

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 03/01/2022 18:48 (SGT)
Date of Accident 02/01/2022 21:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information SERANGOON ROAD TOWARDS PIE CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF7160U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GUSTO ENTERPRISE (S) PTE LTD
Company Reg No 2XXXXX064W
Email Address Ridzuanyfsf@gmail.com
Mobile Phone No (Phone) +65-93371048
Alternative Phone No +65-93371048

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00009842100
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD RIDZUAN BIN MOHAMMAD YUSOF
NRIC No SXXXX467E

Date Of Birth	29/12/1988
Occupation	Outdoor
Date Of Driving Pass	07/07/2011
Driving experience	10 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88949434
Alt. Phone Number	-
Email Address	Ridzuanyfsf@gmail.com
Address	126 SIMEI STRRET 1
Address complement	#03-280
Postcode	520126
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	NATASSIA ROSELLINI MUSTAKIM
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220103/7037

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	SLJ427H
Vehicle Manufacturer	Toyota

Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG WEI DIN
NRIC No	SXXXX640Z
Contact Number	(Phone) +65-97730292
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	MUHAMMAD RIDZUAN BIN MOHAMMAD YUSOF
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBF7160U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NATASSIA ROSELLINI MUSTAKIM
Gender	Female
Phone No	(Phone) +65-93371064
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBF7160U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

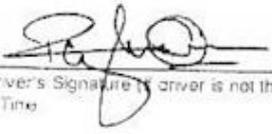
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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 purposes 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.

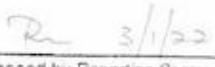


 Policyholder's Signature / Date & Time

Sketch Plan



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

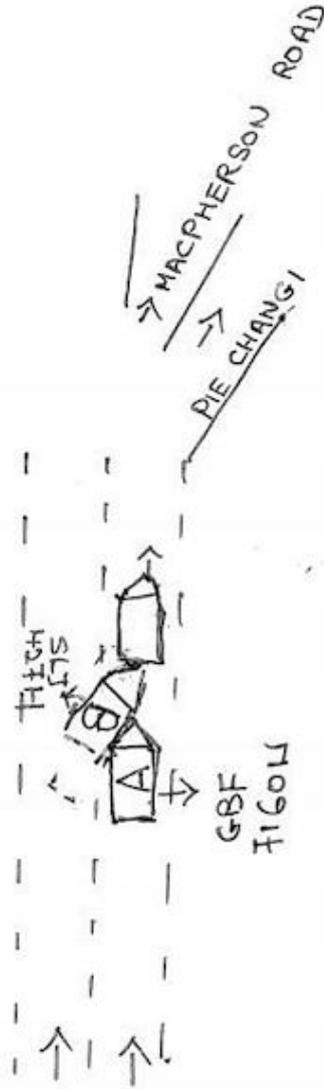


 Witnessed by Reporting Centre Personnel

As per attached.

217 H/P 933F10H8
217 L/H/P 889H9H3H
2/1/2022
21:45PM
GBF 7160U

MAH MOTOR



Serangoon Road towards PIE Changi

A = GBF7160U

B = SLJ427H

Describe Circumstances of the Accident

Please Refer to the Police Report : T/20220103/7037.

Declaration

We declare the foregoing particulars are true in every respect


Policyholder's Signature, Date & Time

 3/1/22
Driver's Signature (If driver is not the policyholder) / Date & Time

 3/1/22
Witnessed by Reporting Company Personnel





























**SINGAPORE
POLICE FORCE**



T/20220103/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20220103/7037

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF7160U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW000098 42100	18/01/2021	21/02/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	NATASSIA ROSELLINI MUSTAKIM		ID No.	S9319040H
Related Vehicle	GBF7160U (Van)		Contact No.	93371064
Hospital/Clinic	OXFORD MEDICAL CENTRE		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/01/2022		Date	03/01/2022
No. of Days granted Medical Leave	02		Degree of	Slight
Driver				
Name	MUHAMMAD RIDZUAN BIN MOHAMMAD YUSOF		ID No.	S8852467E
Related Vehicle	GBF7160U (Van)		Contact No.	88949434
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 2B,2A,3,4 Date of Expiry: NIL
Date	03/01/2022		Date	03/01/2022
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

I, driver of vehicle GBF7160U was driving on serangoon road when vehicle SLJ427H dashed into my lane and hit the front left of my vehicle. Accident happened outside Mah Motor. Travelling on right most lane on serangoon road towards PIE(CHANGI).



**SINGAPORE
POLICE FORCE**



T/20220103/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220103/7037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
03/01/2022 15:36

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168