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TP Insurer:	Ass't Report b	y Fax / Hand to	Owner/Wksp			
Proforred Wksp / INC Assign Wksp / QW: (1	Tel:	Fw	xt	
TP Particulars: Veh No: SM	G 5337E	. INC(.)/Non-INC	().		
Owner / Driver: (Tcl:			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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.

- 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

BOOK OF THE STATE	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
ACCURATION AND THE PARTY OF THE	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	Nicological California
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	- ಕಾರ್ಯ-ರಾಣದ ಕರ್ಯದಾಗಿ ಮೊದಲಿ ಪ್ರದೇಶಕ ಕ್ರ -
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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

NO 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?

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)

ite. Oit assenger (including briver)	
	DETAILS OF INJURED PERSON 1
Name	RISTIWATI
Approximate Age	W. W. S.
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	

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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:

les

5327/193A

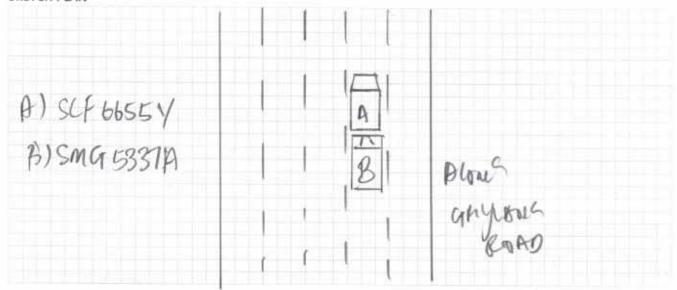
Driver's Signature (If driver is not the policyholder)

Date & Time: 4/9/2019

Reporting Centre Per

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policybolder's Signature Date & Time: 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.:





1 of 3 Report No. 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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2019 17:48		lade:	Vide Report No.:	Station Diary No. 82	
Informan	t's Partic	ulars			
Name of RISTIWA	Informant: .TY		Address: 12 MOUNT ELIZABETH #02-	02 SINGAPORE 228511	
ID Type / NRIC NO	ID No.: / S76748	98E	Contact No.: Home/Office: Mobile: 91048488		
Nationalit SINGAPO	y: ORE CITIZ	EN	Email:		
Sex: Female	ex: Age: Date of Birth:		Type of Informant:		
Race: Chinese			Language: Institution / School Na		
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Infor	mation of the Accide	nt			
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 R		· · ·	2	>	
Weather: R		Road Surface:	F	Road Speed Limit:	
Traffic Flow:		Traffic Control:	. T	raffic Volume:	
Type of Collis	sion:		a	nyone conveyed by mbulance:	

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





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999 2 of 3 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 towardsGeylang 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 her 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.





3 of 3

Report No. 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

Sketch Plan

NP168

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: F / Sgt 3 WONG YE TING, FELICIA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2019 17:48
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp	





1 of 3

Report No. T/20190905/2041

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

REPORT OF A	TRAFFIC	ACCIDENT
-------------	---------	----------

Vide Report No.: Station Diary No.: 61

Date/Time Report Made: 05/09/2019 11:30		ade:	Vide Report No T/20190903/2129	Market Market Market Market
Informant		ilars	Address: 12 MOUNT ELIZABETH #02-03	2 SINGAPORE 228511
Name of I			12 MOUNT ELIZABLI	01049498
RISTIWATY ID Type / ID No.:		0.5	Contact No.: Mobile: 91048488 Home/Office:	
NRIC NO		985	Email:	
Nationality	y. DRE CITIZ	EN	Type of Informant:	
Sex:	Age:	Date of Birth: 03/09/1976	Driver	Institution / School Name:
Female 43 03/09/1970		100000000000000000000000000000000000000	Language: English	
Chinese		TO SECURE OF THE SECURE OF	Driving Licence Information.	Date of Expiry:
Occupation GRAB DF	on: RIVER		Class: 3	

General Infor	mation of the Accident	Drink	Date/Time of	Type of Location:
Type of Accident:	Injury Hit and Run	Drive:	Accident: 02/09/2019 21:35	Straight Road

Location: Along Road 1 GEYLANG ROAD

first lane near t Geylang L. Weather:	orong 9 Frog Leg Porridge Road Surface: Dry	Road Speed Limit:
Clear	The state of the s	Traffic Volume:
Traffic Flow:	Traffic Control: Not Controlled	Moderate
One Way	THE COMMOND	Anyone conveyed by
Type of Collision:	Head To Poor	ambulance:
Between Moving Vehicles	- Head To Real	No

Details of V Vehicle No.		Make	Model	Color	Condition	No of Passe
SLF6655Y	Car	TOYOTA	Velfire	Black	Slightly Damaged	0
SMG5337E	Car			Red		0

Details of V	/ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expin
SLF6655Y	NTUC Income Insurance Co-Operative	5111935379000001	18/08/2019	17/08



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



Report No. T/20190905/2041

CONTINUATION OF REPORT

Details of Perso	AND THE RESERVE OF THE PERSON		Delice /		
Any Pedestrian I		Use of Ped	destrian	Crossi	ng: NA
No. of Pedestrian	ns Injured: NIL	USC OFF			- Difference and the second
Driver	THE REPORT OF THE PARTY OF THE		ID No.		S7674898E
Name	RISTIWATY		ID NO.	200	
A SECTION OF THE PARTY OF THE P	HE WITH THE PARTY OF A STREET		Contac	t No	91048488
Related Vehicle	SLF6655Y (Car)		Contac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			Class	of	Class: 3
Hospital/Clinic INTEMEDICAL 24 HR CLINIC			Driving	e &	Date of Expiry: NIL
			Expiry		10040
Date Treatment	03/09/2019	Date Disc			9/2019
	ted Medical Leave 03	Degree of	finjury	Sligh	

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 Internedical 24 HR-Clinic.





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



30/3

Report No. 1/20190905/2041

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:

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

Authentication Stamp

NP OF THE POST

SIGNATURE

Signature Of Informant:

Date/Time:

05/09/2019 11:30

Classification Of Case:

Intemedical 24 Hr Clinic

25 Ang Mo Kio Avenue 10, #01-2407 ingapore 560525 Tel: 69192998

Co Reg No : 201701498E

INVOICE

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

Patient: RISTIWATY (S7674898E)

Invoice No. Our Reference

: 30291 : 20773

Date

Doctor

: 03 Sep 2019

:ONG SWEE SENG

DESCRIPTION		RAYMOND
ANAREX	QTY	FEE (SS)
EFENTECH PLASTERS LECTROCARDIOGRAM CONSULTATION	20.00 tabs 1.00 pkts 1.00	8.00 8.00 30.00
Receipt No. 37852 -	Total Amount Payable CASH Payment Received	64.00
I cheques should be	Outstanding Balance	0.00

All cheques should be crossed and made payable to:

Internedical 24 Hr Clinic

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

Marche	Claim Handling								
Statistical	Accident HT/1961227								
Marchan Marc		3111979379	Vehicle No.	SUPPRESSY		ACT SALES	and the same		
Marie Mari		511/939379-00000E				- un wagen			
Control by Con		1-SMILES SERVICES				1000	A holle feet		
Control No.		PLEET HASTER INSURANCE	Cover Type	this CLASSE					
Second S		97885350	Contact No.(Office)	HANGE WEEK			10/5W	10	
The content	lmell Altaress						(mone)	-presentation of	
March Marc	(PE	+ No. (Yes)	YOA	a hat . Nor				No. *	
# March State	NCD Protection	No	NCD Entitlement(%)						
March 1986 Mar	→ Accident Details					Private may		Title	
The stand of the content of the cont	Roport Date	06/09/3019:10:19	Accident Basset Witten TA for	New Control					
Comparison Com	Date of Accident	03/04/2019						19th arrest PLAS	
Marie Mari	Reporting Centre			81:33			Accoment	Singapore	
Part	Accordent Location	ALONG GEYLANG ROAD				WOW NO.			
1000 10000 10000 10000 10000 10000 10000 10000 10000	→ Yotal Excess Applicable								
1000 1000	ксевь Тури	Fer Appident	Windscreen Record		22.00				
100 100					100.00				
## 1500 Fig. 100 100 Pieces		2,000.00	CF Snarcherd Excess		1.300.00				
Table Tabl		8.00	YIED TV Excess			Patracia Co.	12502	92125911	
# Section 1975		. 0			100000	20-366-38-220	versuo:	Covered	
## 15 ** \$40 *** 15		3000 nn	Total TV Excess Applicable		1.500.00				
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eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 Change Language · Change Password + Log Out My Desktop **Policy Query** Notice of Loss Policy No. 5111935379 Date of Accident 02/09/2019 09:57 Vehicle No.(For Motor) SLF6655Y Certificate Number Search Policyholder Name Certificate Palicyholder Product Cover Type Select Policy No. Vehicle No. Insured Object Commence Date Number Expiry Date 5111935379-1-SMILES 5111935379 drivo CLASSIC 53271193M GFM SLF6655Y SLF6655Y 18/08/2019 17/08/2020 000001 SERVICES