

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 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 10/02/2021 10:17 (SGT)
Date of Accident 07/09/2020 17:30 (SGT)
Exact Location of Accident Buffalo Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC7575G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner THE WHITE RABBIT PTE. LTD.
Company Reg No 2XXXXX210W
Email Address rena.lim@lobehold.com
Mobile Phone No (Phone) +65-97887331
Alternative Phone No +65-97887331

VEHICLE PARTICULARS

Manufacturer Mercedes
Model VIANO CDI2.2 EL
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 Bus

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5071913815-05
Cover Note Number -

DRIVER

Name of Driver MAZLIN BIN YUSOF
NRIC No SXXXX199C
Date Of Birth 14/08/1966
Occupation Outdoor

Date Of Driving Pass	01/10/1987
Driving experience	32 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83832969
Alt. Phone Number	-
Email Address	rena.lim@lobehold.com
Address	BLK 230 PASIR RIS ST 21
Address complement	#03-52
Postcode	510230
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Pedestrian
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material 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

PASSENGER 1

Name	MAZLAN BIN YUSOF
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20200907/2139

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	PEDESTRIAN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Mobile equipment
Name of Driver	MURUGESAN KARUPPIAH
Passport No/FIN	GXXXX425Q
Contact Number	-
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	MURUGESAN KARUPPIAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN(PEDESTRIAN)
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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

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

Witnessed by Reporting Centre Personnel

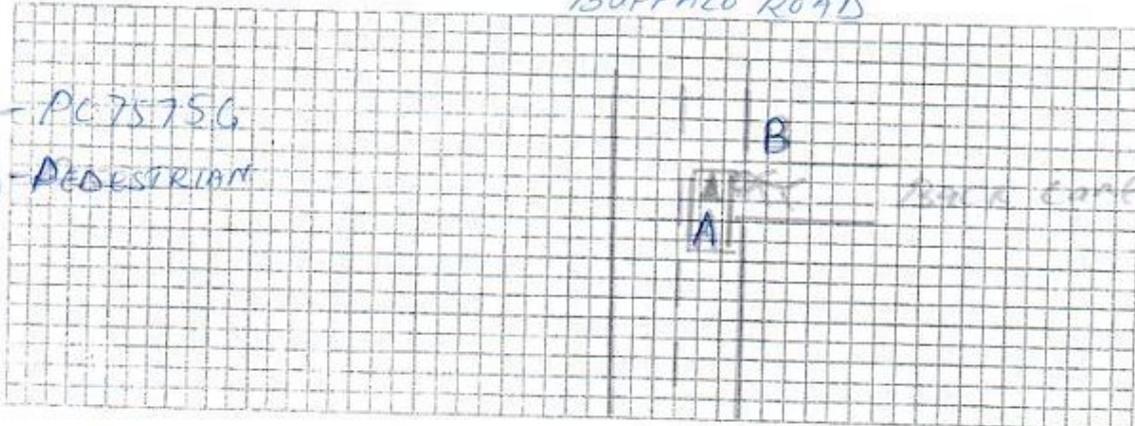
[Signature] 09/02/2021

[Signature] 10/02/21

Sketch Plan

BUFFALO ROAD

A - PC7575G
B - PEDESTRIAN





**SINGAPORE
POLICE FORCE**



T/20200907/2139

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20200907/2139

CONTINUATION OF REPORT

Driver			
Name	MAZLIN BIN YUSOF		ID No. S1752199C
Related Vehicle	PC7575G (Bus/Coach/Minibus)		Contact No. 83832969
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
Pedestrian			
Name	MURUGESAN KARUPPIAH		ID No. G6421425Q
Related Vehicle	NIL		Contact No. NIL
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 the above date, time and location, I was the driver of vehicle bearing PC7575G.

While I was travelling on the right most lane of 2 lane road along Buffalo Road towards Race Course Road, a pedestrian suddenly came out and dashed from right side hitting onto the front right-side my vehicle. I then alighted from the vehicle and was approached by a Auxiliary Police officer. He informed that they was actually pursuing the pedestrian for a offence prior to him dashing out to the road.

The incident was attended by the Ambulance and the Traffic Police. The Pedestrian was conveyed to the hospital. I wish to state that I do not have any In car CCTV installed.

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act / Cap 97.

.....
Suriati Buang
Traffic Police

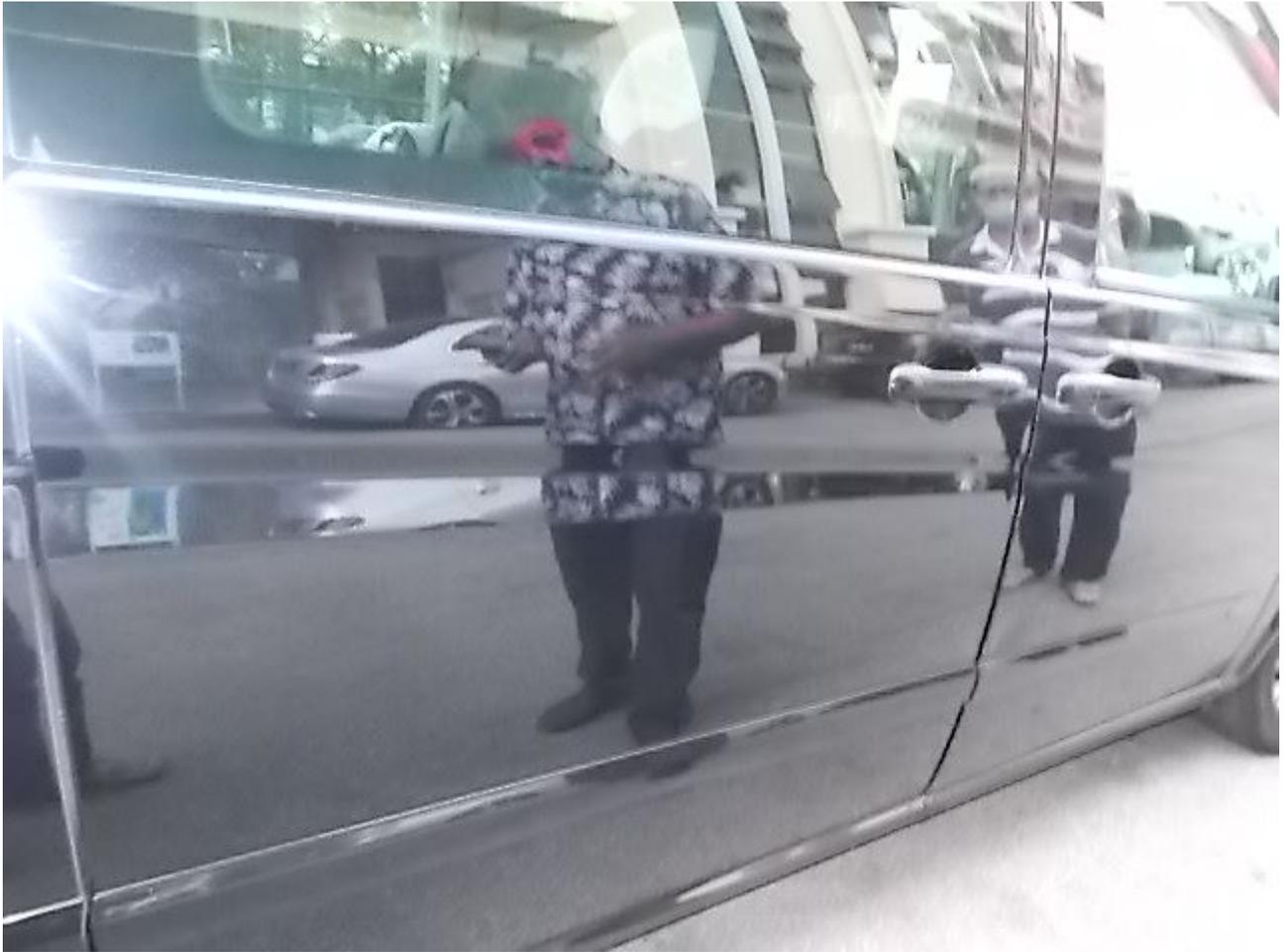
Date: 27 OCT 2020




















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T/20200907/2139

1 of 3

Report No. T/20200907/2139

Suriati Buang
Traffic Police

Date: 27 OCT 2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2020 23:04	Vide Report No.: A/20200907/0063	Station Diary No.: 76
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Informant's Particulars

Name of Informant: MAZLIN BIN YUSOF		Address: APT BLK 230 PASIR RIS STREET 21 #03-52 SINGAPORE 510230	
ID Type / ID No.: NRIC NO / S1752199C		Contact No.: Home/Office: Mobile: 83832969	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 14/08/1966	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: TRANSPORTATION		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/09/2020 17:30	Type of Location: Straight Road
Location: BUFFALO ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC7575G	Bus/Coach/Mi nibus				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available



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T/20200907/2139

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Name	MAZLIN BIN YUSOF		ID No. S1752199C
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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
Pedestrian			
Name	MURUGESAN KARUPPIAH		ID No. G6421425Q
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
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Suriati Buang
Traffic Police

Date: 27 OCT 2020



**SINGAPORE
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T/20200907/2139

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
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Tel No: 1800-5852999

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: G / Sgt 2 MUHAMMAD IQBAL BIN JUNAIDI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/09/2020 23:04
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ABDUL RAHIM BIN SALIM Contact No.: 65476437	Classification Of Case:
Authentication Stamp NP168	