

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	06/09/2019 09:58
Date Of Accident	02/09/2019 21:35
Exact Location Of Accident	ALONG GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6655Y
Insured/Policyholder	
Name Of Registered Owner	I-SMILES SERVICES
Co Reg No	53271193M
Email Address	RISTYGUNAWAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97885358
Alternative Phone No	OFFICE-91048488

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111935379
Cover Note Number	

Driver

Name of Driver	RISTIWATI
NRIC No	S7674898E
Date Of Birth	03/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91048488
Fax Number	
Contact Number	OTHERS-97885358
Email Address	RISTYGUNAWAN@GMAIL.COM

Address	12 MOUNT ELIZABETH #02-02
Postcode	228511
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190903 AND T/20190905/2041

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG5337E
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)

DETAILS OF INJURED PERSON 1	
Name	RISTIWATI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLF6655Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.



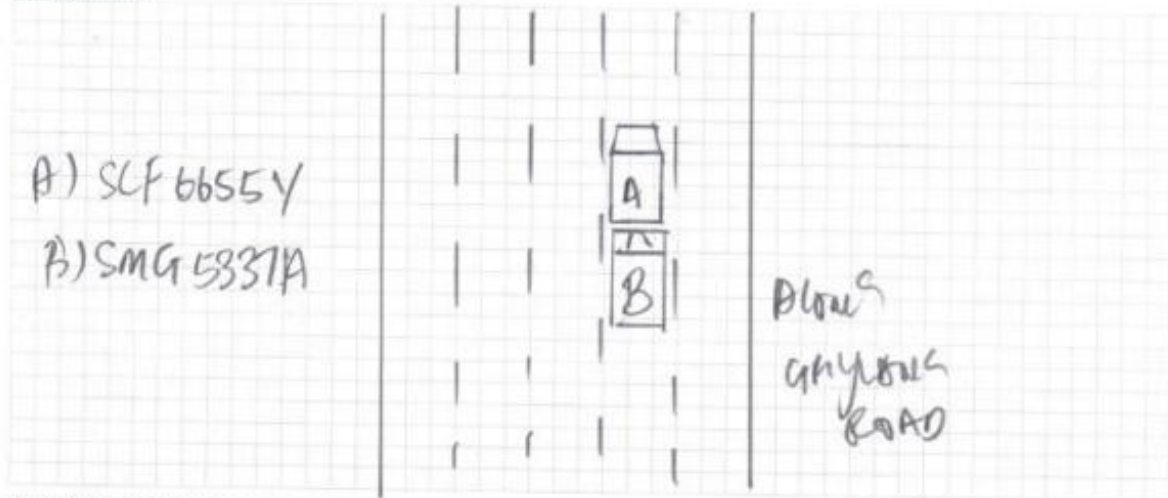
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/9/2019

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PR. REF. TO POLICE REPORT
T/20190903/2029
T/20190905/2041

DECLARATION

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

Policyholder's Signature
Date & Time:

SLF 6655Y (SLF 6655Y) 1/1

Driver's Signature
(If driver is not the policyholder)

Date & Time: 4/9/2019

5:44pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190903/2129

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20190903/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2019 17:48	Vide Report No.:	Station Diary No.: 82
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Informant's Particulars				
Name of Informant: RISTIWATY		Address: 12 MOUNT ELIZABETH #02-02 SINGAPORE 228511		
ID Type / ID No.: NRIC NO / S7674898E		Contact No.: Home/Office: Mobile: 91048488		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 43	Date of Birth: 03/09/1976	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/09/2019 21:35	Type of Location:
Location: Along Road 1 GEYLANG ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF6655Y	Car				Slightly Damaged	0
SMG5337E	Car					0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190903/2129

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20190903/2129

CONTINUATION OF REPORT

Brief Details.

On 02/09/2019 at about 2135hrs, I was driving along Geylang Road, I heading towards Geylang Lorong 9 Frog Leg Porridge to pick up some guest.

I was driving slowly as the first lane was filled with cars parked illegally. I then hear a loud crash however I was unable to stop due to the traffic. I stopped about 80-100m to make a check.

There were scratches and dents on the rear of my car. I would also like to add that my rear sensor is damage.

I do not have a rear in car camera. The car that hit my car was SMG5337E. I do recall that the car that hit my car was a red car.

I do have a front in car camera.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190903/2129

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 3

Report No. T/20190903/2129

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:

F /
Sgt 3 WONG YE TING, FELICIA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/09/2019 17:48

Classification Of Case:

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20190905/2041

1 of 3

Report No. T/20190905/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
05/09/2019 11:30

Vide Report No.:
T/20190903/2129

Station Diary No.:
61

Informant's Particulars

Name of Informant:
RISTIWATY

Address:
12 MOUNT ELIZABETH #02-02 SINGAPORE 228511

ID Type / ID No.:
NRIC NO / S7674898E

Contact No.:
Home/Office: Mobile: 91048488

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Female 43 03/09/1976

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
GRAB DRIVER

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Hit and Run

Drink
Drive:
No

Date/Time of
Accident:
02/09/2019 21:35

Type of Location:
Straight Road

Location:
Along Road 1
GEYLANG ROAD

first lane near t Geylang Lorong 9 Frog Leg Porridge

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passer
SLF6655Y	Car	TOYOTA	Velfire	Black	Slightly Damaged	0
SMG5337E	Car			Red		0

Details of Vehicle Insurance

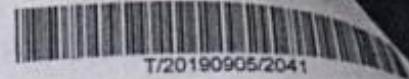
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry
SLF6655Y	NTUC Income Insurance Co-Operative Limited	5111935379000001	18/08/2019	17/08

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20190905/2041

2 of 3

Report No. T/20190905/2041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RISTIWATY	ID No.	S7674898E
Related Vehicle	SLF6655Y (Car)	Contact No.	91048488
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/09/2019	Date Discharge	03/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

In reference to T/20190903/2129, I wish to make amendment to the report's General Information of the accident to provide further information on the incident.

I also wish to provide the details of my MC which was issued to me on 03/09/2019 at Intemedical 24 HR-Clinic.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20190905/2041

3 of 3

Report No. T/20190905/2041

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:

E /
Sgt 2 NATHAN LIM ZI HAO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Signature Of Informant:

Date/Time:
05/09/2019 11:30

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

BILL

Intemedical 24 Hr Clinic
25 Ang Mo Kio Avenue 10, #01-2407
Singapore 560525 Tel : 69192998

Co Reg No : 201701498E

INVOICE

RISTIWATY
12 MOUNT ELIZABETH
#02-02 ELIZABETH TOWER
S(228511)
Patient : RISTIWATY (S7674898E)

Invoice No. : 30291
Our Reference : 20773
Date : 03 Sep 2019

Doctor : ONG SWEE SENG
RAYMOND

DESCRIPTION	QTY	FEE (S\$)
ANAREX	20.00 tabs	8.00
KEFENTECH PLASTERS	1.00 pkts	8.00
ELECTROCARDIOGRAM	1.00	30.00
CONSULTATION		18.00
Total Amount Payable		64.00
Receipt No. 37852 - CASH Payment Received		64.00
Outstanding Balance		0.00

All cheques should be crossed and made payable to :
Intemedical 24 Hr Clinic

This is a computer generated invoice which does not require a signature
E. & O.E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

