

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 17/03/2023 16:55 (SGT)
Reported by Driver
Date of Accident 15/03/2023 14:00 (SGT)
Exact Location of Accident Artillery Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK605Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GUSTO ENTERPRISE
Company Reg No 53346446C
Email Address SAYRAZKHAN@LIVE.COM
Mobile Phone No (Phone) +65-93371048
Alternative Phone No -

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 Private car
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNA00042522201

DRIVER

Name of Driver MUHAMMAD YUSRY BIN ISMAIL
NRIC No S7809853H
Date Of Birth 13/04/1978
Occupation Outdoor

Date Of Driving Pass	14/02/2011
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84161693
Alt. Phone Number	-
Email Address	ANGUSMICHAEL94@GMAIL.COM
Address	BLK 179 BOON LAY DRIVE #06-466
Address complement	-
Postcode	640179
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	Collision - Head to Rear
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AT THE STATED DATE, TIME AND LOCATION, I WAS AT LEFT LANE WAITING TO ENTER THE ROUNDABOUT. AS I WAS WAITING, SUDDENLY VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCU8628R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KWEE CHIU LIN JACQUELINE

Contact Number	(Phone) +65-96394180
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS


INJURED 1

Name of injured person	MUHAMMAD YUSRY BIN ISMAIL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK605Z
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.

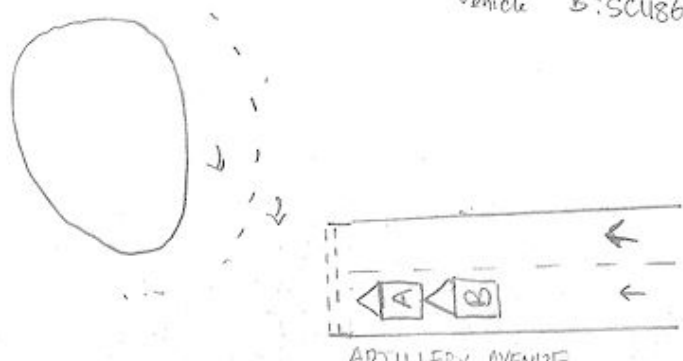


Policyholder's Signature / Date & Time
Sketch Plan

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

17/3/25
Witnessed by Reporting Centre Personnel

Vehicle A : GBK6052
Vehicle B : SCU8628R



Describe Circumstances of the Accident

At the stated date, time and location, I was at left line waiting to enter the roundabout. As I was waiting, suddenly vehicle B collided onto the rear portion of my vehicle.

Declaration

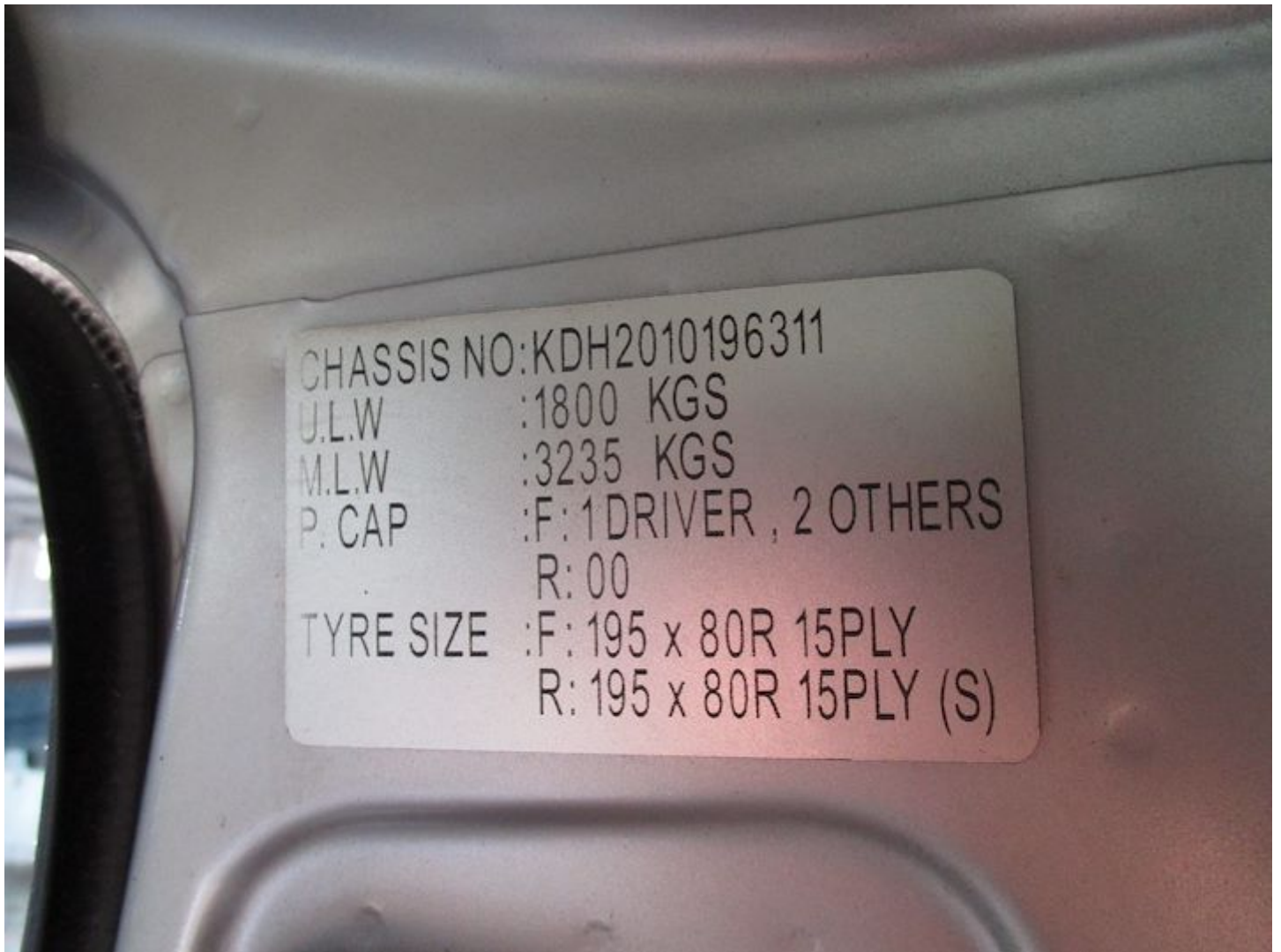
(We declare the foregoing particulars are true in every respect)



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



















中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ407C

R SN

AN0663A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSNA00042522201	Engine No.: 1KD2612742 Chassis No.: KDH2010196311
1. Index Mark and Registration Number of Vehicle	GBK605Z	AUTOCAR *****
2. Name of Policy Holder	GUSTO ENTERPRISE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24/03/2022 (10:34:00)	Excess Sect. I. \$S\$1,500.00 Excess Sect. II \$S\$1,500.00 EX ON WINDSCREEN \$S\$100.00
4. Date of Expiry of Insurance	23/03/2023	
<p>5. Persons or Classes of Persons entitled to drive*</p> <p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle and 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>		
<p>6. Limitations as to use*</p> <p>(1) Use in connection with the Policyholder's business and Hirer's Business.</p> <p>(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.</p> <p>(3) Use for social, domestic or pleasure purpose.</p> <p>The policy does not cover:</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except for towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>		
<p>HIRE PURCHASE CO.: TAI THO (3 LEE TDG (PTE) LTD</p> <p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 185) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.</p>		

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 185) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Chua Suat Lay Sally
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com



GUSTO LOGISTICS & TRADING PTE LTD

"Forging Forward with Fortitude"

Office : 215 Ubi Avenue 4, Singapore 408809 | Contact : +65 9337 1048 / +65 9248 2349

UEN NO : 202100916C

LETTER OF EMPLOYMENT

08 NOVEMBER 2022

MUHAMMAD YUSRY BIN ISMAIL

BLK 179 BOON LAY DRIVE

#06-466 S(640179)

Dear MUHAMMAD YUSRY BIN ISMAIL,

We are pleased to offer you the position of Delivery Personnel with GUSTO LOGISTICS & TRADING PTE LTD located at 215 Ubi Avenue 4 Singapore 408808, upon the following terms and conditions:

1. DATE OF COMMENCEMENT

- (a) The stated contract will commence on 08/11/2022.
- (b) This employment is offered on a permanent basis.

2. SALARY

- (a) Your basic salary is \$1800.00 monthly (with CPF contribution)
- (b) Any salary adjustment depends on your overall performance and appraisal by your manager.
- (c) \$50 Cash Card will be provided monthly.
- (d) Diesel top-up will be by the company which is scheduled by the supervisors.

3. DUTIES

Your duties as **DELIVERY PERSONNEL** are as follows:

- Deliver a wide variety of items to different addresses and through different routes
- Follow routes and timely schedules
- Load, unload, prepare, inspect and operate a delivery vehicle
- Complete logs and reports
- Follow regulations and safety standards



GUSTO ENTERPRISE

"Forging Forward with Fortitude"

Office : 215 Ubi Avenue 4, Singapore 408809 | Contact : +65 9337 1048 / +65 8767 5136
UEN NO : 53346446C

LETTER OF AUTHORIZATION

We authorize Muhammad Yusry Bin Ismail, NRIC No : S7809853H to report
the accident that happened on 15 March 2023 regarding Vehicle No. GBK606Z

Sayraz Khan

Director