



## 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 ability.
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 Report	02/05/2018 19:30
Date Of Accident	01/05/2018 12:10
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA1118A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SINGGIH WIBISONO
Passport No/FIN	G0831124U
Email Address	PAKTUAMUDA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91384764
Alternative Phone No	OTHERS-91384764

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS RX350
Exact Purpose for which vehicle was being used at time of accident	GOING TO CHANGI AIRPORT
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5053491021-06
Cover Note Number	

### Driver

Name of Driver	SINGGIH WIBISONO
Passport No/FIN	G0831124U
Date Of Birth	02/07/1942
Occupation	INDOOR
Date Of Driving Pass	27/01/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91384764
Fax Number	
Contact Number	OTHERS-91384764
EMail Address	PAKTUAMUDA@GMAIL.COM



Address	985 BUKIT TIMAH ROAD #01-03 MAPLEWOOD
Postcode	589627
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO 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	SHD9863B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

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7. By the lodgment 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

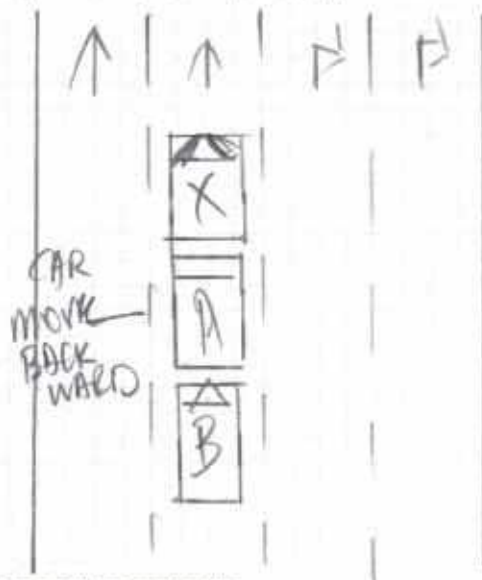
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:



02/05/2012

SKETCH PLAN

ALONG BUKIT TIMAH ROAD



A) SGA 1118A  
B) SHD 9863B.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1<sup>st</sup> May 2018, time 12:10 pm on the way to airport, at traffic junction Bukit Timah and Cavenagh Road, I stop my vehicle at red light, but my car suddenly reverse and hit taxi bumper but just little kiss. When I go down and check, there is no sign damage at all.

whatever claim, claim by other party must inform me.

DECLARATION

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

Policyholder's Signature  
Date & Time: 2/5 2018

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

Reporting Centre Personnel's Signature  
Name: 01/05/2018  
NRIC/FIN No.: [Signature]



## Claim Handling

Accident MY/0992720

Policy No.	503491021-0N	Vehicle No.	SGA1118A	GST Registration No.	
Policyholder Name	SINGGH WISISONO			Policyholder NRIC	818910
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91384764	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
AKF	Yes	TCA	No	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

## Accident Details

Report Date	02/05/2018 19:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/05/2018	Time of Accident(h:mm)	12:10	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALONG SUKUT TIMAH ROAD				

## Benefit

## Excess

Own damage Excess	\$00.00	Additional Excess	0.00	Windscreen Excess	\$00.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	083 BUKIT TIMAH ROAD	Address 2	#01-01 MAPLEWOODS	Address 3	SINGAPORE 589627
Address 4		Address Type	Singapore address	Post Code	589627
Unit No.	01-03	Related Policy Number	0051491021-06		

## 02 Driver Info

Driver Name	SINGGH WISISONO	Driver Type	Main Driver	Driver DOB	02/07/1942
Unnamed driver Name		Driver NRIC	Q0851124U	Driving Experience	18
Register Date of Driver License	01/01/1968	Driver Age	75	Contact No.(Home)	
Contact No.(Mobile)	91384764	Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	SGA1118A	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes
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## Modification History

Claim 001 NEW

Claim Type *	CO-MX	Insured Name	SINGGH WISISONO	Insured NRIC	818910
Contact No.(Mobile)	91384764	Contact No.(Home)	84661301	Contact No.(Office)	
Email Address	gsmkumuda@gmail.com	OI Vehicle Number	SGA1118A	TP Vehicle Number	SHD98638
Claim Description	05A1110A / SHD98638 ON 1 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Referred Workshop	
Require Finissation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/05/2018 19:28	Claim Close Date		Date Received	02/05/2018 00:00
Report Taken By	BOON WANG				

Print AK letter

Save Submit

## Attachment

Accident No.	MY/0992720	Claim No.	001																																
Last Doc. Received	Yes No	Upload Date	02/05/2018 19:43																																
Path *	<table> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </table>			Category *	Confidential	Urgency *	Description *	Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal	
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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 May 2018 19:43	SAS	Normal	SAS 2018-5-2		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 May 2018 19:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-2		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 May 2018 19:28	Photos	Normal	Photos 2018-5-2		Edit

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 02 May 2018 19:29	Photos	Normal	Photos 2018-5-2	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 02 May 2018 19:29	Photos	Normal	Photos 2018-5-2	<a href="#">Edit</a>
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 02 May 2018 19:29	Photos	Normal	Photos 2018-5-2	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					

## ACCIDENT STATEMENT

ACCIDENT DATE: (01/05/2018) (DD/MM/YYYY), TIME: (12:10) (HH:MM)

LOCATION: BUKIT TIMAH ROAD.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGA 1118A  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5053491021  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GO TO CHANGI AIRPORT  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: SINGGIH WIRISONO (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: X183910 CONTACT: 9138 4764  
c) ADDRESS: 985 BUKIT TIMAH RD #01-03 MAPLEWOOD  
S 589627

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: SINGGIH WIRISONO (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: X183910 CONTACT: 9138 4764  
c) ADDRESS: 985 BUKIT TIMAH RD #01-03 MAPLEWOOD

\*d) DATE OF BIRTH: (02/07/1942) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27 JAN 2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS

b) ROAD SURFACE: (DRY / WET / OTHERS) NORMAL

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHD 9863B MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = paktuanuda@gmail.com

fax = \_\_\_\_\_



**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
QUEST ASIA TECHNOLOGIES PTE. LTD.

 Name:  
SINGGIH WIBISONO  
FIN:  
G0831124U

 K0291544

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

 Licence Number:  
G0831124U  
Name:  
SINGGIH WIBISONO  
Birth Date: 02 Jul 1942  
Issue Date: 21 Dec 2015  
Valid Till: 25/01/2021

 002505108K

**SG 50**

**VISIT PASS**  
Immigration Regulations

Name:  
SINGGIH WIBISONO

FIN:  
G0831124U  
Date of Birth:  
02-07-1942  
Sex:  
M  
Nationality:  
INDONESIAN  
MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

**Class 3** Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  27 Jan 2011

NP 42BA

Licence No: G0831124U



Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5053491021-05	SINGGIH WIBISONO	X183910	GPC	drive CLASSIC	SGA1118A	SGA1118A	15/04/2018	14/04/2019