# **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.

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   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**

Mazda

Vehicle Registration Number SMT6094F

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

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 Nο 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 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? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο 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 NumberSJM5373DVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of Driver-Contact Number-



Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 <b>-</b>

## SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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.
- 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)

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 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.



Policyholder's Signature / Date & Time

Wa

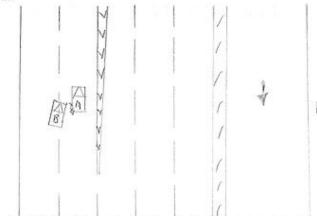
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

A: SMT 6094E

B: SIM 5373D

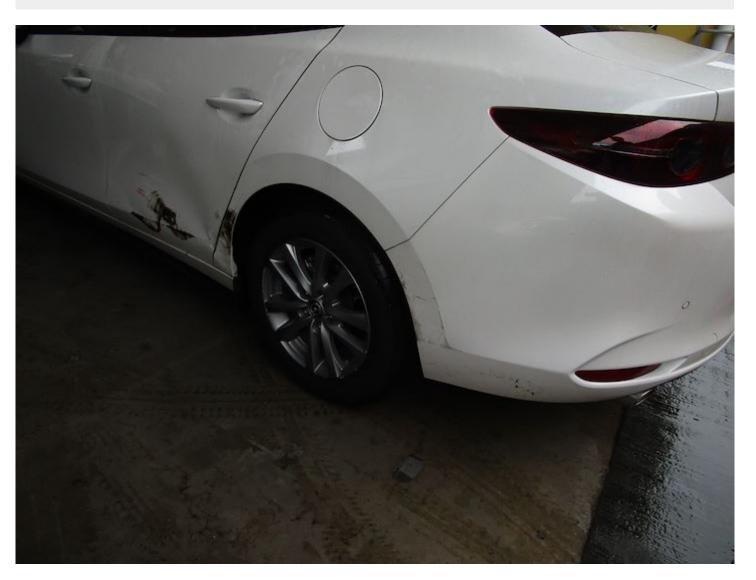
## Sketch Plan

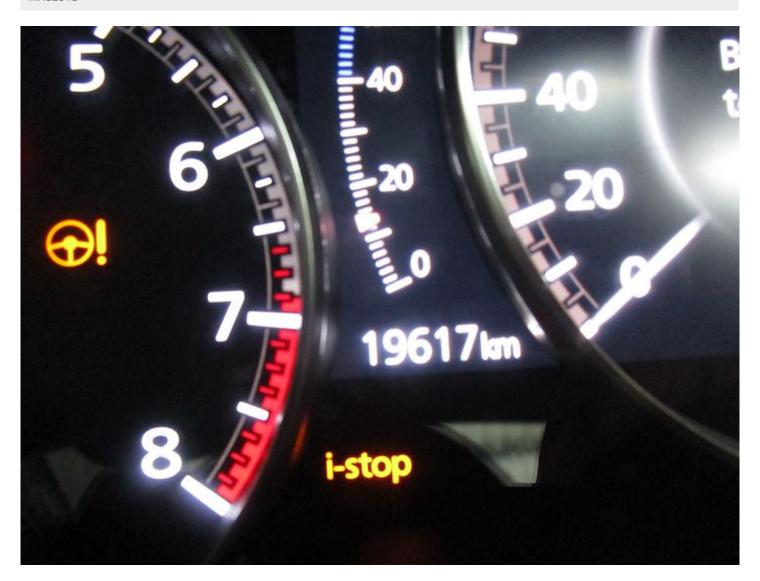


PIE Towards B1 Bartok EAST AVR 3



DESCRIBE CIRCUMSTAN		
I was driving straight alor	ng PIE towards Bt Batok East Av	e 3 at the 4th lane of 5 lanes.
Suddenly, I felt a huge im	pact from my LH side.	
Veh "b" at the extreme LF of my vehicle and caused	I lane encroached into my lane a damage.	nd collided into the rear LH portion
	- 11	
DECLARATION		
DECLARATION  I/We destare the foregoing particulars as	re true in every respect.	
Policyholder's Signature Date & Time:	Oriver'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 <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDEND	DUM	
) P	PARTICULARS OF PERSON MAKING THE AMENDMEN	TS:	1910 Ogs (1209)
o	Original Report No: 251429130014	Vehicle Registration No: _	SW760946
N	Original Report No: SIY 32130014 Name (as shown in NRIC): (THE HUNCI FORM) *Vehicle Driver/Vehicle Owner) (*) Please delete as a	9_NRIC/FIN/Passport No: _	S0553533C
A	Address: BIC 187 BISHMA ST 13 H	04-467	Singapore (
C	Contact (Tel):	Mobile No.:	5 0767
E	mail Address:		
D	Place of Accident: OI OT (2) Place of Accident: PIR TNRS BURTS	Time of Accident:	10.00
Р	Place of Accident: PIR TNRS BURITS	SATION BAST AVE 3	?
I	nsurance Company:	ACG	
-	- AMEND ROC NUM	MBBR	
_			
100			
8		**************************************	
-		8	
	olicyholder / Driver's Signature ate:	Reporting Centre Pers Name: NRIC/FIN No.: Date:	onnel's Signature

GTARMC Addendum Form



HOTLINE TEL: (65) 6419-3000

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 185)

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

ROAD TRANSPORT ACT, 1997 (MALAYSIA) AND ROAD TRASPORT (AMENDMENT) ACT 2019

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

M.Z.400

COMPREHENSIVE

COMMERCIAL MOTOR

(The below excess is subject to GST) POLICY EXCESS

REFER to ITEM 5

CERTIFICATE NO. POLICY NO.

SMT6094E 999993557

WINDSCREEN EXCESS

S\$100.00

SUM INSURED INSURING WITH COE/PARF

Market Value

1 ) VEHICLE REGISTRATION NO.

SMT6094E

2 ) NAME OF INSURED

BIZLINK RENY-A-CAR PTE LTD

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

01 July 2021

4 ) DATE OF EXPIRY OF INSURANCE

30 June 2022

5 ) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

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

\$\$1,200.00 Section 1 Excess is applicable for driver who is between 23 years to 69 years old with 2 years driving experience.

Driver has to be between 28 years to 69 years old with minimum 2 years driving experience.

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.

B I LIMITATION AS TO USE.

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) 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

**DBS BANK LIMITED** 

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

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

Issued in Singapore 12 Jul 2021

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

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL