

## 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 .....	27/04/2023 16:30 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/04/2023 09:10 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE (TUAS) L/P 623
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLZ633U
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#### INSURED/POLICYHOLDER

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

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1800

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5120714280-02

#### DRIVER

Name of Driver .....	TNG MENG HUA
NRIC No .....	SXXXX616E
Date Of Birth .....	25/03/1971
Occupation .....	Outdoor

Date Of Driving Pass .....	18/09/2015
Driving experience .....	7 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85691172
Alt. Phone Number .....	-
Email Address .....	GARY_TNG@HOTMAIL.COM
Address .....	115 HO CHING ROAD
Address complement .....	05-102
Postcode .....	610115
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN 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 .....	FBT7812Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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) .....	1

**SKETCH PLAN**

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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/are 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

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

Witness: (by Reporting Centre Personnel (Name as in NRIC card))

Sketch Plan



Describe Circumstance of the Accident

AS PER TP REPORT T/20230427/2042

Declaration

I/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  
(Name as in NRIC/ID card)




























**SINGAPORE  
POLICE FORCE**


T/20230427/2042

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3

Report No. T/20230427/2042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/04/2023 12:05	Vide Report No.:	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: TNG MENG HUA			Address: APT BLK 115 HO CHING ROAD #05-102 SINGAPORE 610115	
ID Type / ID No.: NRIC NO / S7109616E			Contact No.:	Mobile: 85691172
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 52	Date of Birth: 25/03/1971	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/04/2023 09:10	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT7812Z	Motorcycle					0
SLZ633U	Car				Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
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T/20230427/2042

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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20230427/2042

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	WANDI		ID No. NIL
Related Vehicle	FBT7812Z (Motorcycle)		Contact No. 80192724
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	NIL
<b>Driver</b>			
Name	TNG MENG HUA		ID No. S7109616E
Related Vehicle	SLZ633U (Car)		Contact No. 85691172
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 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 27/04/2023 at about 0910hrs, I was driving along PIE going towards CTE and I was on the most left lane of the road. While I was near the ERP gantry just before CTE, I saw one motorcycle come from my right side very fast and had cut into my lane. Upon seeing the motorcycle, I had jammed my brakes as I was trying to prevent a collision, but I was not able to stop my vehicle on time and as a result, my vehicle had side-swiped against the right side of the motorcycle.

Both of us had alighted to make a check and exchanged particulars subsequently. I then took down his motorcycle registration number and both of us left the location after that. I had also made a check with my passenger, and they were not injured.

I have an in-car camera installed inside my car, but I am unsure if the accident was captured or not. The damaged sustained on my car are dents on the front left side of the car and scratches on the front left side of the car. The side mirror of the car was also shattered and broke off.





**SINGAPORE  
POLICE FORCE**



T/20230427/2042

Police Station Of Origin:  
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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20230427/2042

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
D /  
SGT 3 LIM PEI HAO

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/04/2023 12:05

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:

NP168





## 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	TNG MENG HUA
D.O.B	25 MAR 1971
ADDRESS	BLK 115 HO CHING ROAD #05-102 S610115
NRIC / PASSPORT NO.	S7109616E
CONTACT NO.	85691172
PURPOSE	PHV
EMAIL ADDRESS	

MOTOR VEHICLE DETAILS			
LICENSE PLATE NO.	SL2633U	MAKE/MODEL	TOYOTA PRIUS
LEASE AMOUNT (PER DAY)	\$525 + \$42 (LOW)	TOTAL LEASE AMOUNT (PER MONTH)	
COMMENCEMENT DATE & TIME	13/04/2023	RETURN DATE & TIME	12/07/2023
AMOUNT OF FUEL UPON COLLECTION		AMOUNT OF FUEL UPON RETURN	



**GUSTO ENTERPRISE (S) PTE LTD**

Name: NURUL

Designation: MANAGER

Date: 13/04/2023

**LESSEE'S SIGNATURE**

Name: TNG MENG HUA

NRIC/Passport No. S7109616E

Date: 13/04/2023