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 19/07/2022 11:29 (SGT) Reported by Date of Accident 03/07/2022 10:45 (SGT) Exact Location of Accident Singapore Additional Location Information UPP THOMSON FLYOVER TWDS PIE BESIDE LOR 2 TOA **PAYOH EXIT** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBH7099D**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KST AUTO RENTAL PTE. LTD. Company Reg No 2XXXXX860W **Email Address** kstteam@singnet.com.sg Mobile Phone No (Phone) +65-67415520 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace 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 - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 2754

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 0999993603-01/1220003579

DRIVER

Name of Driver TAN TZE CHIANG NRIC No SXXXX704C Date Of Birth 15/03/1970

Occupation Outdoor Date Of Driving Pass 28/11/1996 Driving experience 25 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-83238020 Alt. Phone Number Email Address kstteam@singnet.com.sg Address BLK 867A TAMPINES ST 83 Address complement #08-259 Postcode 521867 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **RENTAL** 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident **OVERWRITE DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNA3078K Vehicle Manufacturer

Private car

Accident report SN09227J0002

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	(Phone) +65-92215608
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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.
- 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 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

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

AS PER ATTACHED

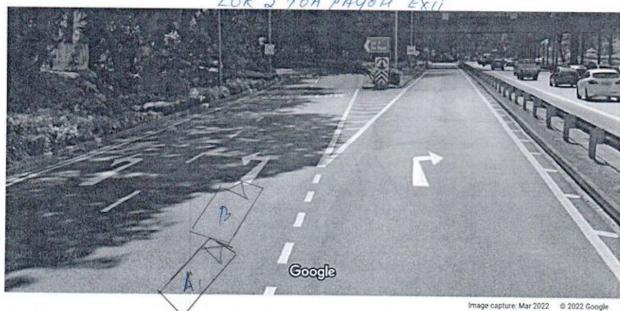
7/19/22, 10:28 AM

Singapore - Google Maps

FLYOUER

Google Maps Singapore

GPP THOMSONLYTUDS PIE BESIDE LOR 2 TOA PAYOH EXIS



Google

Street View - Mar 2022

Toa Payoh Buddhist Temple

Balestier Rd Q1

A-GBH70990 B-SNA3078K

https://www.google.com.sg/maps/@1.3298651,103.8447634,3a,20y,78,13h,83.25t/data=!3m6!1e1!3m4!1stOTaSuLm2Da2KUMICGoUUQ!2e0!7i1... 1/1

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-	was travelling from Thomson Flyaren exiting to PIE heading to Changi, I hit the rear of great while
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-	while fiftering but to the right cane to exit to
	PLE.
	The car made a sudden stop due to traffic infront
	and I could not prale in time.
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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 Beporting Centre Personnel









