SA1A226N0006 / Auto Insure Pte Ltd [739145] ENTRY DATE & TIME: 23/06/2022 18:16 (SGT) SUBMITTED BY: ALYWIN YEO VERSION: 1 (23/06/2022 18:16 (SGT))

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 23/06/2022 18:16 (SGT) Reported by Date of Accident 18/06/2022 00:15 (SGT) Exact Location of Accident SLE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SKH7067P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ARIEF BUDIMAN BIN BAMBANG BUDIONO NRIC No S8720111B Email Address ARIEFBUDIMAN.BB@GMAIL.COM Mobile Phone No (Phone) +65-91168726 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 523i 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 2497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00151702100

DRIVER

Name of Driver ARIEF BUDIMAN BIN BAMBANG BUDIONO NRIC No S8720111B Date Of Birth 04/07/1987 Occupation Indoor

Date Of Driving Pass	13/01/2009
Driving experience	13 YEARS AND 5 MONTHS
Gender Mahila Number	Male
Mobile Number Alt. Phone Number	(Phone) +65-91168726
Email Address	- ADIFFRUIDIMANI DROCMAIL COM
Address	ARIEFBUDIMAN.BB@GMAIL.COM 872 WOODLANDS ST 81 #03-276
Address complement	-
Postcode	
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	-
insurance company of other vehicle owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Torre of Assistant	
Type of Accident Weather Conditions	Collision - Change/cross lane
Road Surface	Clear
Trodu Guirace	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	M.
Number of vehicles involved in the accident	No 2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID Translator's phone number	-
Translator's email	-
Original language used in the statement	
PASSENGER 1	
Name	NADIRAH
Gender	Female
PASSENGER 2	
7.00ENGEN 2	
Name	NIL
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? If yes, against whom?	No
n yoo, agamot whom:	-
CIRCUMSTANCES OF ACCIDENT	
DEFEN TO DOLLOF DEPOST T/20000001/2000	
REFER TO POLICE REPORT T/20220621/7026.	
ATTACHMENT(S)	

Yes No

Are accident photos available for attachment? Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS1430S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	ARIEF BUDIMAN BIN BAMBANG BUDIONO
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-
IN II IRED 2	

INJURED 2

Name of injured person Gender	NADIRAH
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle? Were seat belts worn?	-
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-
was this injured conveyed to hospital by ambulance?	-

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claration			\	
declare the foregoing partic	ulars are true in every respect.			0
/				111
11				11
110				4
cyholder's Signature / Date &	Driver's Signature (if drive	r is not the policyholder)	/ Date Witnesse Personne	by Reporting Cent

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknow ledge, 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 Signaturé / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SELETAR EXPRESSIVAY

P B

VEHICLE A) SKH 7067P. B STS 14305.



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

E SN AN0420A

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:C

CERTIFICATE No.

DMPCSNW00151702100

Engine No.: 10627671N52B25AF Cha. No.:WBAFP32090C863847

1. Index Mark and Registration

SKH7067P

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

ARIEF BUDIMAN BIN BAMBANG BUDIONO

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment.
 (00:00:00)

Named Drivers Ex Sect. I

\$\$1,000.00

27/07/2021

Additional Ex Other than Named Drivers:

24/08/2022

Ex Sect. 1 - Age <= 25 Ex Sect. I - Age >= 26

\$\$3,000.00 5\$500.00

* Age as at date of accident EX ON WINDSCREEN .

\$\$100.00

5. Persons or Classes of Persons entitled to drive*

Date of Expiry of Insurance

(a) The Policyholder.(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor

6. Limitations as to use:*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: SWEE SENG CREDIT PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Lim Lee Choo Issued By: Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 育 3 Anson Road #16-00 Springleaf Tower Singapore 079909

© 6389 6111

6222 1033

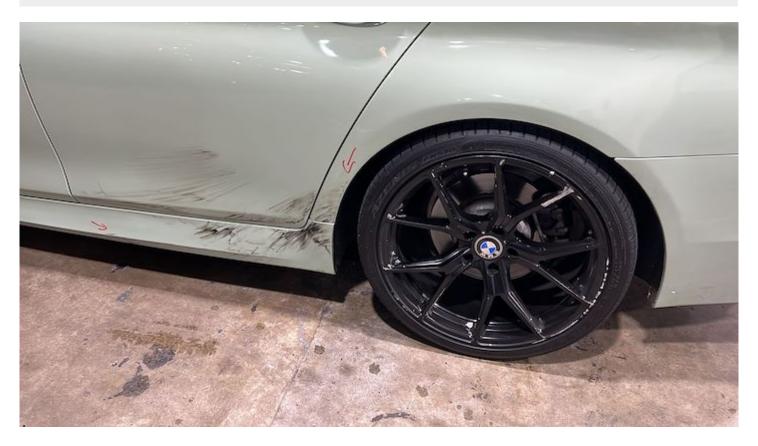
www.sg.cntaiping.com





















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220621/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.			
Signature Of Interpreter: Not applicable	Date/Time: 21/06/2022 16:15			
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:			

NP168





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220621/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKH7067P	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNW001517 02100	27/07/2021	24/08/2022	

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No		32			
No. of Pedestriar	ns Injured: NIL		Use of Ped	destrian	Cross	sing: NA
Driver	200				9	Co.
Name	ARIEF BUDIMAN B BUDIONO	IN BAMBAN	G	ID No	e.	S8720111B
Related Vehicle	SKH7067P (Car)			Conta	ct No.	91168726
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	Mr-yer	Date		NIL	
No. of Days granted Medical Leave 03			Degree of		Sligh	t

Brief Details.

On the stated date and time, I was driving SKH7067P along SLE(BKE).

My wife, Nadirah, and child, Leia Qaleesya, were passengers on board my vehicle.

My vehicle was stationary along the extreme right lane before Mandai Exit due to traffic conditions and I was waiting for vehicles in front to move off when a huge impact hit my vehicle from the rear left portion.

The impact resulted in me knocking my left knee against the centre console while my wife knocked her right knee. It also caused my daughter to cry profusely.

Upon alighting from the vehicle, I realised that SJS1430S had collided with my vehicle's rear left portion after first colliding with SHB2196A.

The same morning, my wife and I woke up with aches in our neck and back areas. My daughter was the only 1 who was not injured,

As such, we proceeded to Temasek Medical Centre near our place to seek treatment and we were given 3 days MC each.





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20220621/7026

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 122 16:15	ладе:	Vide Report No.:		Station Diary No.:
Informa	nt's Partic	ulars			
		IN BAMBANG	Address: 872 WOODLANDS ST	REET 81 #03-276 \$	SINGAPORE 730872
	/ ID No.: D / S87201	11B	Contact No.: Home/Office:	Mobile: 91	168726
National SINGAP	ity: ORE CITIZ	EN	Email: ariefbudiman.bb@gma	ail.com	
Sex: Male	Age: 34	Date of Birth: 04/07/1987	Type of Informant: Driver	No.	
Race: Javanes	е		Language: English	Institution	/ School Name:
Occupat Interior [ion: Designer		Driving Licence Inform Class:	nation: Date of Ex	piry:
			Driving Licence Inform		opiry:

General Infor	mation of the Acci	dent		
Type of Accident:			Date/Time of Accident: 18/06/2022 00:15	Type of Location:
Location:		No		
SELETAR EX	(PRESSWAY	Road Surface:	R	oad Speed Limit:
Traffic Flow:		Traffic Control:	т.	raffic Volume:
Traine Flow.		Traine control.		tuno volonio.
Type of Collis	sion:			nyone conveyed by mbulance:

Details of V	ehicle Invo	lved			121	
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKH7067P	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV	Blue		2

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		