

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 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 Report	31/10/2018 12:38
Date Of Accident	30/10/2018 16:20
Exact Location Of Accident	EAST COAST RD TWDS MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ9963Z
Insured/Policyholder	
Name Of Registered Owner	INGE IRAWATY SURYADI
NRIC No	S2190892D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96710288
Alternative Phone No	OTHERS-96710288

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS RX270
Exact Purpose for which vehicle was being used at time of accident	OUTING
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100399584-03
Cover Note Number	

Driver

Name of Driver	INGE IRAWATY SURYADI
NRIC No	S2190892D
Date Of Birth	20/03/1954
Occupation	INDOOR
Date Of Driving Pass	07/12/1975
Driving Experience	42 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96710288
Fax Number	
Contact Number	OTHERS-96710288
Email Address	NOEMAIL

Address	9 EAST COAST DRIVE
Postcode	459145
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , 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/20181030/2134

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCP7117G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

No. Of Passenger (Including Driver)

Vehicle Registration Number	SJP8645J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle Registration Number	SHD3350D
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)	

Accident Sketch Plan

SKETCH PLAN

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 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. The 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 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.:

Accident Sketch Plan

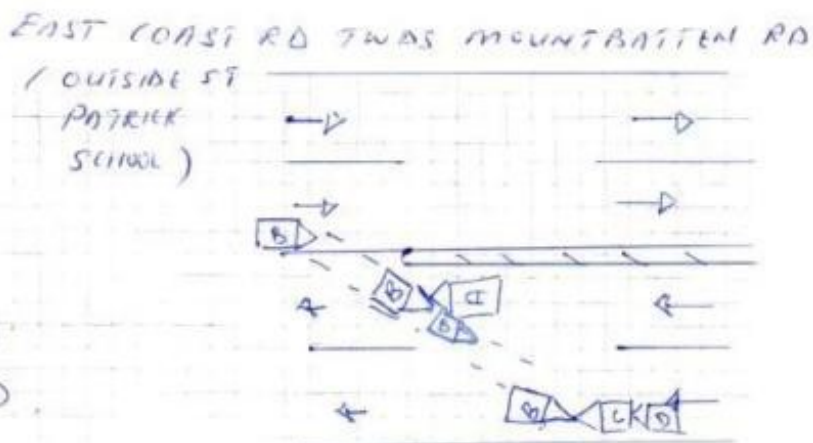
SKETCH PLAN

Vehicle A: SC39963Z

Vehicle B: SCP 7117G

Vehicle C: SJP 86453

Vehicle ID: SHD3350D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20181030/2134
dated 30/10/2018 18.24

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: _____

Apr 30 100 103

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181030/2134

2 of 3

Pc Station Of Origin:
Main Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20181030/2134

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCJ9963Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100399584-03	21/01/2018	20/01/2019

Brief Details.

On 30/10/2018, at about 1620hrs, I was driving along East Coast Road, towards Mountbatten Road. At that point of time I was driving along the first lane, my car plate number is SCJ9963Z.

As I was driving along the said lane, suddenly another car (SCP7117G), from the opposite direction came into the lane which I was driving. The car then knocked onto the passenger side of my car and knocked onto another car (SJP8645J) and the said car knocked onto the taxi (SHD3300D) behind it.

All of us then stop our vehicle and came out to make a check. The passenger inside car (SCP7117G) was injured and ambulance was called to the scene. The said passenger was then conveyed to the hospital by the ambulance. The left front wheel rim was damaged and the front passenger door and the left side skirt was dented.

We then took photos of the accident and was informed by the traffic police to lodge a report regarding the matter.

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/20181030/2134

1 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20181030/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2018 18:24		Video Report No.: G/20181030/0134		Station Diary No.: 70	
Informant's Particulars					
Name of Informant: INDE RAWATY SURYADI			Address: 9 EAST COAST DRIVE SINGAPORE 459145		
ID Type / ID No.: NRIC NO: S21908920			Contact No.: Home/Office: Mobile: 96710298		
Nationality: INDONESIAN			Email:		
Sex: Female	Age: 64	Date of Birth: 20/03/1954	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Homemaker			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident: 30/10/2018 18:20	Type of Location: Straight Road
Location: Along Road 1 EAST COAST ROAD				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCJ9963Z	Car	TOYOTA	LEXUS RX270 SPORT AUTO	Black	Slightly Damaged	0
SCP71170	Car				Seriously Damaged	1
SHD3350D	Car				Seriously Damaged	1
SJP6845J	Car				Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/201810302134

2 of 3

Pt: Station Of Origin:
Mat: Parade N.P.C.
300 Marine Parade Road SINGAPORE
449298
Tel No: 1800-4428999

Report No: T/201810302134

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SCJ9963Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100399554-03	21/01/2018	20/01/2019

Brief Details:

On 30/10/2018, at about 1620hrs, I was driving along East Coast Road, towards Mountbatten Road. At that point of time I was driving along the first lane, my car plate number is SCJ9963Z.

As I was driving along the said lane, suddenly another car (SCP7117G), from the opposite direction came into the lane which I was driving. The car then knocked onto the passenger side of my car, knocked onto another car (SJP5645J) and the said car knocked onto the taxi (SHD3300D) behind it.

All of us then stop our vehicle and came out to make a check. The passenger inside car (SCP7117G) was injured and ambulance was called to the scene. The said passenger was then conveyed to the hospital by the ambulance. The left front wheel rim was damaged and the front passenger door and the left side skirt was dented.

We then took photos of the accident and was informed by the traffic police to lodge a report regarding the matter.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181030/2134

Police Station Of Origin:
Marine Parade N.P.C.
300 Marine Parade Road SINGAPORE
448298
Tel No: 1800-4428999

3 of 3

Report No. T/20181030/2134

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:

G /

Staff Sgt KWOK WEI JIE, DANIEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/10/2018 18:24

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 85476960

Classification Of Case:

Authentication Stamp

VP/188



**SINGAPORE
POLICE FORCE**

SIGNATURE

Identification Card

