DATE OF EXPIRY OF INSURANCE			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
<p>Any person who is driving on the Insured's order or with their permission.</p> <p>S\$1,200.00 Section 1 Excess is applicable for driver who is between 23 years to 69 years old with 2 years driving experience.</p> <p>Driver has to be between 23 years to 69 years old with minimum 2 years driving experience.</p>			
<p>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.</p>			
6) LIMITATION AS TO USE*			
<p>1) Use for social, domestic, pleasure purposes and business purposes of Insured</p> <p>2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.</p> <p>3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p> <p>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.</p>			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		DSS BANK LIMITED	
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 183) and Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.</p>			

I / 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 183) and Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019.

Issued in Singapore 12 Jul 2021

AIG Asla Pacific Insurance Pte. Ltd.

502806-000  
 Liew Dai Lila May  
 AIG Building  
 78 Shenton Way #01 Gems Room  
 Singapore 079120

  
 AUTHORIZED REPRESENTATIVE

SSPOEC

ORIGINAL