

## 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	24/03/2020 17:35
Date Of Accident	23/03/2020 22:15
Exact Location Of Accident	JUNCTION OF PASIR RIS DRIVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3625H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOSHUA KALINAN S/O SINNATHAMBY
NRIC No	S1752994C
Email Address	JOSHUA_S@ME.COM
Mobile Phone No	(LOCAL) +65-90618148
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	SUBARU
Model	XV-2.0 I-S EYESIGHT AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL / LEISURE
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	KADEK TREISYA HARISTIANI
NRIC No	S7688043C
Date Of Birth	04/07/1976
Occupation	INDOOR
Date Of Driving Pass	08/08/2014
Driving Experience	5 YEARS AND 7 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97844179
Fax Number	
Contact Number	
EMail Address	KADEK_TREISYA@YAHOO.COM
Address	APT BLK 803 CHAI CHEE ROAD #06-603
Postcode	460803
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	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)	2
Passenger 1	Name: : 1 Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE ATTACHED DOCUMENTS

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ245E
Vehicle Make/Model/Colour	TOYOTA VIOS NCP 93
Details Of Properties	FRONT LEFT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	NG KIAN BOON

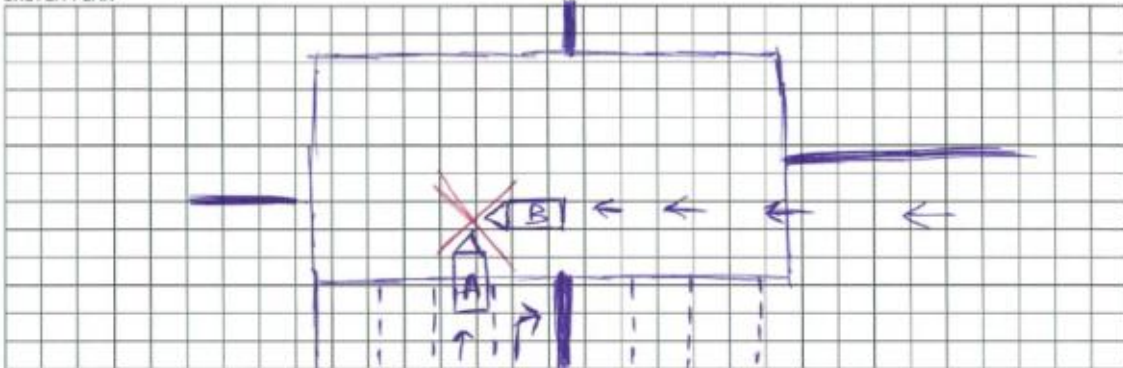
NRIC/Passport Number	S7540243J
Contact Number	97327165
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBC110B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHD YUSAINI BIN HAMID
NRIC/Passport Number	
Contact Number	91884422
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While Travelling along Pariv Ris Road, I approached a traffic light. As I was passing after the traffic light, I immediately braked immediately as I saw a car on my right.


Kindly refer to attached video footage.

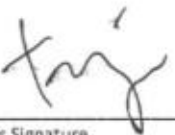
There was a motorbike FB110B at the vicinity of the accident but there was no collision with the motorbike and my vehicle.

Accident was between Vehicle A and Vehicle B.

### DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 24/3/20

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 24/3/20

  
 Reporting Centre Personnel's Signature  
 Name: DANIEL JUDE  
 NRIC/FIN NO.: 2XXXX518N

## SKETCH PLAN

### IMPORTANT NOTICE

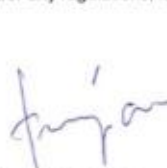
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### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

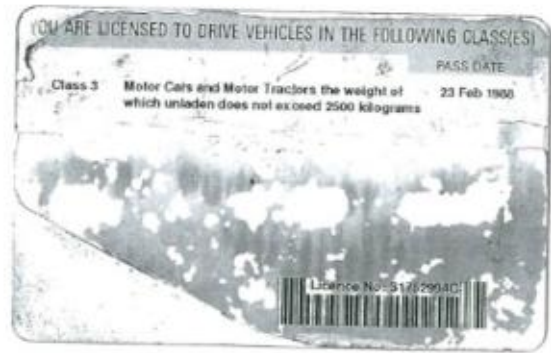
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: DANIEL JUDE  
NRIC/FIN NO.: SXXX 518D

Identification Card



Identification Card

9031766



NRIC No. S7688043C



Nationality  
INDONESIAN  
Date of issue  
25-05-2009

APT BLK 803 CHAI CHEE ROAD #03-808  
SINGAPORE 480803

NRIC No. S7688043C - F Date: 09/11/2019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 08 Aug 2014

NP 428A

Licensee No: S7688043C



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7688043C




Name  
KADEK TREISYA HARISTIANI

Race  
INDONESIAN  
Date of birth 04-07-1976 Sex F  
Country of birth  
INDONESIA

S7688043C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee Number: S7688043C

Name  
KADEK TREISYA HARISTIANI



Birth Date: 04 Jul 1976  
Issue Date: 08 Aug 2014





Accident Photo





Accident Photo



Accident Photo



Accident Photo





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