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.

 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 23/05/2022 18:42 (SGT) Date of Accident 21/05/2022 16:40 (SGT) Exact Location of Accident Singapore Additional Location Information TANJONG KATONG ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Yes

Vehicle Registration Number GBF98337

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KST AUTO RENTAL PTE. LTD. Company Reg No 2XXXXX860W Email Address kstteam@singnet.com.sq Mobile Phone No (Phone) +65-96355542

Alternative Phone No +65-96355542

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Commercial vehicle

Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage ThirdParty Fleet Policy Policy Number 1220003435 Cover Note Number

DRIVER

Name of Driver KARUPPAIAH MURUGAN Passport No/FIN GXXXX378P

Date Of Birth 15/06/1988 Occupation Outdoor Date Of Driving Pass 05/11/2021 Driving experience 6 MONTHS Gender Male Mobile Number (Phone) +65-86512984 Alt. Phone Number Email Address kstteam@singnet.com.sg Address 2 FAN YOONG ROAD Address complement #C3-03 Postcode 629780 Is the driver the policyholder? If No, Relationship of the Driver with the Insured BORROWING FROM FRIEND (FRIEND IS AN EMPLOYEE OF THE INSURED'S COMPANY) Does Driver Own Other Vehicles? 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? Nο Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Clementi Neighbourhood Police Post Police Station Phone No (Phone) +65-18007759999 Alt. Police Station Phone No (Fax) +65-67764246 Police Station Address Blk 427 Clementi Avenue 3 #01-456 Singapore 120427 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20220521/2078. 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

UNKNOWN

Vehicle Model

Vehicle Manufacturer

Vehicle Variant Vehicle Colour

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	BARRICADE GANTRY
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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.
- 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 w orkshop 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

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

Witnessed by Reporting Centre

- barricade gantry

Sketch Plan

A= GBF 98337

B = unknown

C = Barricade gontry

Tanjong Katong Road.

Official Accident report SN09225N000B

	Please refer to the police report: T/20220521/2078.	
_		
7110		

Declaration

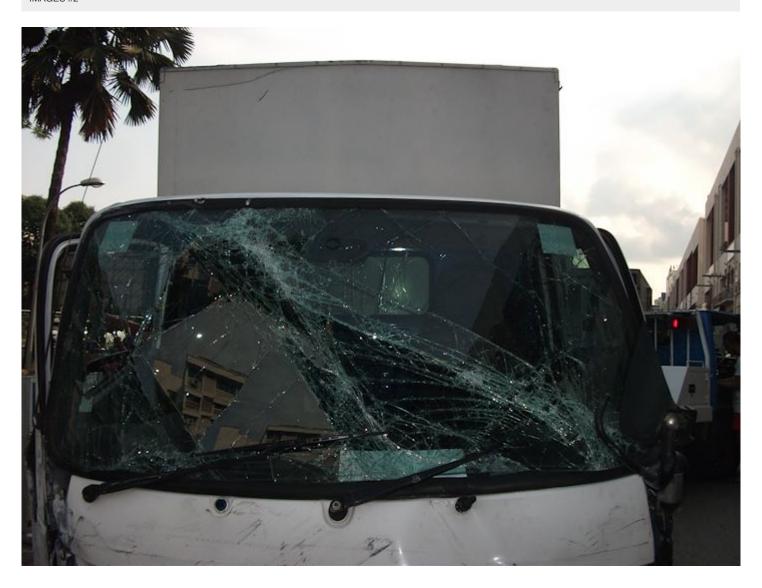
We declare the foregoing particulars are true in every respect.

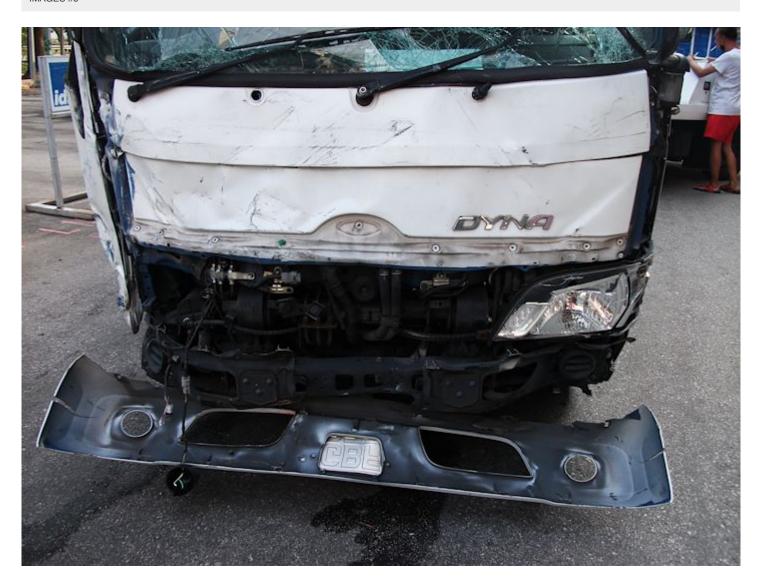
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

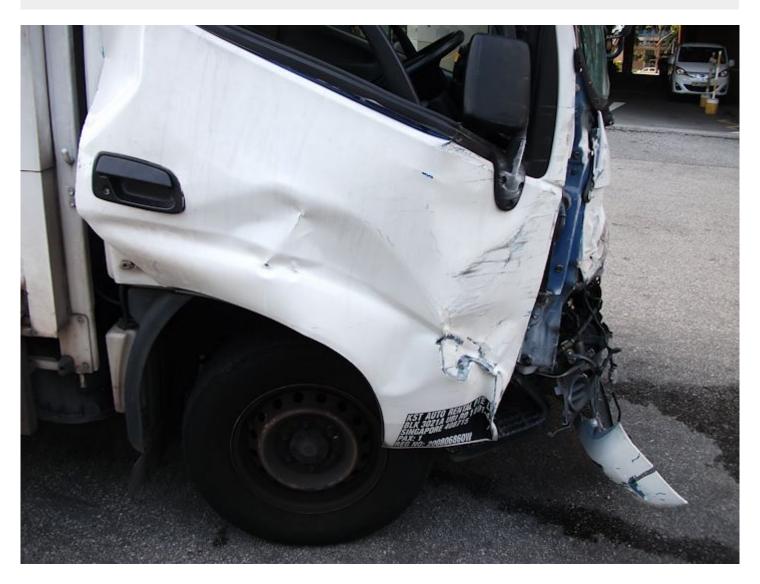


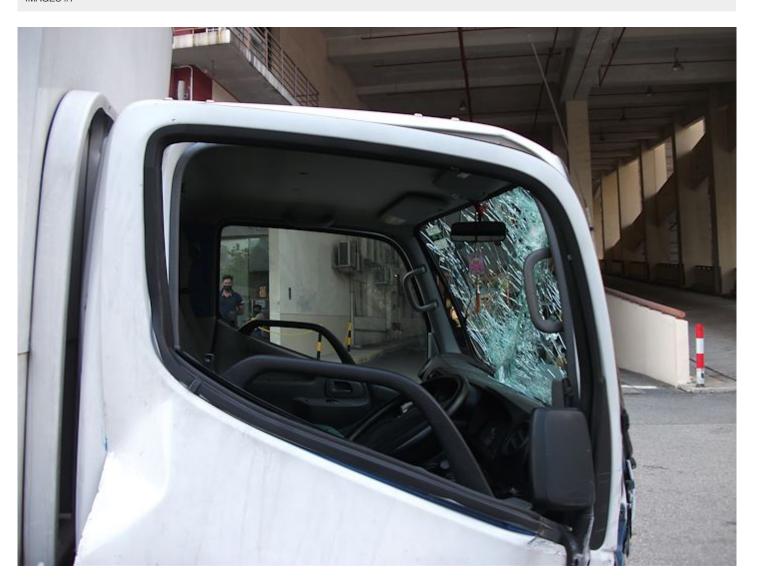


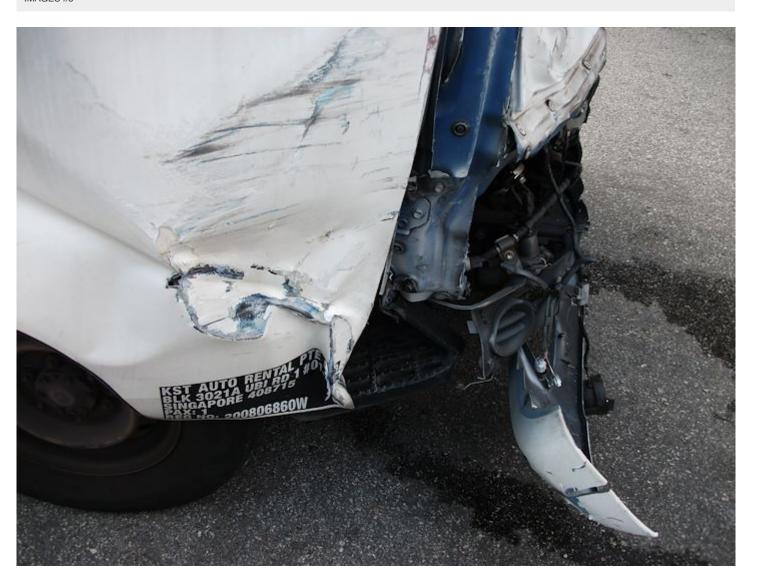


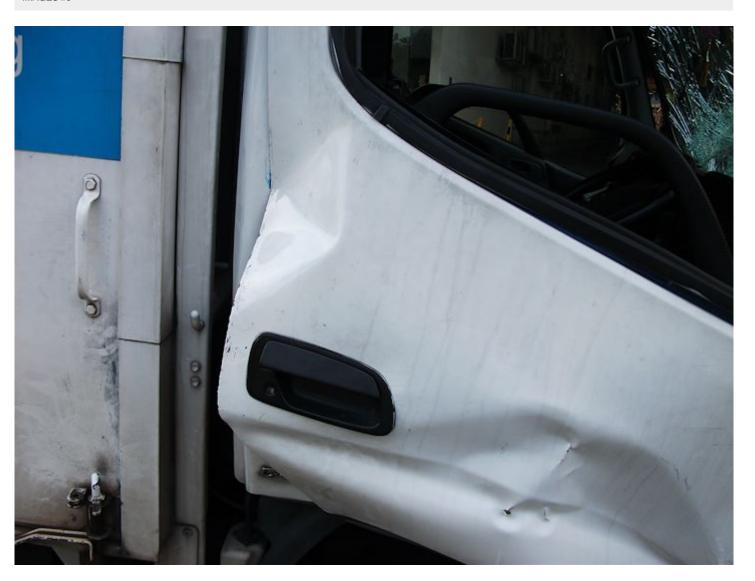


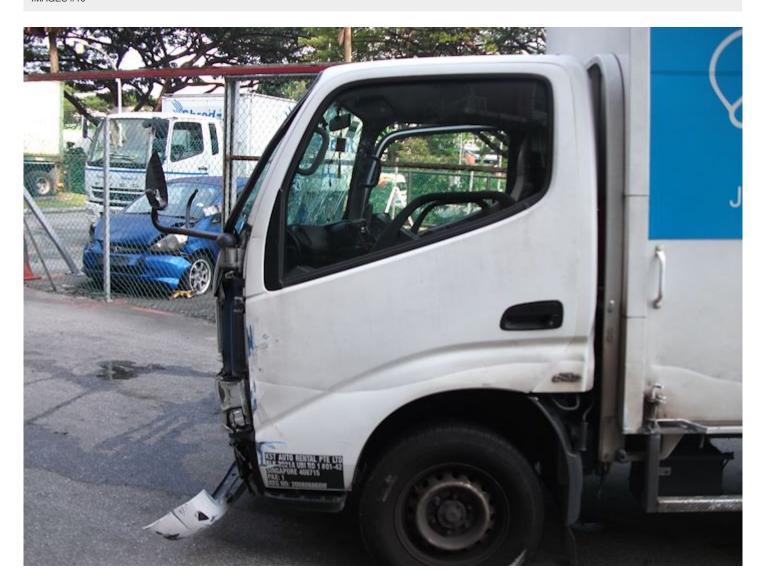








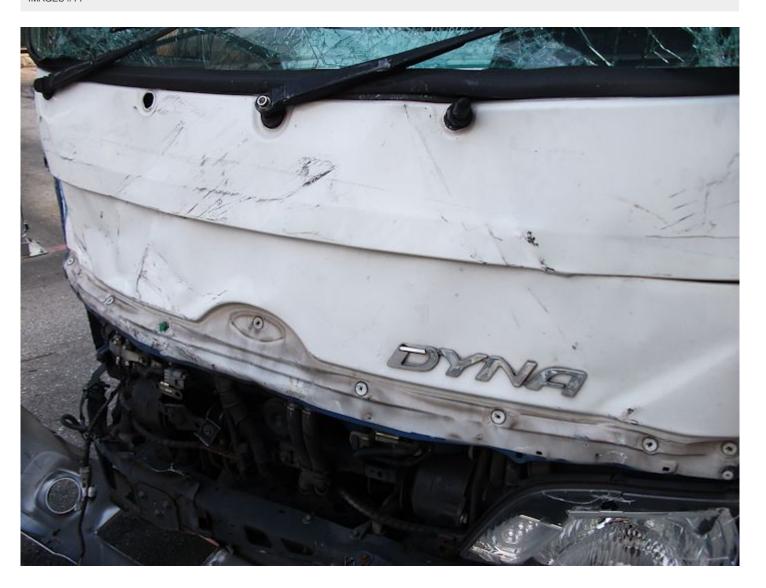






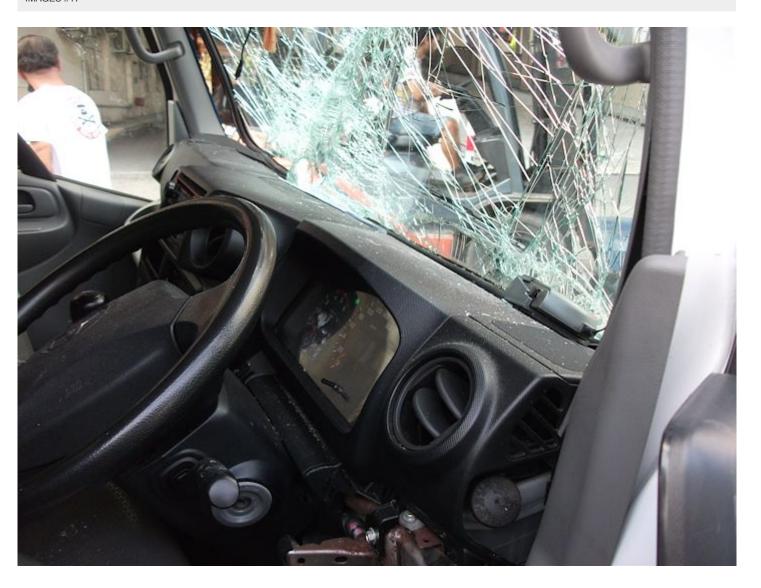


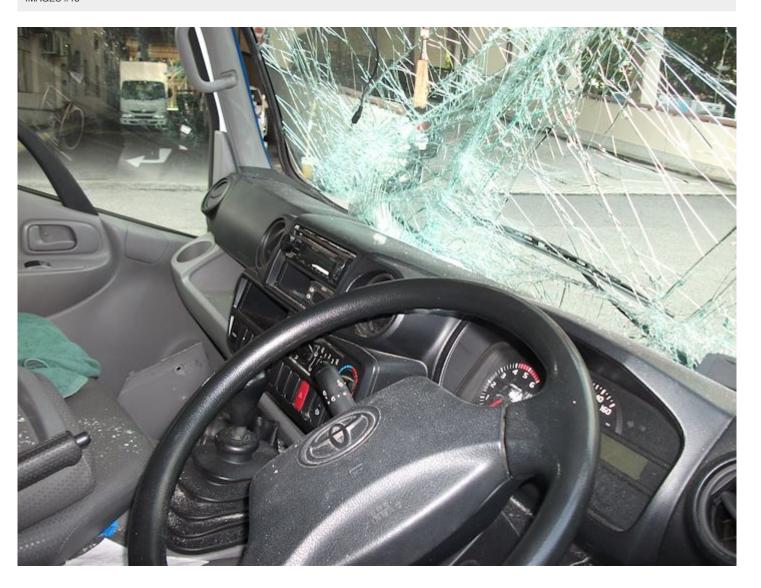




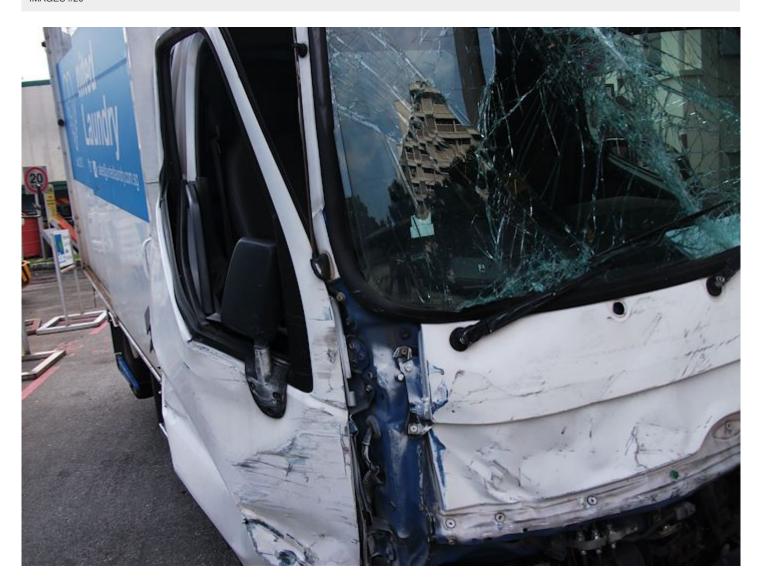
















Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427

l of 3 Report No. T/20220521/2078

SINGAPORE 120427 Tel No: 1800-7759999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 21/05/2022 21:03		Vide Report No.: G/20220521/0162	Station Diary No.: 16		
Informa	nt's Partic	ulars				
Name of Informant: KARUPPAIAH MURUGAN			Address: 2 FAN YOONG ROAD #C3-03 SINGAPORE 629780			
ID Type / ID No.: FIN NO / G6865378P			Contact No.: Home/Office:	Mobile: 86512984		
Nationality: INDIAN			Email:			
Sex: Male	Age: 33	Date of Birth: 15/06/1988	Type of Informant: Driver			
Race: Indian			Language: English	Institution / School Name:		
Occupation: Construction worker			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/05/2022 16:40	Type of Location Straight Road	
Weather:	ATONG ROAD	Road Surface:	F	toad Speed Limit:	
		Traffic Control:		Traffic Volume:	
Traffic Flow:		G1 890 D1 700 400 400 400 400 400 400 400 400 400			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF9833Z	Lorry				Slightly Damaged	0
	Lorry				Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

2 of 3 Report No. T/20220521/2078

CONTINUATION OF REPORT

Driver	WORLD THE STATE OF THE	N. S. Children	united Street	E STATE OF	BOXES.	all hard publications which
Name	KARUPPAIAH MURUGAN			ID No		G6865378P
Related Vehicle	GBF9833Z (Lorry)			Conta	act No.	86512984
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details.

On 21/5/2022 I borrowed a lorry GBF9833Z from my friend for my personal usage as I wanted to go to Kinex Mall. The lorry belong's to my friend's company as he is working as a driver in the said company. At about 4.40pm, I was driving the lorry and exiting. I was from the basement and going upwards on a slope and in front of me was the barricade gantry.

I was not able to have a proper control of my accelerator and drove through the barricade gantry. My lorry also moved forward to hit a lorry, on the left side, that was driving pass the exit on the main road of Tanjong Katong Rd.

Both police and ambulance came to the accident scene.

There were 3 people inside the other lorry, one driver and two other passenger. All four of us were check by the paramedic but nobody was conveyed to hospital. Both my lorry and the other lorry were damaged. There is a camera inside my lorry and the police thad taken SD memory card. The police also told me to make a police report regarding the accident.

In my panic and confuse state, I did not take down the other lorry registration number and particulars of the other driver.

The front portion of my lorry was damage while the other lorry was damage on the left side.





Report No. T/20220521/2078

3 of 3

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: D /	Signature Of Informant:
SI SUHAIMI BIN NGAPI	HOT
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2022 21:03
Officer In Charge Of Case: TP / GIT / SR STAFF SGT ABDUL RAHIM BIN SALIM Contact No.: 65476433	Classification Of Case:
NP168	