

## 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 ..... 26/01/2022 18:50 (SGT)  
Date of Accident ..... 24/01/2022 13:50 (SGT)  
Exact Location of Accident ..... Grange Rd & Paterson Rd, Singapore  
Additional Location Information ..... INTERSECTION OF GRANGE ROAD AND PATERSON ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMF1238P

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LENNY RIYANTI  
NRIC No ..... SXXXX298Z  
Email Address ..... RIYANTI2@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-81711088  
Alternative Phone No ..... (Office) +65-81711088

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... Q5  
Variant ..... Q5 2.0 TFSI QU  
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  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2000

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 7210154586  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LENNY RIYANTI  
NRIC No ..... SXXXX298Z

Date Of Birth .....	28/01/1980
Occupation .....	Indoor
Date Of Driving Pass .....	06/06/2019
Driving experience .....	2 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81711088
Alt. Phone Number .....	(Office) +65-81711088
Email Address .....	RIYANTI2@YAHOO.COM
Address .....	83 PATERSON RD
Address complement .....	#08-01
Postcode .....	238549
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 - Head to Rear
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	HADYA ASHLEY LIAN
Gender .....	Female

#### PASSENGER 2

Name .....	CHRISTOF ANDERSEN LIAN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFE TO THE SKETCH PLAN & POLICE REPORT NO. T/20220124/2081

#### 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 .....	FBM684J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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:

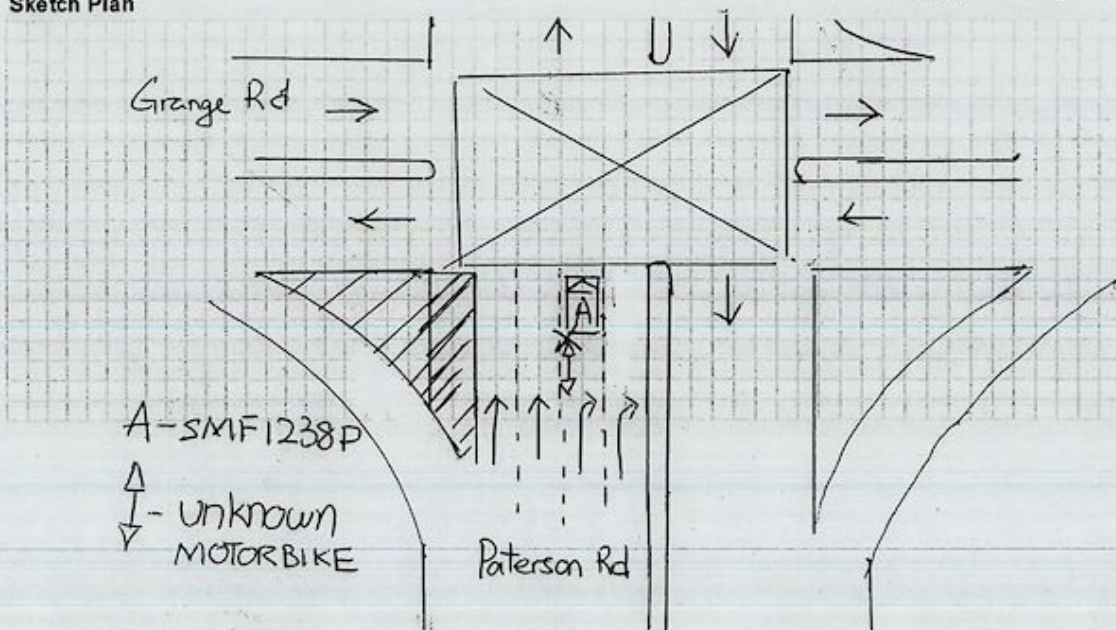
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
24/1/2022 @ 17:00

## **Sketch Plan**



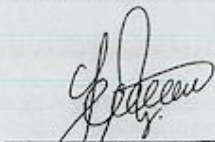


## Describe Circumstances of the Accident

Please refer To the sketch plan & Police report NO. T/20220124/2081

## Declaration

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



Witnessed by Reporting Centre  
Personnel

24/1/2022 @ 1700



















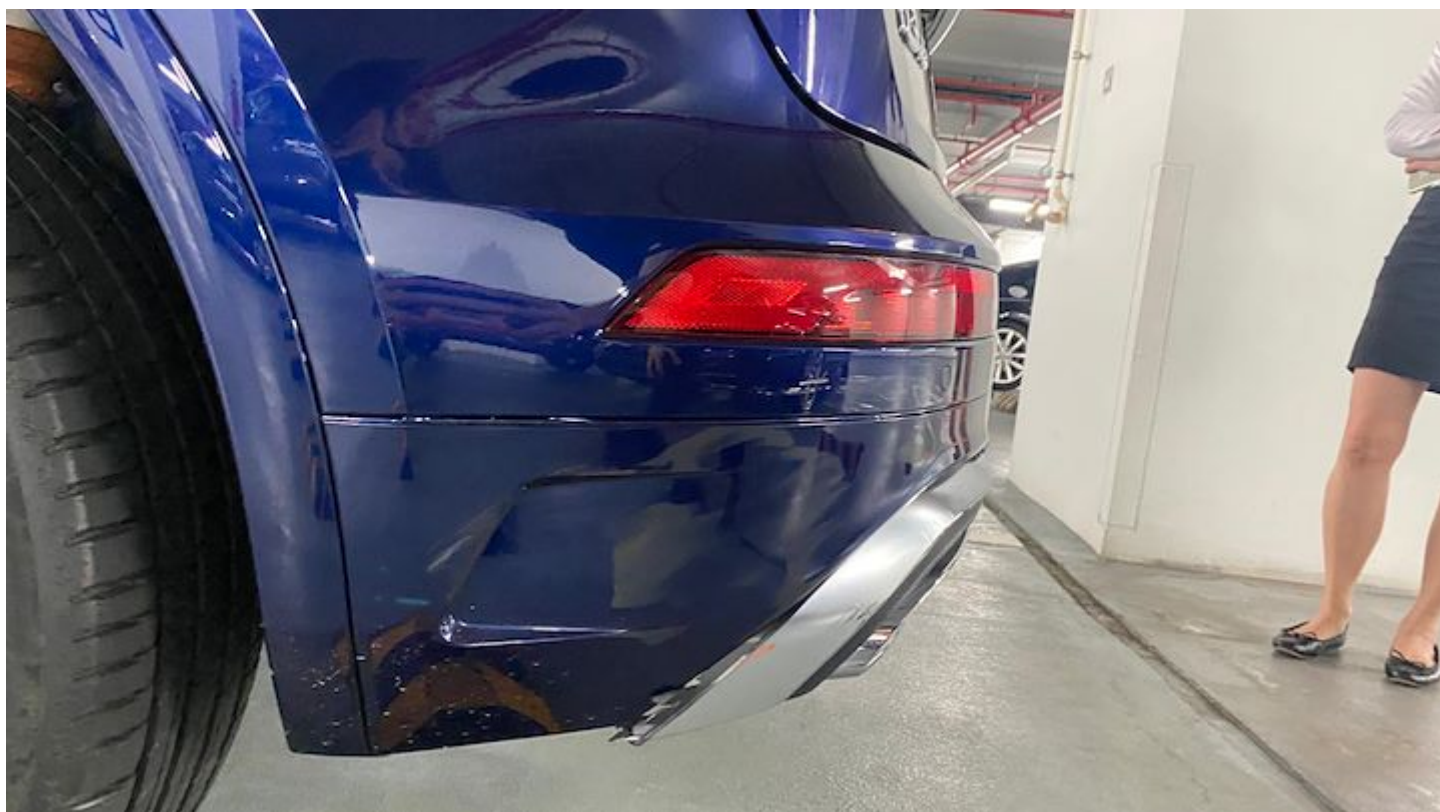


































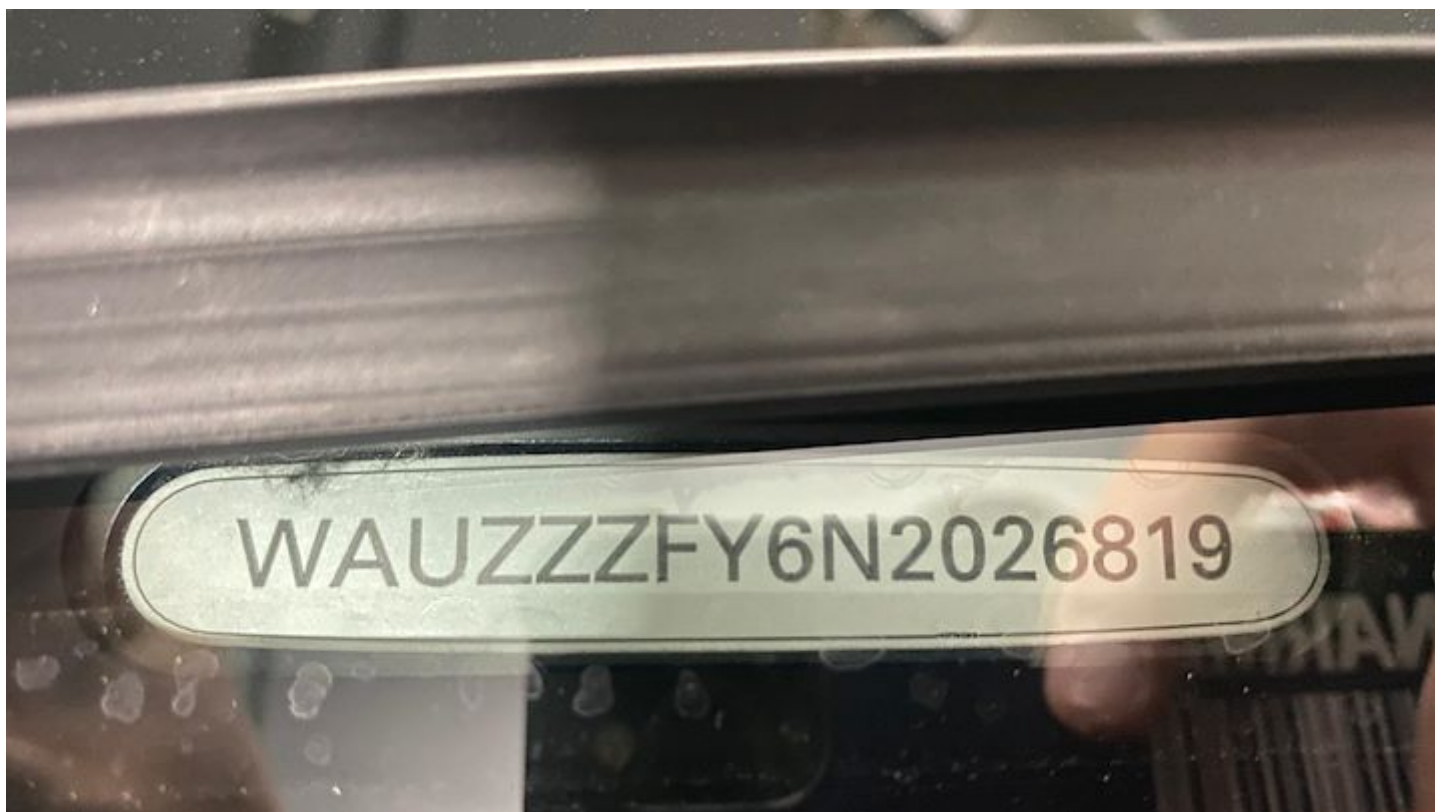



























**SINGAPORE  
POLICE FORCE**


T/20220124/2081

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20220124/2081

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/01/2022 17:33	Vide Report No.:	Station Diary No.: 51
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**Informant's Particulars**

Name of Informant: LENNY RIYANTI	Address: 83 PATERSON ROAD #08-01 SINGAPORE 238549		
ID Type / ID No.: NRIC NO / S8077298Z	Contact No.: Home/Office: Mobile: 81711088		
Nationality: INDONESIAN	Email:		
Sex: Female	Age: 41	Date of Birth: 28/01/1980	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Housewife	Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/01/2022 13:50	Type of Location: X-Junction
Location:  HOOT KIAM ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SMF1238P	Car	AUDI	Q5 S LINE 2.0 TFSI QU S TRONIC (SR)	Blue	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF1238P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210154586	28/12/2021	27/12/2023



**SINGAPORE  
POLICE FORCE**



T/20220124/2081

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20220124/2081

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LENNY RIYANTI	ID No.	S8077298Z
Related Vehicle	NIL	Contact No.	81711088
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

**Brief Details.**

On the 24 January 2022 at about 1350hrs, I was driving my vehicle bearing car plate number SMF1238P along Hoot Kian Rd heading home at Paterson Rd. I was on the 2nd lane and as the traffic light turned amber, I slowed down and stopped. However, I felt an impact from the rear and there is one vehicle that had knocked onto my rear. The vehicle is one motorcycle orange in colour. No one was injured and my vehicle suffered dents and scratch marks at its rear. I exchanged contact number with the motorcyclist but I did not know that we need to exchange particulars with each other. I also did not take down of the motorcycle plate number. I had called the motorcyclist who gave his name and number as Jackson, 91482951 to ask for his plate number but he refused to give it to me and he said that there is no evidence. I refer the matter to my insurance and they advised me to lodge a police report.

I wish to state that I do not have any in car camera inside my car.



**SINGAPORE  
POLICE FORCE**

T/20220124/2081

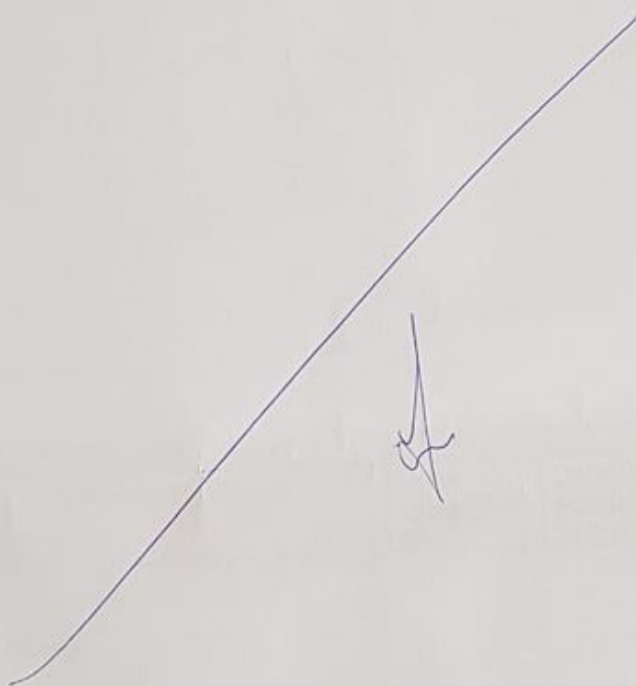
Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20220124/2081

**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  
D /  
Sgt 3 DAMIEN LEONG JUN SIAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/01/2022 17:33

Officer In Charge Of Case:  
TP / GIA /  
DSP (2) YIP YEW SENG NELSON  
Contact No.: 65476182

SINGAPORE  
POLICE FORCE

Classification Of Case:

SN 49

Authentication Stamp  
NP168

SIGNATURE



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP0R221O0006 Vehicle Registration No: SMF1238P  
 Name (as shown in NRIC) : LENNY RIYANTI NRIC/FIN/Passport No : SXXXX298Z  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 83 PATERSON RD, #08-01 Singapore (238549)  
 Contact (Tel) : 81711088 Mobile No. : 81711088  
 Email Address : RIYANTI2@YAHOO.COM  
 Date of Accident : 24/01/2022 Time of Accident : 13:50  
 Place of Accident : INTERSECTION OF GRANGE ROAD AND PATERSON ROAD  
 Insurance Company : AIG Asia Pacific Insurance Pte. Ltd.

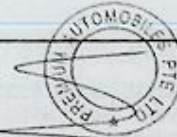
#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To convert reporting only to own policy claim.

The motorcycle registration number "FBM 684 J" was provided by Traffic Police.

Policyholder / Driver's Signature  
 Date: 28.01.2022



Reporting Centre Personnel's Signature  
 Name: WONG HONG SENG  
 NRIC/FIN No.: SXXXX43X  
 Date: 27/1/2022