

# 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 ..... 30/08/2021 10:38 (SGT)  
Date of Accident ..... 27/08/2021 09:40 (SGT)  
Exact Location of Accident ..... Bussorah St, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP5857G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LACTO ASIA PTE LTD  
Company Reg No ..... XXXXXX954N  
Email Address ..... office@ftcheese.com  
Mobile Phone No ..... (Phone) +65-62861360  
Alternative Phone No ..... (Office) +65-62861360

### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... HINO XZU700R-HKFMS3  
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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 4009

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... B 300275073 MKC  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SHAFIE BIN SAYUTI  
NRIC No ..... SXXXX3551

|  |                          |
|--|--------------------------|
| Date Of Birth .....  | 06/01/1974               |
| Occupation .....   | Outdoor                  |
| Date Of Driving Pass .....   | 05/08/2004               |
| Driving experience .....   | 17 YEARS                 |
| Gender .....   | Male                     |
| Mobile Number .....  | (Phone) +65-90100011     |
| Alt. Phone Number .....  | -                        |
| Email Address .....  | office@ftcheese.com      |
| Address .....  | BLK 746 WOODLANDS CIRCLE |
| Address complement .....   | #06-736                  |
| Postcode .....   | 730746                   |
| 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? .....  | No |
| Was any injured conveyed to hospital by ambulance? .....  | -  |
| Was any other vehicle or property damaged? .....  | No |
| Number of Passengers (Including Driver) .....   | 1  |
| 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 .....                       | Clementi Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18008729999              |
| Alt. Police Station Phone No .....              | (Fax) +65-68728039                   |
| Police Station Address .....                    | No. Singapore 129858                 |
| Was notice of intended Prosecution given? ..... | No                                   |
| If yes, against whom? .....                     | -                                    |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210827/2051

#### ATTACHMENT(S)

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

**SKETCH PLAN****IMPORTANT NOTICE**

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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. 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.



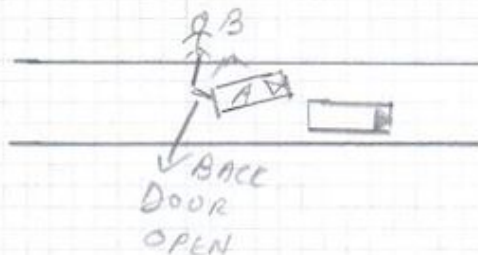
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

*Handwritten signature* 27 AUG 21 *sfym 30/08/21*  
BUSSORAH STREET



A - YP5857G

B - PEDESTRIAN

## Describe Circumstances of the Accident

*Pls refer to the police report: T/20210827/2051*

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*GK*

27 AUG 21

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

*shyue 20/08/21*

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20210827/2051

2 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20210827/2051

**CONTINUATION OF REPORT**

|                                   |                   |  |                                 |
|-----------------------------------|-------------------|--|---------------------------------|
| Driver                            |                   |  |                                 |
| Name                              | SHAFIE BIN SAYUTI | ID No.                                 | S7400355I                       |
| Related Vehicle                   | YP5857G (Lorry)   | Contact No.                            | 90100011                        |
| Hospital/Clinic                   | NIL               | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL               | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL               | Degree of Injury                       | NIL                             |

**Brief Details.**

I am the above-mentioned person and affirmed it to be correct and true. I am residing at the above-mentioned residential address for more than 7 years with my family. I am working as a Logistic Driver under Lacto Asia Pte Ltd located in 171 Kampong Ampat #05-08 for 11 years. I was assigned to drive the company vehicle (YP5857G).

On 27/08/2021 at 0940hrs, I was doing a delivery at Konditori Artisan Bakes located at 33 Bussorah Street Singapore 199451. I wished to state that my vehicle was parked stationery at the alley near the store outlet. After the delivery, I went back to my vehicle and decided to proceed to the next delivery point. When my vehicle about to accelerate, my driver's side door swung open and hit a pedestrian who is walking beside my vehicle.

I quickly stopped my vehicle and made a check with the pedestrian if he was alright. The pedestrian claimed that he is fine and do not required any medical assistance. The pedestrian left in my purview.

This is the first time it had happened to me. I have informed my company about the said matter. There is in-vehicle camera installed however it is no longer in use. I did not take down the pedestrian particulars.





















**SINGAPORE  
POLICE FORCE**



T/20210827/2051

1 of 3

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20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20210827/2051

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |   |                              |                            |  |
|--|------------|---|------------------------------|----------------------------|--|
| Date/Time Report Made:<br>27/08/2021 13:47 |            | Vide Report No.:  |                              | Station Diary No.:<br>56   |  |
| <b>Informant's Particulars</b>             |            |   |                              |                            |  |
| Name of Informant:<br>SHAFIE BIN SAYUTI    |            | Address:<br>APT BLK 746 WOODLANDS CIRCLE #06-736 SINGAPORE 730746 |                              |                            |  |
| ID Type / ID No.:<br>NRIC NO / S74003551   |            | Contact No.:<br>Home/Office:                                      |                              | Mobile: 90100011           |  |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:  |                              |                            |  |
| Sex:<br>Male                               | Age:<br>47 | Date of Birth:<br>06/01/1974                                      | Type of Informant:<br>Driver |                            |  |
| Race:<br>Malay                             |            | Language:   |                              | Institution / School Name: |  |
| Occupation:<br>LOGISTIC DRIVER             |            | Driving Licence Information:<br>Class: 3                          |                              | Date of Expiry:            |  |

**General Information of the Accident**

|   |                                |                                    |  |                                     |
|---|--------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Injury<br>Pedestrian / Cyclist | Drink Drive:<br>No                 | Date/Time of Accident:<br>27/08/2021 09:40 | Type of Location:<br>Straight Road  |
| Location:<br><br>BUSSORAH STREET                          |                                |                                    |  |                                     |
| Weather:<br>Clear   |                                | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                  |                                | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>No Traffic       |
| Type of Collision:<br>Moving Vehicle Against - Pedestrian |                                |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|-----------|-----------------|
| YP5857G     | Lorry |      |       |       | No Damage | 0               |

**Details of Person Involved**

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



**SINGAPORE  
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T/20210827/2051

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Tel No: 1800-8729999

Report No. T/20210827/2051

**CONTINUATION OF REPORT**

|                                   |                   |  |                                 |
|-----------------------------------|-------------------|--|---------------------------------|
| Driver                            |                   |  |                                 |
| Name                              | SHAFIE BIN SAYUTI | ID No.                                 | S7400355I                       |
| Related Vehicle                   | YP5857G (Lorry)   | Contact No.                            | 90100011                        |
| Hospital/Clinic                   | NIL               | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL               | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL               | Degree of Injury                       | NIL                             |

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T/20210827/2051

Police Station Of Origin:  
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20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20210827/2051

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:<br>D /<br>Sgt 2 CHONG SHAO XUAN, VANESSA      | Signature Of Informant:<br><br> |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>27/08/2021 13:47  |
| Officer In Charge Of Case:<br>TP / AEIT /<br>Insp BOON YEN KIAN<br>Contact No.: 65476172 | Classification Of Case:   |
| Authentication Stamp<br>NP168  |   |