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.

By the lodgement of this report to the insurers, you hereby cor aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	24/09/2019 10:59
Date Of Accident	23/09/2019 00:40
Exact Location Of Accident	ALONG ORCHARD ROAD/PENANG LANE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC6023P
Insured/Policyholder	
Name Of Registered Owner	YUSSOF BIN SARJOR
NRIC No	S1178140C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90326670
Alternative Phone No	OFFICE-90326670
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (A)
Exact Purpose for which vehicle was being used a time of accident	t
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY

Insurance Company

Vehicle Category

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

BUS

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number DMB1SN3038481901

Cover Note Number

Driver

Name of Driver YUSSOF BIN SARJOR

NRIC No S1178140C Date Of Birth 17/05/1956 Occupation **OUTDOOR Date Of Driving Pass** 03/10/1996

Driving Experience 22 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90326670

Fax Number

OFFICE-90326670 Contact Number

EMail Address NOEMAIL Address BLK 235 BUKIT BATOK EAST AVE 5, #01-01, SINGAPORE 650235

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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 this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

11

YES

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] **BUKIT BATOK NPC**

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB8535R

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 11

Sketch Plan

SKETCH PLAN

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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.
- 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.

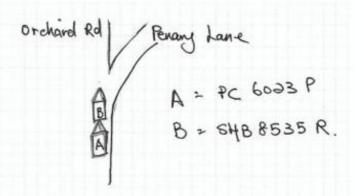
Policyholder's Signature Date & Time: Driver's signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKE	гсн	DI	A N



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23 9 19 at about 00.40, I was always my Van
Reg. Ho: PC 6023P transfine along cavenagh Road toward Penang have, I was transfing behind a Trici Reg. No: SHB 8535 R
The Tax: is transing on my Right side is only contain turn into Keramat Road and I was wanted to turn
into Busina Road Suddenly the Tout out out my
have and traveline infoont of my ran. While traveling the Tax: Sudden jani his brake and caused my van hit onto the taxi near portion
•

DECLARATION

I/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:

Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:





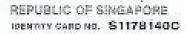








Driving License







YUSSOF BIN SARJOR

موسقي بن سرجوه

JAVAMESE 17-95-1956 Countried? Some of the fa-

SIMGAPORE

14

61,70000906

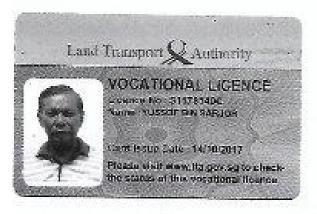
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can of bear 24-21-2019

APT N.K 205 BOMY BATCK EAST AVENUE 5 ROT-OT SINGEPORE 65000M

SERUBLIC OF SINGSPORE DRIVING LICENCE www. S1170140C PROSPECT THE SABLES Contract 17 May 1966. tion the section 2000





This count is not inventorable and is the property of the Land Descriptor; Authority (LTQ, it clear be suprendered to the CD, on exquest, it found plantes received CIA, 10 Bir Miley Orlea, Birgaycon 57570). $T_{\mathcal{F}[T](\mathcal{F})}$ Description

04

BUS VIL BUS ATTENDANT

house fluxe. 05/05/2004 05/05/2004



Annex D.

NOTICE OF REPORTING

This is to confirm that A1) Yussof Bin Sarjor, S1178140C has reported to the Police a traffic accident which occurred on 23/09/2019 at about 0040hrs along Orchard Road, before the slip road of Penang Lane. The other party had stopped the car abruptly in front of A1, resulting in a collision. The traffic accident does not consist of the below following criteria:

- i) Involvement with Pedestrian/Cyclist
- ii) At this moment, involving parties did not obtain more than 3 days of Medical Leave.
- iii) No Government property/vehicle damaged
- iv) Hit and Run Accident
- v) No foreign vehicle was involved
- vi) Nobody involved in the accident was convoyed by ambulance

Involving the following vehicles:

- V1) PC6023P, (Driver: Yussof Bin Sarjor, S1178140C, HP:90326670)
- V2) SHB8535R, (Driver: Male Chinese in his 60s)
- If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T170193 Ng Chor Mui

Date: 23/09/2019 Time: 1606hrs.

S/D Ref: 98 Police Post/Unit: Bukit Batok NPC

PURIT BATCK NOT No.21 GUEST FOR STATE OF YUSCOF SIM SORJOR Manual /