

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	08/02/2022 14:33 (SGT)
Date of Accident	08/02/2022 05:50 (SGT)
Exact Location of Accident	Tampines Street 72, Singapore
Additional Location Information	TOWARDS TAMPINES AVENUE 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA3630S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JMR TRAVEL LIMITED LIABILITY PARTNERSHIP
Company Reg No	TXXXXX265K
Email Address	jmrtravellp@gmail.com
Mobile Phone No	(Phone) +65-81383143
Alternative Phone No	+65-81383143

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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00002812100
Cover Note Number	-

DRIVER

Name of Driver	MANISAH BINTE ARIFIN
NRIC No	SXXXX508E

Date Of Birth	04/07/1968
Occupation	Outdoor
Date Of Driving Pass	11/01/1996
Driving experience	26 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-81985474
Alt. Phone Number	-
Email Address	jmrtravellp@gmail.com
Address	BLK 879 TAMPINES AVENUE 8
Address complement	#02-254
Postcode	520879
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	DRIZZLING
Road Surface	Wet

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?	Yes
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	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

REFER TO THE POLICE REPORT : T/20220208/2014

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	PEDESTRIAN
No. Of Passenger (Including Driver)	-

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' 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

[Signature]

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

R 08/02/22

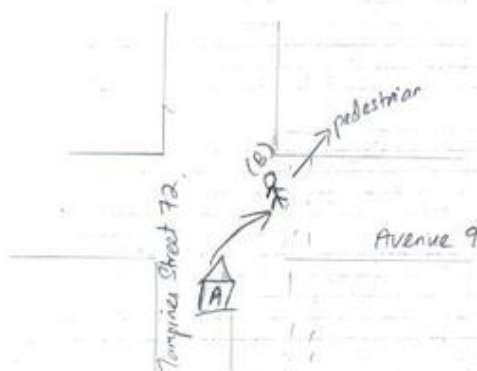
Witnessed by Reporting Centre Personnel

Sketch Plan

A = PA3630S

B = Pedestrian

Tampines Street 72
towards Tampines Ave 9.























**SINGAPORE
POLICE FORCE**



T/20220208/2014

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

1 of 3

Report No. T/20220208/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2022 08:25	Vide Report No.: G/20220208/0055	Station Diary No.:
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Informant's Particulars			
Name of Informant: MANISAH BINTE ARIFIN		Address: 879 TAMPINES AVENUE 8 #02-254 TAMPINES SPRING SINGAPORE 520879	
ID Type / ID No.: NRIC NO / S6820508E		Contact No.: Home/Office: Mobile: 81985474	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 53	Date of Birth: 04/07/1968	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 08/02/2022 05:50	Type of Location:
Location: TAMPINES STREET 72				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA3630S	Bus/Coach/Minibus				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20220208/2014

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

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Report No. T/20220208/2014

CONTINUATION OF REPORT

Driver			
Name	MANISAH BINTE ARIFIN		ID No. S6820508E
Related Vehicle	PA3630S (Bus/Coach/Minibus)		Contact No. 81985474
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 THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS AT THE TRAFFIC JUNCTION AT THE STATED LOCATION WANTING TO MAKE A RIGHT TURN TO TAMPINES AVENUE 9. AS THE TRAFFIC LIGHT TURNS GREEN, I CHECKED THE PEDESTRIAN WALKWAY AND THERE WERE NO SIGHT OF ANY PEDESTRIAN HENCE I PROCEED TO MAKE A RIGHT TURN. SHORTLY AFTER, THERE WAS A PEDESTRIAN RIGHT INFRONT OF ME. I DID NOT MANAGED TO BRAKE ON TIME AND COLLIDED WITH THE PEDESTRIAN INFRONT OF ME. THE PEDESTRIAN GET UP AND SIT BY THE ROAD. I STOP MY VEHICLE RIGHT AWAY AND ASSIST HIM. I CALLED THE AMBULANCE AS HIS WAS INJURED AND CONVEYED HIM TO THE HOSPITAL. DAMAGES WAS FOUND ON MY WINDSCREEN (CRACK) AND THE FRONT REAR OF MY VEHICLE. I WAS NOT INJURED. THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20220208/2014

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

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Report No. T/20220208/2014

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
TP /

Other SAIFUL ILHAM BIN
ZAHARI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/02/2022 08:25

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Signature: