

# 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 ..... 14/03/2022 12:30 (SGT)  
Date of Accident ..... 13/03/2022 20:46 (SGT)  
Exact Location of Accident ..... Near Opp St. Thomas Wk, Singapore  
Additional Location Information ..... RIVER VALLEY ROAD NEAR JALAN KUALA TRAFFIC LIGHT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGD4799Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... YULIANTO JOE  
NRIC No ..... SXXXX020E  
Email Address ..... YULIANTO.JOE@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-94880503  
Alternative Phone No ..... +65-94880503

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... Q5  
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 ..... 1984

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800140275-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YULIANTO JOE  
NRIC No ..... SXXXX020E

Date Of Birth .....	30/01/1976
Occupation .....	Indoor
Date Of Driving Pass .....	11/03/2005
Driving experience .....	17 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-94880503
Alt. Phone Number .....	+65-94880503
Email Address .....	YULIANTO.JOE@GMAIL.COM
Address .....	BLK 471 RIVER VALLEY ROAD
Address complement .....	#03-40 RIVER VALLEY RESIDENCE
Postcode .....	248356
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 .....	Hit and run / Vandalism / Damaged whilst parked
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 .....	WONG HUI LING
Gender .....	Female

#### PASSENGER 2

Name .....	MEGAN KATHERINA JOE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	EU380H
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Brown
Vehicle Category .....	Private car
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**

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

*[Signature]*  
 14 MAR 2022  
 10:00 AM

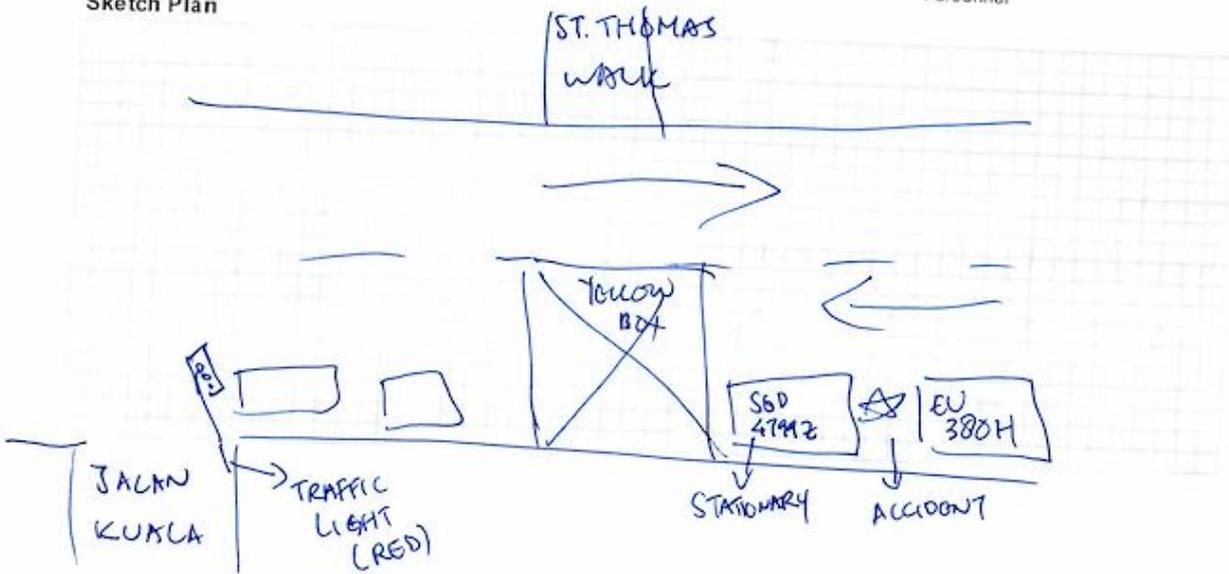


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

REFER TO POLICE REPORT

Lined area for describing the accident circumstances.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature] 14 MAR 2022  
16:00 AM  
Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel







































**SINGAPORE  
POLICE FORCE**



T/20220313/7024

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220313/7024

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EU380H		NA		
SGD4799Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800140275-02	27/11/2021	26/11/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YULIANTO JOE		ID No.	S7679020E
Related Vehicle	SGD4799Z (Car)		Contact No.	94880503
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	MEGAN KATHERINA JOE		ID No.	T1540827D
Related Vehicle	SGD4799Z (Car)		Contact No.	94880503
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	WONG HUILING		ID No.	S8435490B
Related Vehicle	SGD4799Z (Car)		Contact No.	91911448
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL



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T/20220313/7024

Police Station Of Origin:  
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10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220313/7024

**CONTINUATION OF REPORT**

Brief Details.

My car (SGD4799Z) was in stationary as it was red light, suddenly car (EU380H) came and bang my rear side of the car. The driver was an old uncle and there was an old auntie beside him. I tried to call him to stop but he just drove away.

The accident happened at the traffic light at River Valley Road near Jalan Kuala.

I have the whole accident recorded in the car video, I have uploaded them here :  
[https://1drv.ms/u/s!AlsV1800CJFrgdQvtH6ZXz\\_AfzQkIA?e=vKpf5z](https://1drv.ms/u/s!AlsV1800CJFrgdQvtH6ZXz_AfzQkIA?e=vKpf5z)

Please email me at [yulianto.joe@gmail.com](mailto:yulianto.joe@gmail.com) if you have issue with the video.



**SINGAPORE  
POLICE FORCE**



T/20220313/7024

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220313/7024

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
13/03/2022 23:08

Classification Of Case: