

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	21/08/2018 15:05
Date Of Accident	20/08/2018 17:55
Exact Location Of Accident	BUKIT BATOK ROAD BEFORE BRICKLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7697M
Insured/Policyholder	
Name Of Registered Owner	M/S U-TEAK GALLERY LLP
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90038790
Alternative Phone No	OFFICE-90038790

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3014211800
Cover Note Number	

Driver

Name of Driver	MUSALIM SUSANTO
Passport No/FIN	G0757452K
Date Of Birth	23/10/1961
Occupation	INDOOR
Date Of Driving Pass	19/01/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97588819
Fax Number	
Contact Number	OTHERS-97588819
EEmail Address	NOEMAIL

Address	BLK 817A KEAT HONG LINK #21-85
Postcode	681817
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180820/2186

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

Details of Witness 1

Name	FADZLIM
Phone Number	96647094
Email Address	-

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FV851Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)**

(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:

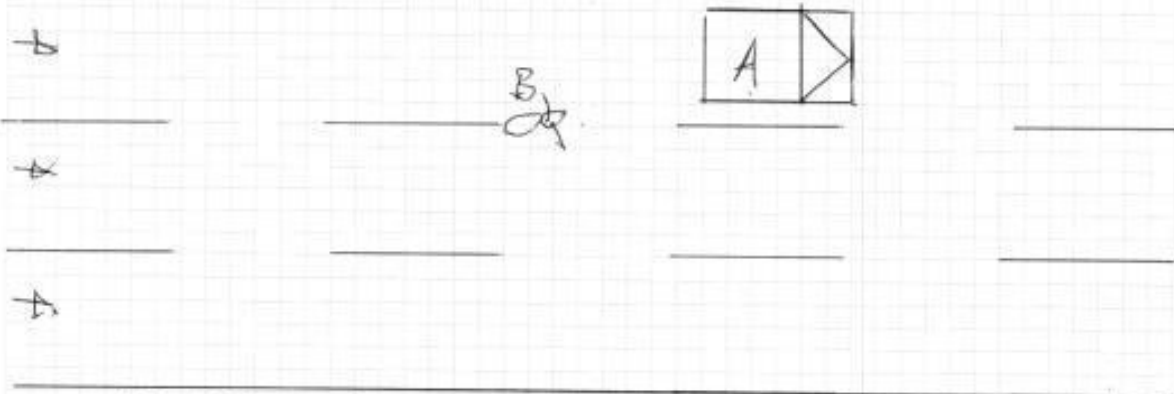
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

21/8/2018

Sketch Plan #2

Bukit Batok Rd before Brickland Rd

SKETCH PLAN



A) GBR 7697M

B) FV 851Z

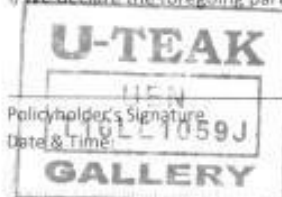
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT - T/20180820/2186

The witness that I mentioned, actually saw what has happen and told me the FV 851Z actually avoided a lorry and come over to my lane and bang with the rear of my vehicle

DECLARATION

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



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

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

21/8/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20180820/2186

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Report No. T/20180820/2186

CONTINUATION OF REPORT

Driver			
Name	MUSALIM SUSANTO	ID No.	G0757452K
Related Vehicle	GBF7697M (Van)	Contact No.	97588819
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

Brief Details.

On the above mentioned date time and location, while travelling along Bukit Batok Road, I was driving my daughter's vehicle GBF7697M. I was driving on the most left lane. Suddenly, I heard something collided to my vehicle from the rear. I then came to a stop and make a check. I then discovered a motorcycle FV851Zat my rear vehicle. There was a witness then came to me and informed that he would call for ambulance. I was in a rush to fetch my granddaughter. I then took down the witness number and left the scene. I wish to state that, after fetching my granddaughter about 15minutes later I went back to the scene to make a check. There was a ambulance and left scene. I then followed the ambulance. But lost sight. I wish to state that no police attended to me. No government property damaged, no foreign vehicle involved.

Sketch Plan #4

Driver

REPUBLIC OF SINGAPORE

FIN G0757452K



Name
MUSALIM SUSANTO

Date of Birth
23-10-1981
Nationality
INDONESIAN

Sex
M



FA1925730

VISIT PASS

Immigration Regulations



FIN G0757452K

MULTIPLE JOURNEY VISA ISSUED

Date of Issue
21-07-2017
Date of Expiry
21-07-2022



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

Driver.



Driver

No. 0057515

INDONESIA
International Motor Traffic

Surat Izin Mengemudi Internasional
INTERNATIONAL DRIVING PERMIT

Konvensi Lalu Lintas Kendaraan Bermotor tanggal 8 November 1968
Convention on Road Traffic of 8 November 1968

Berlaku sampai dengan **18-April-2019**
Valid until

Dikeluarkan oleh **KORPS LALU LINTAS POLRI**
Issued by

Di **Jakarta**
At

Tanggal **18-April-2016**
Date

3. R. KEPALA KORPS LALU LINTAS POLRI
WAKIL
KABID REGIDENT
KOMISARIS KEPOLISIAN NASIONAL NRP: 63120978

1. **MUSALIM SUSANTO**



2. **JAKARTA**

3. **23-October-1961**

4. **JL KELINCI RAYA NO 35 RT 3/3 PS BARU JAKARTA**

5.

A ☐ B ☒ C ☐ D ☐ E ☐

Signature of holder

DISQUALIFICATIONS:
The holder is deprived of the right to drive in the
territory of until
At on

The holder is deprived of the right to drive in the
territory of until
At on

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



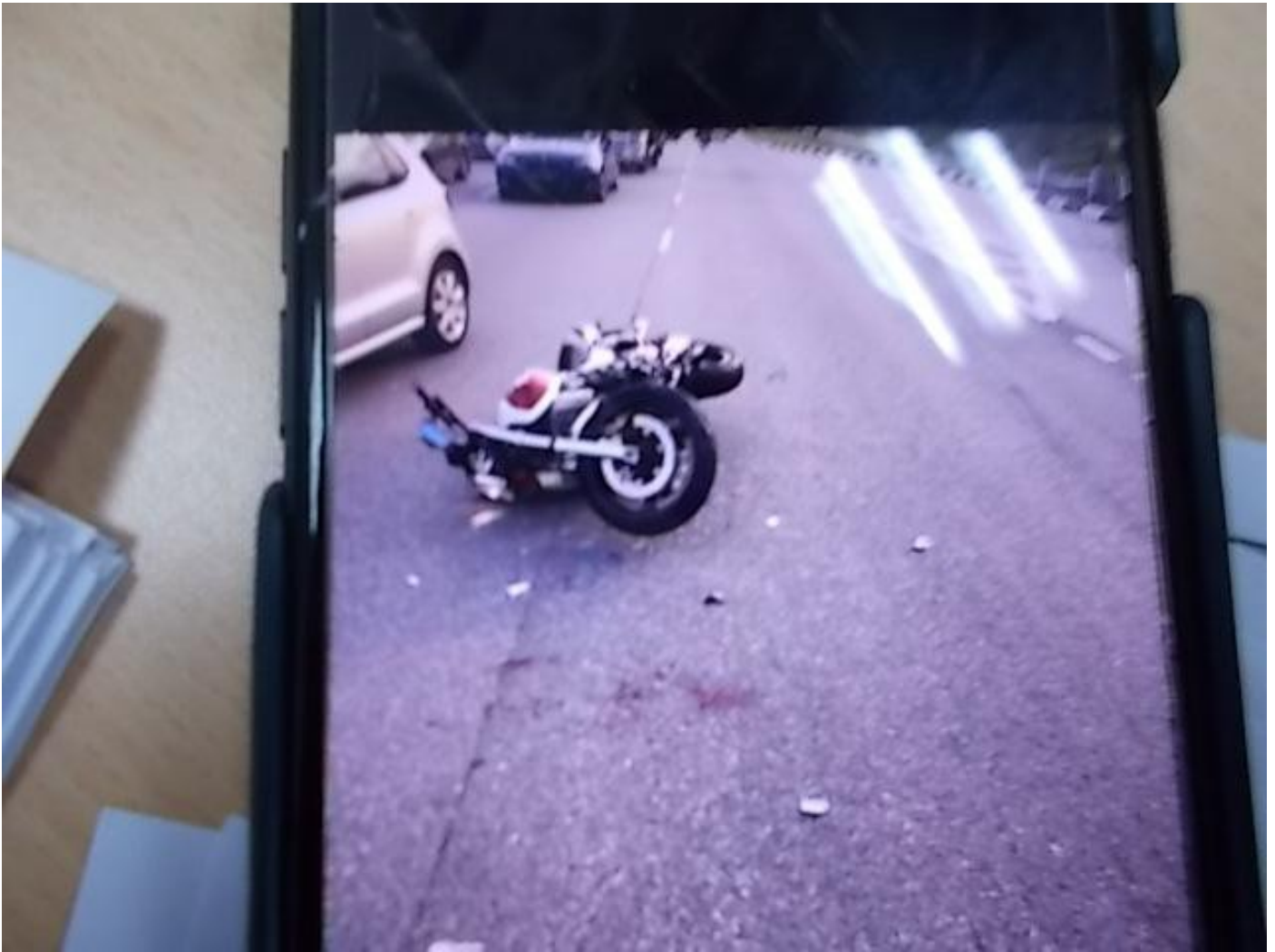
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180820/2186

1 of 3

Report No. T/20180820/2186

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2018 21:50	Vide Report No.:	Station Diary No.: 196
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Informant's Particulars			
Name of Informant: MUSALIM SUSANTO		Address: APT BLK 817A KEAT HONG LINK #21-85 SINGAPORE 681817	
ID Type / ID No.: FIN NO / G0757452K		Contact No.:	Mobile: 97588819
Nationality: INDONESIAN		Email:	
Sex: Male	Age: 56	Date of Birth: 23/10/1961	Type of Informant: Driver
Race: Indonesian		Language:	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/08/2018 17:55	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK ROAD Bukit Batok Road before Brickland Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV851Z	Motorcycle				Slightly Damaged	0
GBF7697M	Van				Slightly Damaged	0

Details of Person Involved

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

Police Report



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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20180820/2186

2 of 3

Report No. T/20180820/2186

CONTINUATION OF REPORT

Driver			
Name	MUSALIM SUSANTO	ID No.	G0757452K
Related Vehicle	GBF7697M (Van)	Contact No.	97588819
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

Brief Details.

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Police Report



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20 Choa Chu Kang Street 52 #01-02
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Tel No: 1800-7659999



T/20180820/2186

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Report No. T/20180820/2186

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/

Sgt 2 EVELYN ONG PEI YING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365

Signature Of Informant:

Date/Time:

20/08/2018 21:50

Classification Of Case:

Authentication Stamp

NP168