

# 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 Actual 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 .....              | 04/11/2022 16:22 (SGT)                 |
| Reported by .....                     | Driver                                 |
| Date of Accident .....                | 03/11/2022 19:00 (SGT)                 |
| Exact Location of Accident .....      | Bayfront Ave & Sheares Link, Singapore |
| Additional Location Information ..... | -                                      |
| Country/State of Loss .....           | Singapore                              |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLF9006B |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                                |
|--------------------------------|--------------------------------|
| Is company? .....              | Yes                            |
| Name Of Registered Owner ..... | GUSTO ENTERPRISE (S) PTE. LTD. |
| Company Reg No .....           | 2XXXXX064W                     |
| Email Address .....            | UNDERSIEGE21@GMAIL.COM         |
| Mobile Phone No .....          | (Phone) +65-91557425           |
| Alternative Phone No .....     | -                              |

### VEHICLE PARTICULARS

|                                                                                    |                           |
|------------------------------------------------------------------------------------|---------------------------|
| Manufacturer .....                                                                 | Kia                       |
| Model .....                                                                        | Carens                    |
| 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 - Claiming third party |
| Vehicle Category .....                                                             | Private hire              |
| Transmission .....                                                                 | Auto                      |
| CC .....                                                                           | 1685                      |

### INSURANCE COMPANY

|                                         |                          |
|-----------------------------------------|--------------------------|
| Name of Insurance Company .....         | Income Insurance Limited |
| Policy Number / Cover Note Number ..... | 5119139262-02            |

### DRIVER

|                      |                       |
|----------------------|-----------------------|
| Name of Driver ..... | RUSHIDAH BINTE YUSOFF |
| NRIC No .....        | SXXXX872E             |
| Date Of Birth .....  | 13/05/1980            |
| Occupation .....     | Outdoor               |

|                                                                    |                        |
|--------------------------------------------------------------------|------------------------|
| Date Of Driving Pass .....                                         | 27/09/2007             |
| Driving experience .....                                           | 15 YEARS AND 2 MONTHS  |
| Gender .....                                                       | Female                 |
| Mobile Number .....                                                | (Phone) +65-91557425   |
| Alt. Phone Number .....                                            | -                      |
| Email Address .....                                                | UNDERSIEGE21@GMAIL.COM |
| Address .....                                                      | 472A FERNVALE STREET   |
| Address complement .....                                           | 11-39                  |
| Postcode .....                                                     | 791472                 |
| Is the driver the policyholder? .....                              | No                     |
| If No, Relationship of the Driver with the Insured .....           | Hirer                  |
| 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 - Change/cross lane |
| 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) .....                                                             | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |
| Translator's name .....                                                                                   | -   |
| Translator's ID .....                                                                                     | -   |
| Translator's phone number .....                                                                           | -   |
| Translator's email .....                                                                                  | -   |
| Original language used in the statement .....                                                             | -   |

#### 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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SKZ1232Z |
| Vehicle Manufacturer .....        | Renault  |
| Vehicle Model .....               | Fluence  |
| 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) .....     | -           |

## INJURED PERSONS DETAILS

### INJURED 1

|                                                           |                       |
|-----------------------------------------------------------|-----------------------|
| Name of injured person .....                              | RUSHIDAH BINTE YUSOFF |
| Gender .....                                              | Female                |
| Phone No .....                                            | -                     |
| Address .....                                             | -                     |
| Address Complement .....                                  | -                     |
| Post Code .....                                           | -                     |
| Approximate Age Years Old .....                           | -                     |
| Injuries Sustained .....                                  | 5 DAYS MC             |
| Injured person in which vehicle? .....                    | SLF9006B              |
| Were seat belts worn? .....                               | Yes                   |
| Was this injured conveyed to hospital by ambulance? ..... | No                    |

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' 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.

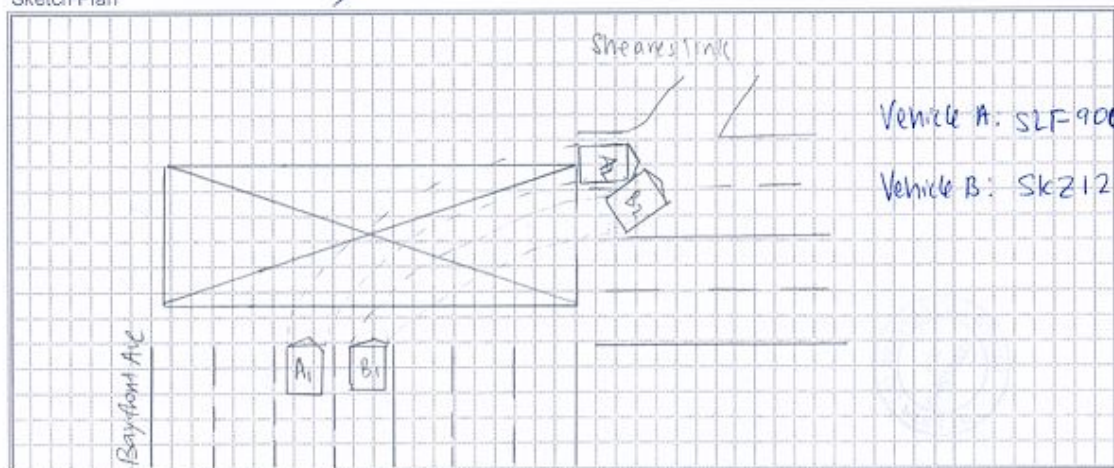


Policyholder's Signature / Date

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1 1

1

Describe Circumstance of the Accident

REFER TO POLICE REPORT

T/20221104/7020

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

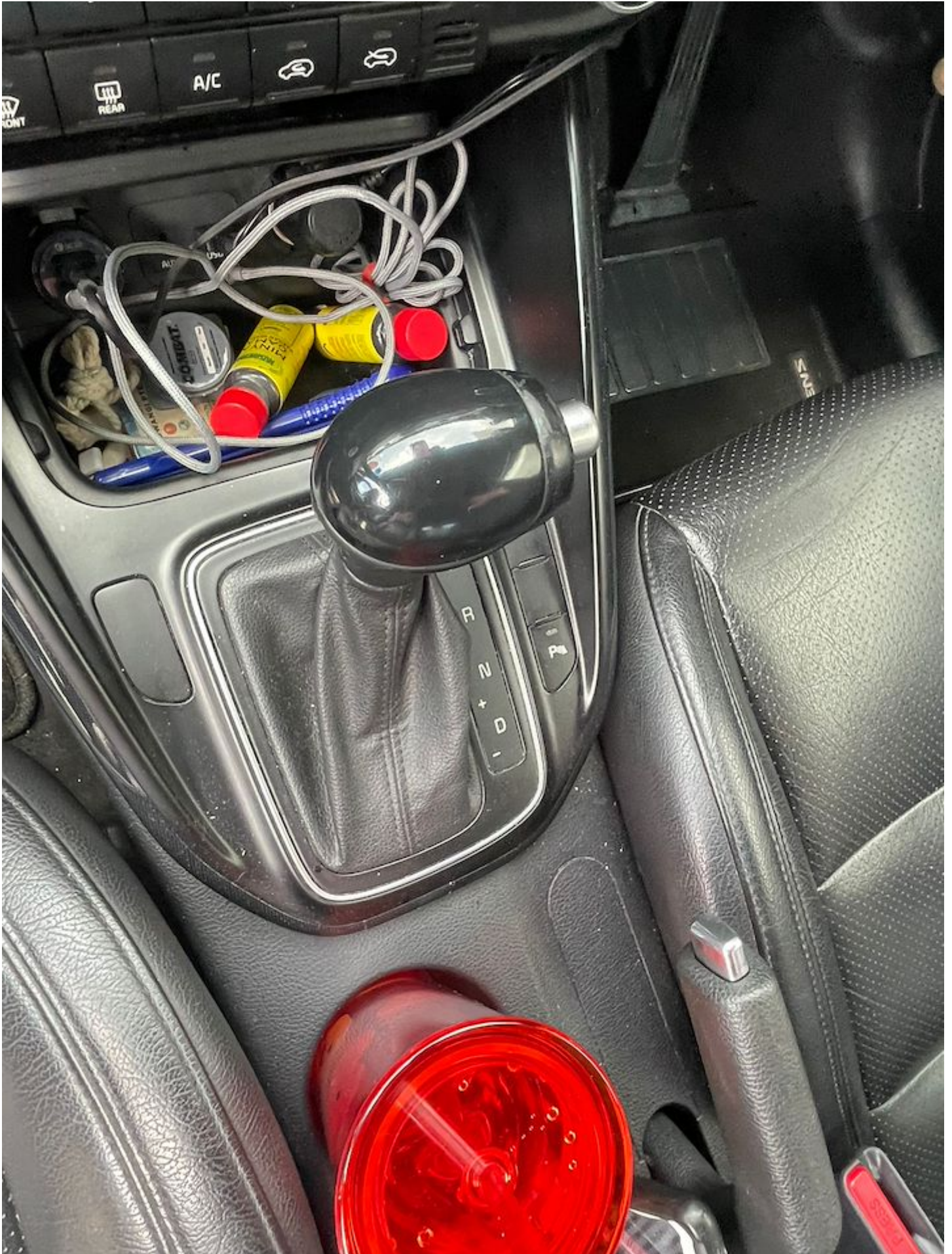


















**SINGAPORE  
POLICE FORCE**



T/20221104/7023

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

1 of 3

Report No. T/20221104/7023

**REPORT OF A TRAFFIC ACCIDENT**

|                                             |            |                              |                                                          |                    |                            |
|---------------------------------------------|------------|------------------------------|----------------------------------------------------------|--------------------|----------------------------|
| Date/Time Report Made:<br>04/11/2022 13:08  |            | Vide Report No.:             |                                                          | Station Diary No.: |                            |
| <b>Informant's Particulars</b>              |            |                              |                                                          |                    |                            |
| Name of Informant:<br>RUSHIDAH BINTE YUSOFF |            |                              | Address:<br>472A FERNVALE STREET #11-39 SINGAPORE 791472 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S8013872E    |            |                              | Contact No.:<br>Home/Office: Mobile: 91557425            |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN           |            |                              | Email:<br>UNDERSIEGE21@GMAIL.COM                         |                    |                            |
| Sex:<br>Female                              | Age:<br>42 | Date of Birth:<br>13/05/1980 | Type of Informant:<br>Driver                             |                    |                            |
| Race:<br>Malay                              |            |                              | Language:<br>English                                     |                    | Institution / School Name: |
| Occupation:<br>delivery                     |            |                              | Driving Licence Information:<br>Class: 2B,3              |                    | Date of Expiry:            |

**General Information of the Accident**

|                                                              |                  |                                    |                                            |                                    |
|--------------------------------------------------------------|------------------|------------------------------------|--------------------------------------------|------------------------------------|
| Type of Accident:                                            | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>03/11/2022 19:00 | Type of Location:<br>Straight Road |
| Location:<br><br>BAYFRONT AVENUE                             |                  |                                    |                                            |                                    |
| Weather:<br>Clear                                            |                  | Road Surface:<br>Dry               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Light                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                  |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make    | Model                        | Color | Conditio         | No of |
|-------------|------|---------|------------------------------|-------|------------------|-------|
| SKZ1232Z    | Car  | RENAULT | FLUENCE 1.5 DCI 110 A/T SR   | Grey  | Slightly Damaged | 0     |
| SLF9006B    | Car  | KIA     | CARENS 1.7(A) DIESEL SUNROOF | Black | Slightly Damaged | 0     |



**SINGAPORE  
POLICE FORCE**



T/20221104/7023

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

2 of 3  
Report No. T/20221104/7023

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |                                            |               |            |             |
|------------------------------|--------------------------------------------|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| SLF9006B                     | NTUC Income Insurance Co-Operative Limited | 5119139262-02 | 15/09/2022 | 14/09/2023  |

| Details of Person Involved        |                                     |     |                                   |                                    |
|-----------------------------------|-------------------------------------|-----|-----------------------------------|------------------------------------|
| Any Pedestrian Involved: No       |                                     |     |                                   |                                    |
| No. of Pedestrians Injured: NIL   |                                     |     | Use of Pedestrian Crossing: NA    |                                    |
| Driver                            |                                     |     |                                   |                                    |
| Name                              | JOHN TAY ENG CHYE                   |     | ID No.                            | S0225986I                          |
| Related Vehicle                   | SKZ1232Z (Car)                      |     | Contact No.                       | 96706701                           |
| Hospital/Clinic                   | NIL                                 |     | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL  |
| Date                              | NIL                                 |     | Date                              | NIL                                |
| No. of Days granted Medical Leave |                                     | NIL | Degree of                         | NIL                                |
| Driver                            |                                     |     |                                   |                                    |
| Name                              | RUSHIDAH BINTE YUSOFF               |     | ID No.                            | S8013872E                          |
| Related Vehicle                   | SLF9006B (Car)                      |     | Contact No.                       | 91557425                           |
| Hospital/Clinic                   | SENGKANG GENERAL HOSPITAL PTE. LTD. |     | Class of Driving Licence & Expiry | Class: 2B,3<br>Date of Expiry: NIL |
| Date                              | 04/11/2022                          |     | Date                              | 04/11/2022                         |
| No. of Days granted Medical Leave |                                     | 05  | Degree of                         | Slight                             |

**Brief Details.**

At the stated date and time, I turned right from Lane 2 Bayfront Avenue T-Junction to Lane 2 Sheares Link. Vehicle B was on Lane 1 Bayfront Avenue and turned to Lane 1 Sheares Link. As i proceeded straight on lane 2, vehicle B suddenly swerved from lane 1 into my lane to turn into Marina Bay Sands Tower 1 and collided into the right portion of my vehicle. My vehicle was dragged for a distance as vehicle B did not stop immediately after the collision.



**SINGAPORE  
POLICE FORCE**



T/20221104/7023

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

3 of 3

Report No. T/20221104/7023

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

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

Date/Time:  
04/11/2022 13:08

Classification Of Case:





### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5119139262-02

**Cover :** drivo CLASSIC

- |                                                                                                                                                                                                                                                                                                               |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 1. Index mark and Registration Number of Vehicle                                                                                                                                                                                                                                                              | : SLF9006B                       |
| Chassis Number                                                                                                                                                                                                                                                                                                | : KNAHU815VG7161762              |
| 2. Name of Policyholder                                                                                                                                                                                                                                                                                       | : GUSTO ENTERPRISE (S) PTE. LTD. |
| 3. Effective Date of Insurance                                                                                                                                                                                                                                                                                | : 15 Sep 2022                    |
| 4. Expiry Date of Insurance                                                                                                                                                                                                                                                                                   | : 14 Sep 2023                    |
| 5. Persons or Classes of Persons entitled to drive#                                                                                                                                                                                                                                                           |                                  |
| (a) The Policyholder.                                                                                                                                                                                                                                                                                         |                                  |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.                                                                                                                                                                                                                   |                                  |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                  |
| 6. Limitations as to Use#                                                                                                                                                                                                                                                                                     |                                  |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.                                                                                                                                                                                              |                                  |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

|                                        |                                                   |
|----------------------------------------|---------------------------------------------------|
| EXCESS (SECTION 1)                     | : S\$2,000                                        |
| EXCESS (SECTION 2)                     | : S\$1,500                                        |
| WINDSCREEN EXCESS                      | : S\$100                                          |
| ADDITIONAL EXCESS                      | : S\$1,500                                        |
| REPAIR AT OWNER'S PREFERRED WORKSHOP   | : NO                                              |
| INSURE WITH COE                        | : YES                                             |
| NCD PROTECTION                         | : NO                                              |
| ROADSIDE ASSISTANCE AND WELLNESS COVER | : NO                                              |
| TRANSPORT ALLOWANCE                    | : NO                                              |
| EXCESS WAIVER                          | : NO                                              |
| PRIMARY DRIVER                         | : N/A                                             |
| NAMED DRIVER (1)                       | : N/A                                             |
| NAMED DRIVER (2)                       | : N/A                                             |
| HIRE PURCHASE COMPANY                  | : TAI THONG LEE TRADING (PRIVATE) LIMITED         |
| SUM INSURED                            | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TAI THONG LEE TRADING (PRIVATE) LIMITED (00000612744)  
 Date of Issue : 16 Sep 2022 15:04 hrs

For INCOME INSURANCE LIMITED

Chief Executive



# GUSTO ENTERPRISE (S) PTE LTD

"Forging Forward with Fortitude"

Office : 213 Ubi Avenue 4, Singapore 408808 | Contact : +65 9337 1048 / +65 8767 5136  
UEN NO : 202018064W

## LEASE AGREEMENT (CARS)

| LESSEE'S PARTICULARS |                                               |
|----------------------|-----------------------------------------------|
| NAME                 | Rushidah binte Yusoff                         |
| D.O.B                | 13 - 05 - 1980                                |
| ADDRESS              | Blk 120B Edgedale Plains<br>#05-281 S(822120) |
| NRIC / PASSPORT NO.  | S8013872E                                     |
| CONTACT NO.          | 9155 7425                                     |
| PURPOSE              | PHY rental.                                   |
| EMAIL ADDRESS        |                                               |

| MOTOR VEHICLE DETAILS          |              |                            |                     |
|--------------------------------|--------------|----------------------------|---------------------|
| LICENSE PLATE NO.              | SLF9006B     | MAKE/MODEL                 | KIA<br>Caren Diesel |
| LEASE AMOUNT (PER DAY)         | \$67/-       | TOTAL LEASE AMOUNT         | \$470/-             |
| COMMENCEMENT DATE & TIME       | 15 August 22 | RETURN DATE & TIME         | 15 NOV 22           |
| AMOUNT OF FUEL UPON COLLECTION |              | AMOUNT OF FUEL UPON RETURN |                     |

**GUSTO ENTERPRISE (S) PTE LTD**

Name: Nurul

Designation: General manager

Date: 15/08/22

**LESSEE'S SIGNATURE**

Name: Rushidah Yusoff

NRIC/Passport No.: S8013872E

Date: 15/8/2022