

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 Actual 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	02/12/2022 12:26 (SGT)
Reported by	Driver
Date of Accident	01/12/2022 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TWDS JURONG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX6490U
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INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	Commercial vehicle
Transmission	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	0999993602-01/1220003473

DRIVER

Name of Driver	TAY ENG YAW
NRIC No	SXXXX840E
Date Of Birth	16/05/1992
Occupation	Outdoor

Date Of Driving Pass	27/06/2022
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90085583
Alt. Phone Number	-
Email Address	btey1111@gmail.com
Address	BLK 664 WOODLAND RING RD
Address complement	#11-196
Postcode	730664
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	LEASING
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 - Head to Rear
Weather Conditions	CLOUDY
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	WANG WEI HAO
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20221201/2089

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	INFRT ONLY WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK6332X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ABDUL KASIM THAMIM ANSARI
Passport No/FIN	GXXXX719U
Contact Number	(Phone) +65-89352824
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAY ENG YAW
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GX6490U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	WANG WEI HAO
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GX6490U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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 companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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

A 2/12/22

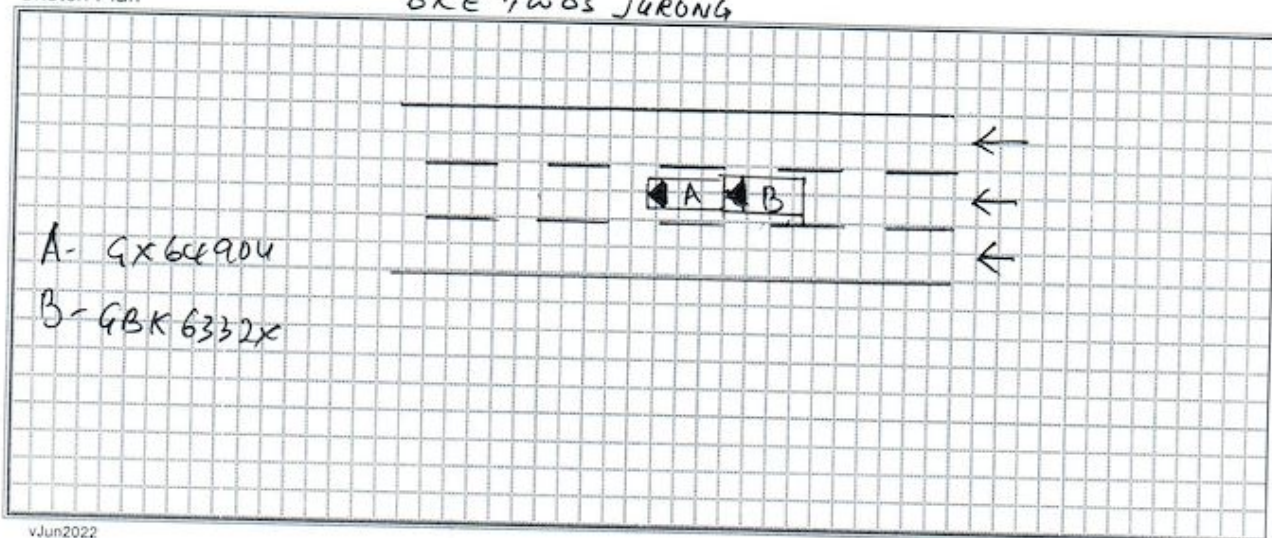
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

sgm 02/12/22

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

BKE TWOOS JURONG



vJun2022

1

Describe Circumstance of the Accident

Pls refer to the police report: T/2022/201/2089

Declaration

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



Policyholder's Signature / Date & Time

Ab 2/12/22

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

afym 02/12/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20221201/2089

2 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20221201/2089

CONTINUATION OF REPORT

Passenger			
Name	Wang Wei Hao	ID No.	G2871313X
Related Vehicle	GX6490U (Van)	Contact No.	87564528
Hospital/Clinic	NATIONAL UNIVERSITY POLYCLINICS	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/12/2022	Date Discharge	01/12/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAY ENG YAW	ID No.	S9274840E
Related Vehicle	GX6490U (Van)	Contact No.	90085583
Hospital/Clinic	NATIONAL UNIVERSITY POLYCLINICS	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/12/2022	Date Discharge	01/12/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	Abdul Kasim Thamim Ansari	ID No.	G2846719U
Related Vehicle	NIL	Contact No.	89352824
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01 December 2022 at between 0730hr to 0745hrs, I was driving my van (GX6490U) along BKE towards Jurong at lane 1. There is a passenger in my van. I saw the vehicle in front of me stopped. Thus, I also came to a stop. Suddenly, a lorry (GBK6332X) behind me collided onto my van. We alighted our vehicle and check on the damages and exchanged personal details. The traffic at that time were heavy. As such, we did not conclude the matter and left the scene. I have an in-camera pointing at the front. I decided to claim insurance for the incident.

At about 0830hrs, I went for breakfast with my colleague. I then started to feel unwell on my neck area, back area and started to vomit. I went to see doctor and was given 04 days MC. My colleague's back was aching and was given 03 days MC.









SINGAPORE POLICE FORCE



T/20221201/2089

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20221201/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2022 17:46	Vide Report No.:	Station Diary No.: 150
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Informant's Particulars

Name of Informant: TAY ENG YAW	Address: APT BLK 664 WOODLANDS RING ROAD #11-196 SINGAPORE 730664		
ID Type / ID No.: NRIC NO / S9274840E	Contact No.: Home/Office: Mobile: 90085583		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 30	Date of Birth: 16/05/1992	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: SALE AND DRIVER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2022 07:30	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK6332X	Lorry	TOYOTA	DYNA 150 5MT	White		1
GX6490U	Van	NISSAN	URVAN	Silver	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221201/2089

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20221201/2089

CONTINUATION OF REPORT

Passenger			
Name	Wang Wei Hao	ID No.	G2871313X
Related Vehicle	GX6490U (Van)	Contact No.	87564528
Hospital/Clinic	NATIONAL UNIVERSITY POLYCLINICS	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/12/2022	Date Discharge	01/12/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAY ENG YAW	ID No.	S9274840E
Related Vehicle	GX6490U (Van)	Contact No.	90085583
Hospital/Clinic	NATIONAL UNIVERSITY POLYCLINICS	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/12/2022	Date Discharge	01/12/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	Abdul Kasim Thamim Ansari	ID No.	G2846719U
Related Vehicle	NIL	Contact No.	89352824
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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POLICE FORCE**



T/20221201/2089

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Report No. T/20221201/2089

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20221201/2089

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20221201/2089

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:

J /
SGT 3 LOH JIAN HONG, DAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/12/2022 17:46

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168