

# 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 ..... 21/05/2022 12:25 (SGT)  
Date of Accident ..... 20/05/2022 15:10 (SGT)  
Exact Location of Accident ..... Gul Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YM6501S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FOSTER ASIA PACIFIC PTE LTD  
Company Reg No ..... 199308520D  
Email Address ..... FAPCONTR@FOSTERGROUP.COM.SG  
Mobile Phone No ..... (Phone) +65-68616611  
Alternative Phone No ..... (Office) +65-68616611

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... FE84BE6SRDEA  
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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2977

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z/21/VC00/111421  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SANUSI BIN ARSRIP  
NRIC No ..... S1180162E

Date Of Birth .....	21/01/1956
Occupation .....	Outdoor
Date Of Driving Pass .....	05/03/1979
Driving experience .....	43 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85699632
Alt. Phone Number .....	-
Email Address .....	FAPCONTR@FOSTERGROUP.COM.SG
Address .....	APT BLK 513 WEST COAST ROAD
Address complement .....	#03-485
Postcode .....	120513
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 .....	Side Swipe
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 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

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JTW6186
Vehicle Category .....	Motorcycle

#### 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

PLEASE REFER TO THE SKETCH PLAN

#### 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 .....	JTW6186
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	FOO OI KHOON
Contact Number .....	(Phone) +65-81361862
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

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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

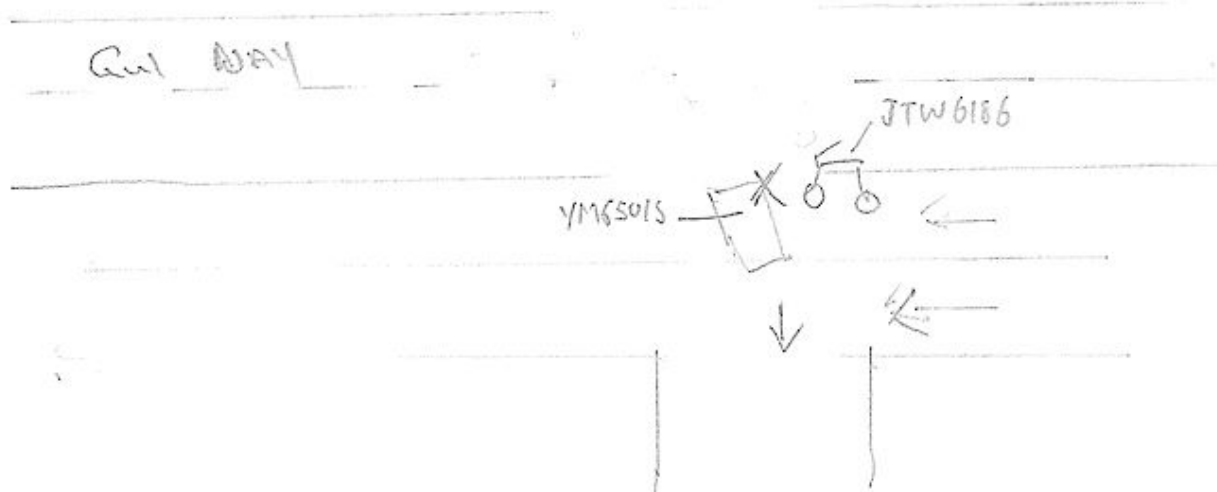
*Samuel*

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



Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

LICENSE PLATE: YPA 65015 ACCIDENT DATE & TIME: 20/5/22 15:10  
CONTACT NUMBER: 861 666 148616611 E-MAIL ADDRESS: fapcontv@fostergroup.com.sg  
LOCATION:

Please refer to the police report.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☒ Reporting Only

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

Samir

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



Witnessed by Reporting Centre  
Personnel

































**SINGAPORE  
POLICE FORCE**



T/20220520/2088

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/20220520/2088

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/05/2022 18:10		Vide Report No.: J/20220520/0080		Station Diary No.: 123	
<b>Informant's Particulars</b>					
Name of Informant: SANUSI BIN ARSRIP			Address: APT BLK 513 WEST COAST ROAD #03-485 SINGAPORE 120513		
ID Type / ID No.: NRIC NO / S1180162E			Contact No.: Home/Office: Mobile: 85699632		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 21/01/1956	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 20/05/2022 15:10	Type of Location: Straight Road
Location:  GUL WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTW6186	Motorcycle			Multi-Colored	Totally Damaged	0
YM6501S	Lorry	MITSUBISHI		White	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/20220520/2088

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

Report No. T/20220520/2088

**CONTINUATION OF REPORT**

Name	FOO OI KHOON		ID No.	NIL
Related Vehicle	JTW6186 (Motorcycle)		Contact No.	81361862
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	Slight	
<b>Driver</b>				
Name	SANUSI BIN ARSRIP		ID No.	S1180162E
Related Vehicle	YM6501S (Lorry)		Contact No.	85699632
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

On 20.05.2022 at about 1510hrs, I was driving my lorry; YM6501S along Gul Way and was travelling towards no.20 Gul Way. Upon reaching no.20 Gul Way, I made a right turn as I gauge that the oncoming traffic which was a motorcycle; JTW6186 was some distance away. However when I executed the turn, the said motorcyclist collided onto the rear left side of my lorry.

I then stopped my lorry and got down to render assistance towards the motorcyclists. She had fell from his motorcycle. Subsequently, the ambulance and police arrived at scene to attend to us. I did not sustained any injuries however the motorcyclist sustained minor injuries on her hands. My lorry have no in-build camera. I was advised by the traffic police to lodge a police report.



**SINGAPORE  
POLICE FORCE**



T/20220520/2088

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Report No. T/20220520/2088

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

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 /

STAFF SGT MOHAMMED  
AMIRULHAFIZ BIN RAMLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/05/2022 18:10

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

NP168