

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 Submission 01/09/2021 09:31 (SGT)
Date of Accident 31/08/2021 12:10 (SGT)
Exact Location of Accident Thomson Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF1675K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JACKY ANGRIAWAN
NRIC No SXXXX277I
Email Address hendroangriawan@gmail.com
Mobile Phone No (Phone) +65-82982609
Alternative Phone No +65-82982609

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
Variant -
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1799

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00140772000
Cover Note Number -

DRIVER

Name of Driver HENDRO ANGRIAWAN TJHONG
Passport No/FIN GXXXX201L

Date Of Birth	15/09/2000
Occupation	Indoor
Date Of Driving Pass	30/07/2021
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84951510
Alt. Phone Number	-
Email Address	hendroangriawan@gmail.com
Address	400 BALESTIER ROAD
Address complement	#05-01
Postcode	329802
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Moulmein Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002508999
Alt. Police Station Phone No	(Fax) +65-63554312
Police Station Address	Blk 101 Jalan Rajah #01-01 Singapore 321101
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210831/2051

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILES TOO BIG,CAN'T UPLOAD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC3512P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A-SMF1675K
B-PC3512P



Describe Circumstances of the Accident

Pls refer to the police report. T/20210831/2051

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature] 31/08/2021

Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 01/09/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210831/2051

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

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Report No. T/20210831/2051

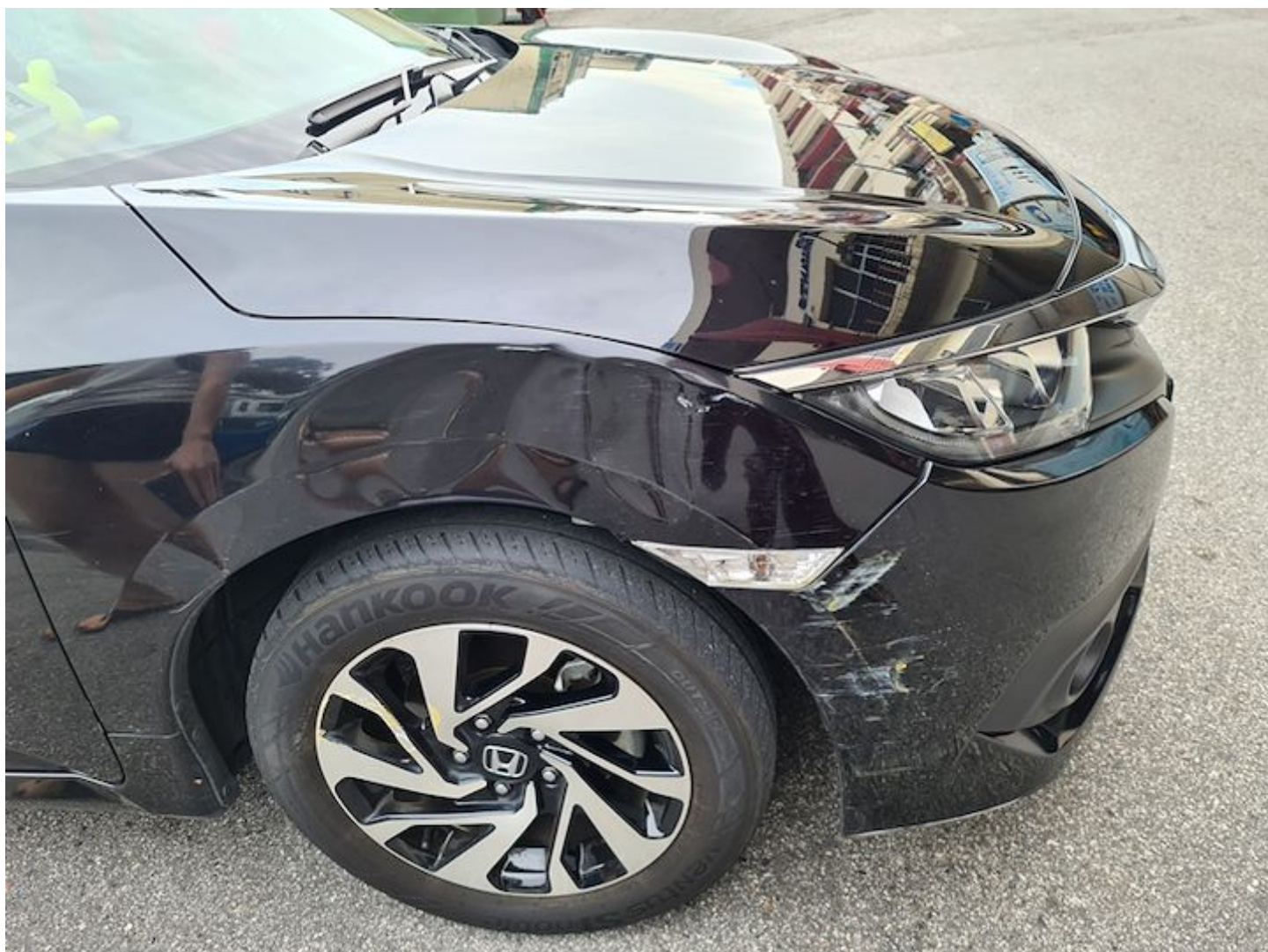
CONTINUATION OF REPORT

Driver			
Name	HENDRO ANGRIAWAN TJHONG		ID No. G1816201L
Related Vehicle	SMF1675K (Car)		Contact No. 84951510
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/08/2021 at about 1210hrs, I was driving my car (registration number: SMF1675K), along Balestier Road towards Thomson road. After I made the right turn into Thomson road, I switched right from the last lane to lane 3. There was yellow van (PC3512P), which was travelling on lane 2 behind me, and while it was changing lane to the left onto lane 3 (my lane), its left side side-swiped with the right side of my car. Due to the traffic condition, both of us were unable to stop our vehicles. I have a rear camera in the car which captured the incident. I am not injured.



















**SINGAPORE
POLICE FORCE**



T/20210831/2051

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

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Report No. T/20210831/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2021 13:55	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: HENDRO ANGRIAWAN TJHONG			Address: 400 BALESTIER ROAD #05-01 SINGAPORE 329802		
ID Type / ID No.: FIN NO / G1816201L			Contact No.: Home/Office: Mobile: 84951510		
Nationality: INDONESIAN			Email: hendroangriawan@gmail.com		
Sex: Male	Age: 20	Date of Birth: 15/09/2000	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name: SMU Singapore
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/08/2021 12:10	Type of Location: Straight Road
Location: THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3512P				Yellow		0
SMF1675K	Car	HONDA	CIVIC 1.6 VTI CVT	Black		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

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Report No. T/20210831/2051

CONTINUATION OF REPORT

Driver			
Name	HENDRO ANGRIAWAN TJHONG		ID No. G1816201L
Related Vehicle	SMF1675K (Car)		Contact No. 84951510
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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T/20210831/2051

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

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Report No. T/20210831/2051

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 SEOW HONG DE, XAVIER	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/08/2021 13:55
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168	