

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 24/05/2021 13:46 (SGT)
Date of Accident 21/05/2021 08:30 (SGT)
Exact Location of Accident Jurong East, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX3131D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ROSIDI BIN SURAJU
NRIC No SXXXX172A
Email Address amazingthaisfood@gmail.com
Mobile Phone No (Phone) +65-95891766
Alternative Phone No +65-98591766

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 2500

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00192122000
Cover Note Number -

DRIVER

Name of Driver ROSIDI BIN SURAJU
NRIC No SXXXX172A

| | |
|--|-----------------------------------|
| Date Of Birth | 14/11/1956 |
| Occupation | Indoor |
| Date Of Driving Pass | 02/07/1984 |
| Driving experience | 36 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-95891766 |
| Alt. Phone Number | +65-98591766 |
| Email Address | amazingthaisfood@gmail.com |
| Address | 405 JURONG WEST STREET 42 #10-629 |
| Address complement | - |
| Postcode | 640405 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | Yes |
| 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) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

FOREIGN VEHICLE 1

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | JTU2608 |
| Vehicle Category | Private car |

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

REFER TO POLICE REPORT T/20210522/2008

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 | VIDEO WITH DRIVER |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | JTU2608 |
|-----------------------------------|---------|

| | |
|---|-------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) | - |

Describe Circumstances of the Accident

Refer to Police report T/20210522/2008

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


Witnessed by Reporting Centre
Personnel

SKETCH PLAN

IMPORTANT NOTICE

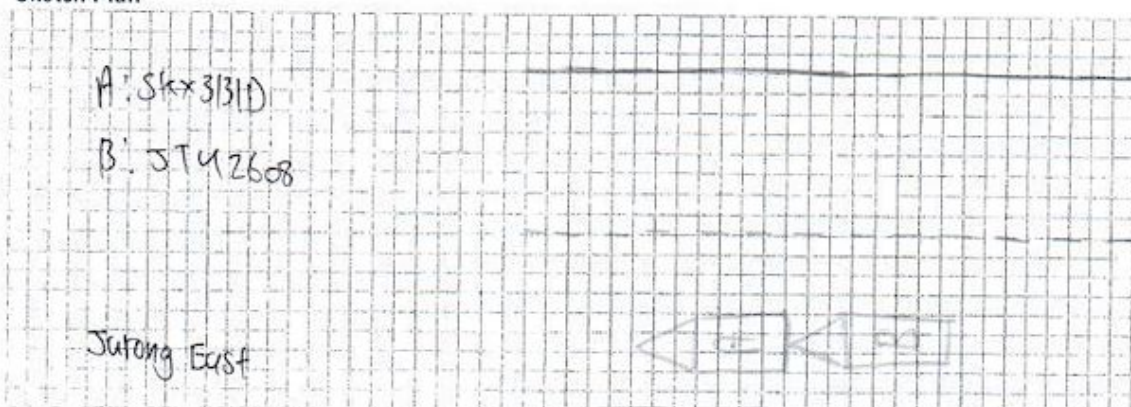
1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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7. By the lodgement of this 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' law yers/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' law yers/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 law yers/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

























SINGAPORE POLICE FORCE



T/20210522/2008

1 of 3

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

Report No. T/20210522/2008

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made: 22/05/2021 10:25 | | Vide Report No.: | | Station Diary No.: 29 |
| Informant's Particulars | | | | |
| Name of Informant: ROSDI BIN SURAJU | | Address: APT BLK 405 JURONG WEST STREET 42 #10-629 SINGAPORE 640405 | | |
| ID Type / ID No.: NRIC NO / S1189172A | | Contact No.: Home/Office: Mobile: 98591766 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 64 | Date of Birth: 14/11/1956 | Type of Informant: Driver | |
| Race: Javanese | | Language: English | Institution / School Name: | |
| Occupation: ENGINEER | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|-------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Foreign Vehicle | Drink Drive: No | Date/Time of Accident: 21/05/2021 08:30 | Type of Location: Straight Road |
| Location: JURONG EAST STREET 21 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| 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 |
|-------------|------------|--------|----------------|-------|------------------|-----------------|
| JTU2608 | Motorcycle | | | | No Damage | 0 |
| SKX3131D | Car | TOYOTA | ALPHARD 2.5X A | Black | Slightly Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|---------------------|------------|-------------|
| SKX3131D | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW001921 22000 | 21/12/2020 | 20/12/2021 |



**SINGAPORE
POLICE FORCE**



T/20210522/2008

2 of 3

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

Report No. T/20210522/2008

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | SUMITTA GOPAL AKRISHNAN | ID No. | G2543961P |
| Related Vehicle | JTU2608 (Motorcycle) | Contact No. | 88937256 / +60167025396 |
| 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 |
| Driver | | | |
| Name | ROSDI BIN SURAJU | ID No. | S1189172A |
| Related Vehicle | SKX3131D (Car) | Contact No. | 98591766 |
| 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 21/05/2021 at about 0830hrs, I was travelling along Jurong East St 21. I made a stop right in front of Masjid Al-Mukminin mosque to give way for the front vehicle to turn in to the HDB carpark. I waited for around 5min as the vehicle in front of me couldn't make a turn to the carpark. Suddenly, a motorcycle JTU2608 hit my vehicle right rear bumper. I alighted and checked on her before we exchange particulars. She requested to settle the matter personally however the issue cannot be settle thus I'm lodging the traffic accident report. I have a in car camera and it is recording. I will get the footage ready for any investigation.



**SINGAPORE
POLICE FORCE**



T/20210522/2008

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/20210522/2008

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 CHIN ZHIHUI, ANDREW

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/05/2021 10:25

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168