

# 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 ..... 16/03/2021 15:08 (SGT)  
Date of Accident ..... 10/03/2021 17:45 (SGT)  
Exact Location of Accident ..... Prinsep St, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP5963H

### 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 ..... +65-96355542

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Fuso  
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

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 999993810  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMMAD CHARLIE BIN JASNI  
NRIC No ..... SXXXX695H  
Date Of Birth ..... 20/09/1979  
Occupation ..... Outdoor

Date Of Driving Pass .....	13/04/2014
Driving experience .....	6 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87545629
Alt. Phone Number .....	-
Email Address .....	taikoluffy@gmail.com
Address .....	BLK 622B PUNGGOL CENTRAL
Address complement .....	#06-274
Postcode .....	822622
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210310/2132

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBD3593U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-

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**

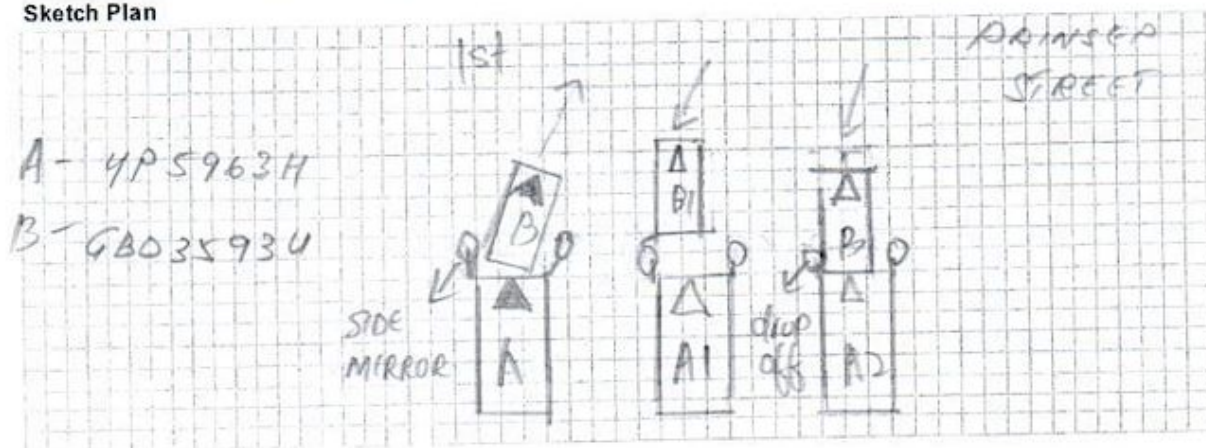
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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' 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

**Sketch Plan**

## Describe Circumstances of the Accident

Pls refer to the police report: T/20210310/2132

## 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 Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210310/2132

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Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20210310/2132

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMMAD CHARLIE BIN JASNI		ID No. S7928695H
Related Vehicle	NIL		Contact No. 87545629
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10/03/2021 at about 1705hrs, I parked my company's vehicle (YP5963H) at the heavy vehicle open space carpark (P0015) and left to run errands. There were only 2 carpark lot and I parked at one of it.

At about 1745hrs, I returned to my vehicle and discovered damages on it. My vehicle's left side round mirror was missing and a dent at my front vehicle chassis. There were no vehicle in front and no one approached me at that time.

I checked my vehicle's dashcam and it had managed to capture another vehicle (GBD 3593U) had reversed onto my vehicle and caused the said damages to my vehicle. The dashcam also managed to capture the driver of the said vehicle and I recognized him to be one of the delivery driver of another company. However I do not have the said driver's contact number.

I contacted my employer and was advised to lodge a police report.















CHASSIS NO:	FEB371-4200		
U.W.:	3760		KG.
M.L.W.:	6700		KG.
TYRE SIZE:	F 215 75R 175		
	R 215 75R 175 D		
PASSENGER CAPACITY:	1 DRIVER 2 OTHERS		
WFE:			



**SINGAPORE  
POLICE FORCE**



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Police Station Of Origin:  
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Report No. T/20210310/2132

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/03/2021 21:11	Vide Report No.:	Station Diary No.: 103
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**Informant's Particulars**

Name of Informant: MOHAMMAD CHARLIE BIN JASNI	Address: APT BLK 622B PUNGGOL CENTRAL #06-274 SINGAPORE 822622		
ID Type / ID No.: NRIC NO / S7928695H	Contact No.:	Mobile: 87545629	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 41	Date of Birth: 20/09/1979	Type of Informant: Driver
Race: Javanese	Language: English	Institution / School Name:	
Occupation: DELIVERY DRIVER	Driving Licence Information: Class: 3,4		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/03/2021 17:45	Type of Location: Straight Road
Location:  PRINSEP STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP5963H	Lorry				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210310/2132

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Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20210310/2132

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMMAD CHARLIE BIN JASNI	ID No.	S7928695H
Related Vehicle	NIL	Contact No.	87545629
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 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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I contacted my employer and was advised to lodge a police report.



**SINGAPORE  
POLICE FORCE**



T/20210310/2132

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Report No. T/20210310/2132

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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:

A /

Sgt 2 TONG SIANG CHONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt NEO ZHI YUAN  
Contact No.: 65476079

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
10/03/2021 21:11

Classification Of Case: