

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 Actual 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 | 10/08/2022 18:15 (SGT) |
| Reported by | Both |
| Date of Accident | 09/08/2022 22:40 (SGT) |
| Exact Location of Accident | 10 Bayfront Ave, Singapore 018956 |
| Additional Location Information | MARINA BAY SAND - CONVENTION CENTER CAR PARK EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMJ2427H |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | IRAWAN BAHTERA |
| NRIC No | S7683961A |
| Email Address | IBAHTERA@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96415305 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Audi |
| Model | A5 |
| Variant | SPORTBACK 2.0 TFS |
| 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. |
| Policy Number / Cover Note Number | 1900016831 |

DRIVER

| | |
|----------------------|----------------|
| Name of Driver | IRAWAN BAHTERA |
| NRIC No | S7683961A |
| Date Of Birth | 19/03/1976 |
| Occupation | Indoor |

| | |
|--|-----------------------|
| Date Of Driving Pass | 16/01/2006 |
| Driving experience | 16 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96415305 |
| Alt. Phone Number | - |
| Email Address | IBAHTERA@GMAIL.COM |
| Address | 49 SIMEI RISE |
| Address complement | #03-39 |
| Postcode | 528788 |
| 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 | Side Swipe |
| 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) | 4 |
| 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 | NATASA SUYATNA |
| Gender | Female |

PASSENGER 2

| | |
|--------------|----------------------|
| Name | CHRISHOPHER ABIMANYU |
| Gender | Male |

PASSENGER 3

| | |
|--------------|-----------------|
| Name | CHRISHABD KAYLA |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

CARPARK WAS VERY CONGESTED SINCE THERE ARE 4-5 LANES THAT MERGED INTO 1 LANE TO EXIT MBS-CONVENTION CAR PARK. I STOPPED MY CAR, TO GIVE AWAY TO NISSAN QASHQAI INSTEAD OF GIVING STRAIGHT, THE DRIVER OF NISSAN QASHQAI MOVE FORWARD HIS CAR A BIT ON THE LEFT, CAUSING HIS LEFT SIDE OF THE CAR TO SCRATCH MY RIGHT FRONT BUMPER. HE DIDN'T REALIZE THAT HIS CAR IS FILTERING MY CAR UNTIL I KEEP HORNING THEN HE STOPPED HIS CAR. THERE IS A LONG SCRATCH ON THE LEFT SIDE OF HIS CAR AND A SCRATCH ON MY RIGHT FRONT BUMPER BECAUSE HE KEEP DRIVING WHILE MY CAR ALREADY STOPPED.

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKT5492U
Vehicle Manufacturer Nissan
Vehicle Model Qashqai
Vehicle Variant -
Vehicle Colour Black
Vehicle Category Private car
Name of Driver SOH ENG SENG
Contact Number (Phone) +65-81880925
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

WITNESS DETAILS

WITNESS 1

Name NATASA SUYATNO
Phone (Phone) +65-96797915
Email NSUYATNO@GMAIL.COM

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.


10 Aug '22 at 11:50 AM.

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel *Tony Fong*

Sketch Plan



- car park was very congested since there are 4-5 lanes that merged into 1 lane to exit MBS - Convention Car Park.
- I have stopped my car, to give away to Nissan Sentra.
- Instead of going straight, the driver of Nissan Sentra move forward his car a bit on the left, causing his left side of the car to scratch my right front bumper.
- He didn't realized that his car is hitting my car, until I keep honking then he stopped his car.
- There's long scratch on left side of his car and scratch on my right front bumper, because he keep driving while my car already stopped.

Describe Circumstances of the Accident

(see previous page)

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

10 August '22 at 11:50 AM

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



Witnessed by Reporting Centre Personnel

Tony Fong









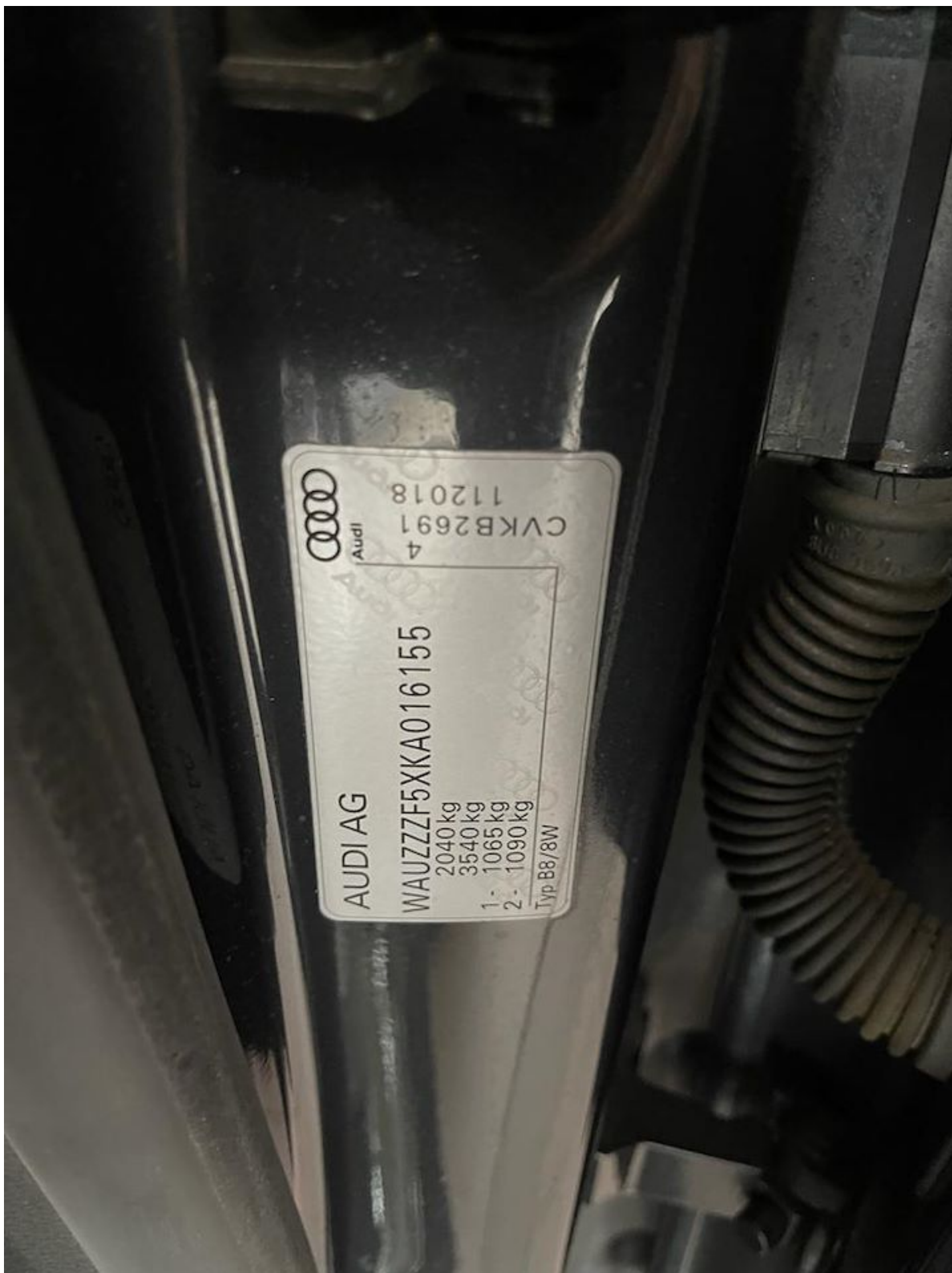






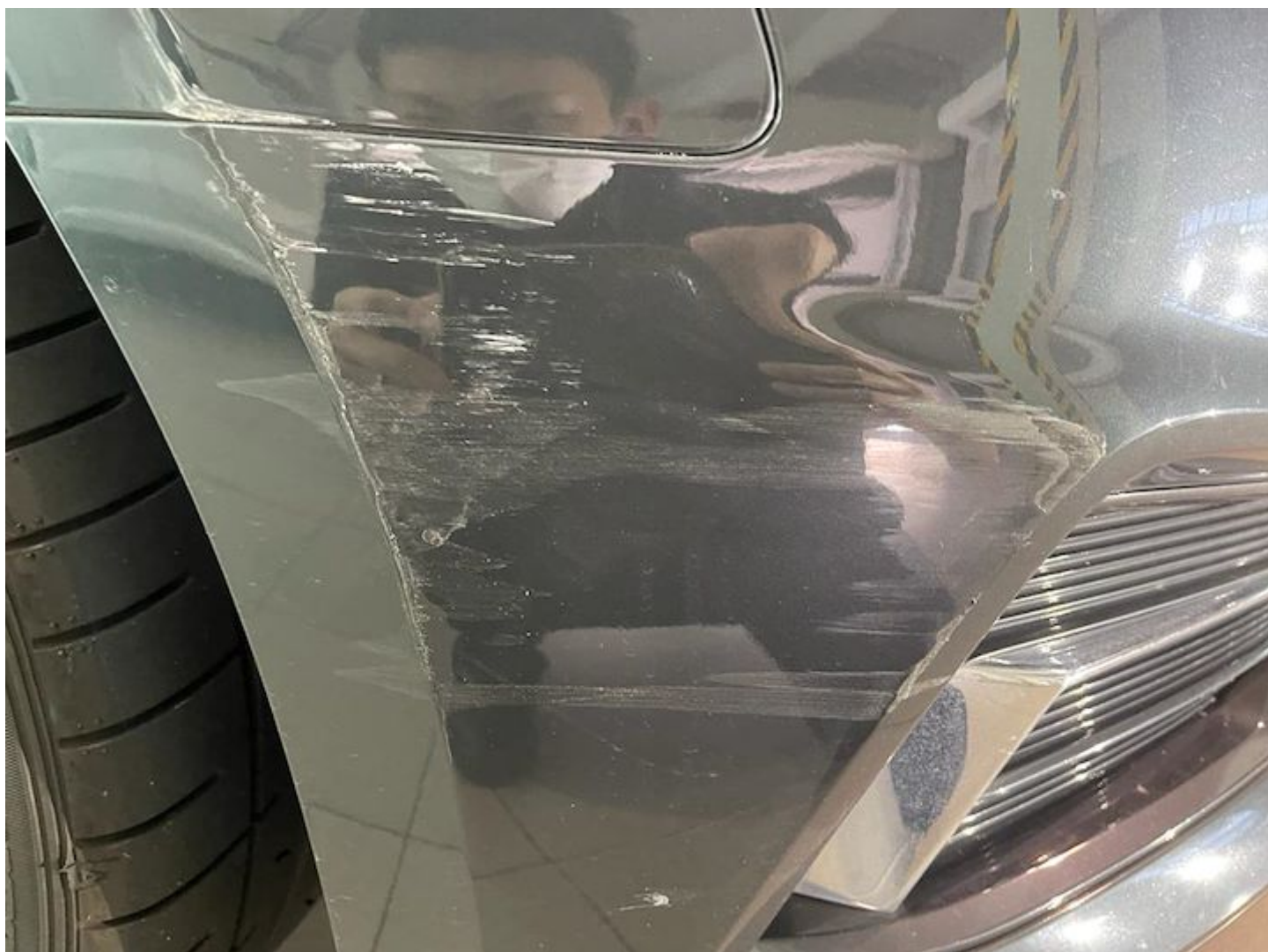




















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : SP14228A0004 Vehicle Registration No: SMJ 2427 H
Name(as shown in NRIC) : IRAWAN BAHTERA NRIC/FIN/Passport No : SXXXX961A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 49 SIMEI RISE, #03-39 Singapore(528788)
Contact (Tel) : _____ Mobile No. : 96415305
Email Address : IBAHTERA@GMAIL.COM
Date of Accident : 09/08/2022 Time of Accident : 22:40
Place of Accident : MARINA BAY SAND - CONVENTION CENTER CAR PARK EXIT
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 AMEND TIME OF ACCIDENT.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Guy Fong
NRIC/FIN No.:
Date: 16/8/22