

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	20/01/2020 16:02
Date Of Accident	16/01/2020 19:00
Exact Location Of Accident	ALONG RD 1 STEVENS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7242X
Insured/Policyholder	
Name Of Registered Owner	PREMIUM LEASING PTE LTD
Co Reg No	2XXXXX676M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64712123

Vehicle Particulars

Manufacturer	AUDI
Model	Q2 SPORT 1.4 TFSI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	
Cover Note Number	

Driver

Name of Driver	ANIELA MAWAR RAHARDJA
NRIC No	SXXXX875J
Date Of Birth	04/04/1985
Occupation	INDOOR
Date Of Driving Pass	12/05/2010
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85222967
Fax Number	
Contact Number	
Email Address	ANIELA.MAWAR@GMAIL.COM

Address	8 SCOTT ROAD # 13-02
Postcode	228238
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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	RAINING
Road Surface	WET

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?	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	ORCHARD
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT T/20200120/2017

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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:

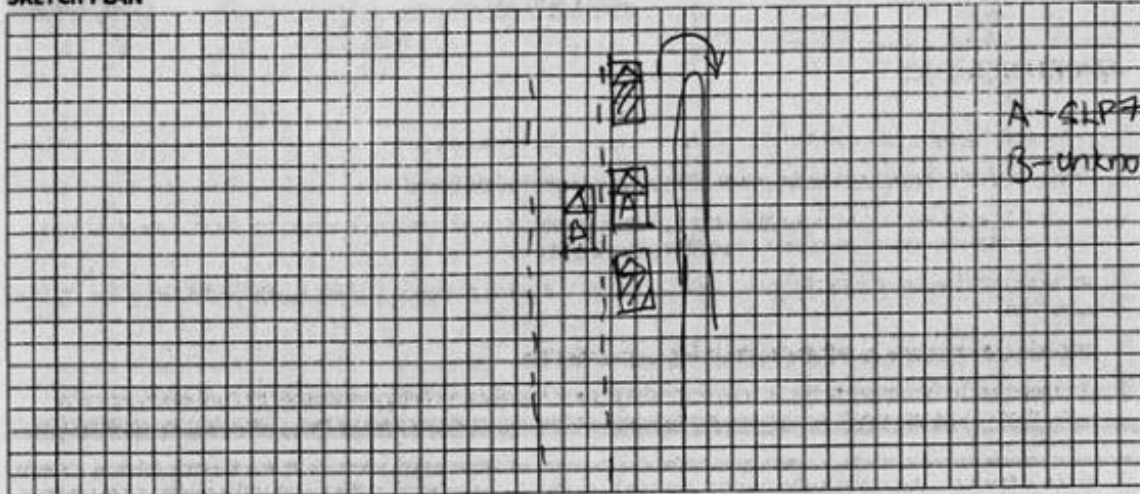
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: WONG HONG SENG, George
NRIC/FIN No.: G298713X



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report No. T/202001/20/2017

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:

Reporting Centre Personnel's Signature

Name: WONG KLOK SEN, George
NRIC/FIN No.: G2987143X



Police Report



**SINGAPORE
POLICE FORCE**



1/20200120/2017

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7356999

1 of 4

Report No.: 1/20200120/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2020 09:27		Vide Report No.:		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: ANIELA MAWAR RAHARDJA			Address: 8 SCOTTS ROAD #13-02 SINGAPORE 228238		
ID Type / ID No.: NRIC NO / S8563875J			Contact No.: Home/Office: Mobile: 85222967		
Nationality: INDONESIAN			Email:		
Sex: Female	Age: 34	Date of Birth: 04/04/1985	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/01/2020 19:00	Type of Location: Straight Road
Location: Along Road 1 STEVENS ROAD				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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 Passenger
SLP7242X	Car	AUDI	Q2 SPORT 1.0 TFSI S TRONIC (NAV)	Grey	Slightly Damaged	0
UNKNOWN (Not Accurate)	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200120/2017

Police Station Of Origin:
Orchard N.P.C
51 Killy Road SINGAPORE 238572
Tel No: 1800-7359999

2 of 4
Report No: T/20200120/2017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	ANIELA MAWAR RAHARDJA	ID No.	S8563875J
Related Vehicle	SLP7242X (Car)	Contact No.	85222987
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown driver	ID No.	NIL
Related Vehicle	UNKNOWN (Car)	Contact No.	NIL
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	NIL

Brief Details.

On 16/01/2020 at about 7pm, I was driving my vehicle registration number SLP7242X (Audi/Grey) alone along Stevens Road to go home located at 8 Scotts Road Singapore 228238. It was a heavy rain and the road surface was wet. At that point, I was queuing to make a U-turn and I was on extreme right lane. There were vehicles in front and behind me during the queue.

While I was queue I heard a bang sound on my left side and noticed one unknown vehicle left without stopping. I also noticed that the said vehicle was making a right turn in front. I wish to state that the said vehicle has "GRAB" sticker pasted all around on the vehicle and I only noticed the vehicle number plate stated as "SLM" and the rest I can't recalled.

When I reached home, I did make a check on the vehicle but I couldn't see properly as the vehicle was wet and car park area is dim. As such, I decided to make a check the next day on 17/01/2020. Upon checking, I discovered that the rear left passenger door was dent as well as the rear left bumper.

I have gone to my insurance company and report the matter. I was advised to lodge a police report. I wish to state that after the incident happened, I didn't go anywhere. I do have in-built camera installed in my vehicle but, it did not capture the accident. Lastly, I wish to add that I am not injured during the accident. That's all.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200120/2017

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

3 of 4

Report No. T/20200120/2017

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20200120/2017

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 238572
Tel No: 1800-7359999

4 of 4

Report No. T/20200120/2017

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 /

Sr Staff Sgt SITI AISYAH BINTI NANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/01/2020 09:27

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JECK LENG

Contact No: 65474885

Classification Of Case:

SN 172

Authentication Stamp
NP188

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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