#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**EMail Address** 

- 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 <u>truthful and accurate</u> 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.

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	ACCIDENT STATEMENT
Date Of Report	31/05/2019 11:16
Date Of Accident	30/05/2019 11:00
Exact Location Of Accident	JUNC OF JURONG EAST CENTRAL AND EAST ST 31
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH8653Y
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82557124
Alternative Phone No	OFFICE-82557124
Vehicle Particulars	
Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	100876288
Driver	
Name of Driver	YUSSNAINI BIN YUSSOFF
NRIC No	S7901432Z
Date Of Birth	15/01/1979
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82557124
Fax Number	
Contact Number	OTHERS-82557124

**NOEMAIL** 

Address BLK 15 MARINE TERRACE

#12-28

Postcode 440015

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

\_

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLIDED INTO PEDESTRIAN

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

1

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BOON TECK NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 207 TOA PAYOH NORTH, POSTCODE: 310207, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2549999 - **FAX NO**: 63554310

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLS REFER TO THE POLICE REPORT: T/20190530/2062

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: REVERT
Was there any audio recorded? NO

DETAILS OF INJURED PERSON 1

Name YUSSNAINI BIN YUSSOFF

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? GBH8653Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

YES

Address Postcode

Page 2 of 22

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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 lodgment 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### Sketch Plan #2

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DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT	
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	Police	12002
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#### Sketch Plan #3



T/20190530/2062

Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207

2 of 3 Report No. T/20190530/2062

Tel No: 1800-2549999

BH8653Y (Van)		Conta		
		Contre	ict No.	82557124
NG TENG FONG GENERAL HOSPITAL			g ce &	Class: 3,4 Date of Expiry: NIL
NIL Date Die			-	
		IL Date Dis	Drivin Licen Expir IL Date Discharge	Driving Licence & Expiry Date  IL Date Discharge NIL

CONTINUATION OF REPORT

#### Brief Details.

On 30/05/2019 at about 1100hrs, I was driving my company vehicle bearing GBH8653Y along Jurong East Central. As I was approaching a junction of Jurong East Central and East St 13, I slowed down my vehicle before turning into Jurong East St 13 and stopped at the pedestrian crossing(yellow box) as I observed that an oncoming vehicle opposite my direction making a left turn. As such, I give way to the traffic on a major traffic.

When the traffic is clear, I slowly step on the accelerator. A female pedestrian suddenly appeared and crossed. I did not manage to brake in time as such a slight collision happened between my vehicle and the said pedestrian.

I came out of the vehicle and render assistance to the pedestrian. She informed that she had some abrasion due to the fall and impact. I called up for ambulance and they came shortly after. I did not manage to obtain the particulars of the said pedestrian. I have an installed cam-corder attached to my vehicle focusing the front portion of the view.

TP attended to the scene and was asked to lodge a traffic accident report for their investigation.

# Sketch Plan #4



# SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Pedan 22 nates	pient's Name, NRIC or Passport	No. / Rank and No.)
	pients name, resid or resign	
- JAH @	(Address / Police Station / N	PC / NPP)
reby acknowledge receipt of the	below mentioned items of:	
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	/	
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	1 PM	
	10	78072
	V	
me investerity mo	(Name, NRIC or Passport No.	14327_ / Rank and No.)
me investerity mo	race # 12 -28	(210015)
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1 2 12 100 more 21/12   00 more 30/12   00 mor	(Address / Police Station /	S(AMODIZ)
mom Yusansini Sin Y	(Address / Police Station /	S(440015) NPC/NPP) (Cime)
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om Yusanini Sin You Blis. waine Tender on 30/5/19 (Date)  Witnessed by /* Handed over by	(Address / Police Station / at 1320/wi	S(440015) NPC/NPP) (Cime)
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on Yussnami Sin You Sol Sin You Sol Siles  (Date)  Witnessed by /* Handed over by (Signature)	(Address / Police Station / at 1320/wi	(Signature)
on Yusanaini Sin Young Sols 19 (Date)  Witnessed by / * Handed over by * Delete it applicable)  (Signature)  Yusanaini Sin Yusanaini Sin Yusanaini Sin Yusanaini Mac	(Address / Police Station / 1320/wi	(Signature)
on Yusanaini Sin Young Bl. S. Marine Tender on 30(5)(19)  (Date)  Witnessed by /* Handed over by the Delete if applicable)  (Signature)  (Name, NRIC or Passport No. / Rank	(Address / Police Station / at 1330/wi	(Signature)
on Yusanaini Sin Young Bl. S. Marine Tender on 30(5)(19)  (Date)  Witnessed by /* Handed over by the Delete if applicable)  (Signature)  (Name, NRIC or Passport No. / Rank	(Address / Police Station / 1320/wi	(Signature)
Tussnami Sin  Bussini Sin  Bussini Sin  Bussini Sin  (Date)  Witnessed by /* Handed over by  Delete if applicable)  (Signature)  Witnessed Million Passport No. / Rank	(Address / Police Station / at 1330/wi	(Signature)
Mitnessed by /* Handed over by  (Signature)  (Name, NRIC or Passport No. / Rank	(Address / Police Station / at 1330/wi	(Signature)
(Signature) (Name, NRIC or Passport No. / Rank	(Address / Police Station / at 1330/wi	S(440015) NPC / NPP) SC (Time) Received by: (Signature)

NP 323 (1/07)















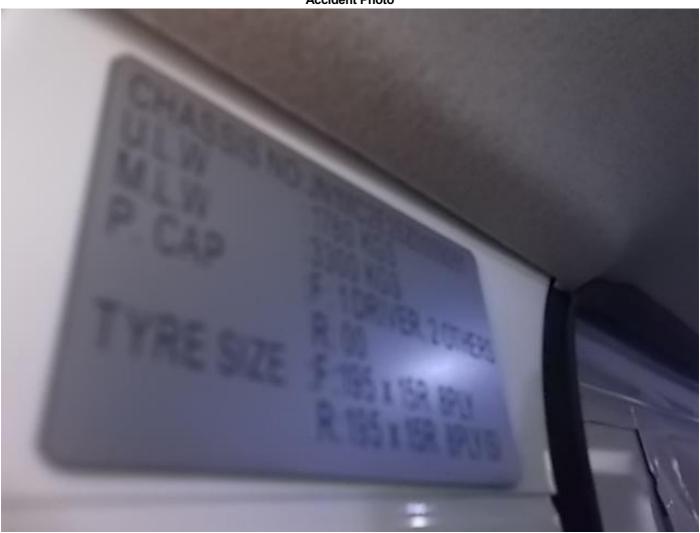












### Police Report





1 of 3

Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE

Report No. T/20190530/2062

310207

Tel No: 1800-2549999

DEDODE	OF	TRACEIO	A CONTRACTOR
ICHPUSE I	CIF A	IRAFFIL	ACCIDENT

	ne Report M 019 14:02	Made:	Vide Report No.: D/20190530/0037	Station Diary No.: 13	
Informa	nt's Partic	ulars			
	f Informant: AINI BIN YU		Address: APT BLK 15 MARINE TERRA	ACE #12-28 SINGAPORE 440015	
	/ ID No.: O / S79014	32Z	Contact No.: Home/Office:	Mobile: 82557124	
	Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age:	Date of Birth: 15/01/1979	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: Postal/Courier service supervisor			Driving Licence Information: Class: 3,4 Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 30/05/2019 11:0	00	Type of Location X-Junction
Junction of Ju	ST CENTRAL grong East Central and	- The second sec				
Weather:		Road Surface: Dry		Road Speed Lin		d Speed Limit:
Clear	Traffic Flow: Traffic Control: One Way Traffic Light - Working					
		1000		rking	1000000	fic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBH8653Y	Van	NISSAN	URVAN	White	No Damage	0

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

#### **Police Report**





Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207

2 of 3 Report No. T/20190530/2062

Tel No: 1800-2549999

CONTINUATION OF REPORT

Driver	<b>加强和企业的</b>	A PART OF THE PART	- P. (1995)	1000000	SPIECE.	William Street Land Company
Name	YUSSNAINI BIN YUSSOFF		ID No	).	S7901432Z	
Related Vehicle	GBH8653Y (Van)			Conta	ect No.	82557124
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class Drivin Licen Expin	g	Class: 3,4 Date of Expiry: NIL	
Date Treatment	NIL	NIL Date Disc			NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	Slight	

### Brief Details.

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### **Police Report**





3 of 3

Report No. T/20190530/2062

POLICE FORCE Police Station Of Origin:

Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207 CONTINUATION OF REPORT

Tel No: 1800-2549999

### 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: E / Sgt 2 AHMAD MUHAIMIN AMZAR BIN MOHD YUSOF	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/05/2019 14:02
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt YUS MASTARI I KHAZALI Contact No.: 65476214	
Authentication Stamp NP168	SIGNATURE