# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

Vehicle Registration Number

- 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 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.

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 05/09/2022 14:09 (SGT)
Reported by Both
Date of Accident 04/09/2022 17:28 (SGT)
Exact Location of Accident New Upper Changi Rd, Singapore
Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

SLD3235G

Private use

Private car

Auto

1500

No - Claiming third party

Is company?

No
Name Of Registered Owner

NRIC No

No
S0142203J

Email Address SAHETAPYFIRDAUS@GMAIL.COM Mobile Phone No (Phone) +65-97901223

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model
Variant

Honda

Vezel

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission

INSURANCE COMPANY

Name of Insurance Company

Auto & General Insurance (Singapore) Pte. Limited.

Policy Number / Cover Note Number

P1074167R00

DRIVER

Name of Driver

MUHAMAD FIRDAUS SAHETAPY @SAHETAPY CONRAD
PETER
NRIC No S0142203J

Date Of Birth 27/01/1950 Occupation Indoor Date Of Driving Pass 14/12/1999 Driving experience 22 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-97901223 Alt. Phone Number Email Address SAHETAPYFIRDAUS@GMAIL.COM Address BLK 123 PASIR RIS ST 11 #01-435 Address complement Postcode 510123 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 - Cross Junction Weather Conditions Clear OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's email Original language used in the statement PASSENGER 1 Name SAHETAPY EMILA FIRDAUS Female PASSENGER 2 TEMILIA FIRDAUS SAHETAPY Female PASSENGER 3 Name CHEE ROZALITA SAHETAPY 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

#### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBE4371C 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 No. Of Passenger (Including Driver)

## INJURED PERSONS DETAILS

#### **INJURED 1**

Name of injured person

Gender

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?

MUHAMAD FIRDAUS SAHETAPY

BUHAMAD FIRDAUS SAHETAPY

SLD3235G

SLD3235G

MUHAMAD FIRDAUS SAHETAPY

SLD3235G

INJURED 2

Name of injured person

Gender

Phone No

EMILIA FIRDAUS SAHETAPY

-

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?

# **INJURED 3**

Name of injured person TEMILIA FIRDAUS SAHETAPY
Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SLD3235G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

#### SKETCH PLAN

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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)

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 deta/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/faw 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 alted outside of Singapore, for one or more of the above Purposes.

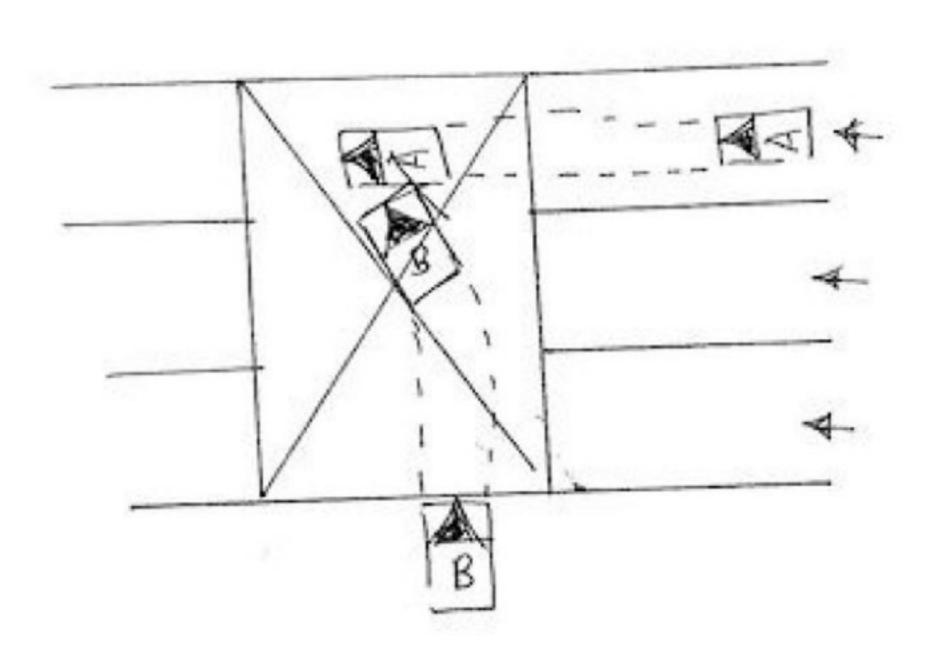
Policyholder's Signature / Date & Time

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

Wilnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

cribe Circumstance of the	Accident	
		-
	Zeter To paice Report -	
		_
		-
		_
		1
		-
		- 0
aration		
declare the foregoing particu	ulars are true in every respect.	
Ch		

VELLICHEA: SLD 32359 VELLICLEB: GBE 43716



















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20220904/7036

1 of 4

Report No. T/20220904/7036

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2022 22:08			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: MUHAMAD FIRDAUS SAHETAPY			Address: 123 PASIR RIS STREET 11 #01-435 SINGAPORE 510123			
ID Type / ID No.: NRIC NO / S0142203J			Contact No.: Home/Office:	Mobile: 97901223		
Nationality: SINGAPORE CITIZEN		EN	Email: SAHETAPYFIRDAUS@GMAIL.COM			
Sex: Male	Age: 72	Date of Birth: 27/01/1950	Type of Informant: Driver			
Race: Indonesian			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class:	Date of Expiry:		

General Inform	mation of the Accid	lent			
Type of Accident:	Injury Others			Type of Location Straight Road	
Location: NEW UPPER Weather: Clear	CHANGI ROAD	Road Surface:		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	1/1/90	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBE4371C	Lorry	TOYOTA	Dyna	Blue	Slightly Damaged	1
SLD3235G	Car	HONDA	VEZEL 1.5X CVT	White	Slightly Damaged	3



**Details of Vehicle Insurance** 



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20220904/7036

## CONTINUATION OF REPORT

Vehicle No.	Insi	urance Company	Insurance No			Effective	Expiry Date
SLD3235G	AU'	TO & GENERAL INSURANCE NGAPORE) PTE. LIMITED	P10741467R00			13/06/2022	12/06/2023
Details of Pe	ersor	n Involved					
Any Pedestri	an In	volved: No					
No. of Pedes	trian	s Injured: NIL	Use of Pe	destriar	Cross	sing: NA	
Driver							
Name		MUHAMAD FIRDAUS SAHETAR	PΥ	ID No.		S0142203J	
Related Vehi	cle	SLD3235G (Car)		Conta	ct No.	97901223	
		Class: NIL Date of Exp	Class: NIL Date of Expiry: NIL				
Date		04/09/2022	Date		04/09/2022		
No. of Days	grant	ed Medical Leave 03	Degree of			t	
Passenger				The second			
Name		EMILIA FIRDAUS SAHETAPY		ID No		S7939884E	
Related Vehi	cle	SLD3235G (Car)			ct No.	82321385	
Hospital/Clini	ic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date		04/09/2022	Date			9/2022	
	grante	ed Medical Leave 03	Degree of	f	Slight		
Passenger							
Name		TEMILIA FIRDAUS SAHETAPY			ID No. S9234104F		
Related Vehi	cle	SLD3235G (Car)			ct No.	87318063	
Hospital/Clini	С	24 HOUR WALK-IN CLINIC		Class Driving Licence Expiry	g ce &	Class: NIL Date of Exp	iry: NIL
Date		04/09/2022	Date	04/09/2022			
	rante	ed Medical Leave 03	Degree of	The state of the s			





3 of 4

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20220904/7036

Tel No: 65470000

#### CONTINUATION OF REPORT

Passenger					
Name	CHEE ROZALITA SAHETAPY			ID No.	T0690595H
Related Vehicle	SLD3235G (Car)			Contact No	. 81340199
Hospital/Clinic	24 HOUR WALK-IN	HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/09/2022 Date			04/0	9/2022
No. of Days granted Medical Leave 03			Degree o	f Slig	ht

#### Brief Details.

I was travelling straight on the right-most lane when a lorry exited from the carpark and cut across all lanes to the extreme right to the lane that I was travelling on and collided into the left portion of my vehicle. On board with me were my two daughters and one grand-daughter. I retrieved my camera footage after the accident and sought medical attention with my family. We were advised to lodge an accident report on this said matter.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20220904/7036

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report ha been authenticated by Singpass. No signature i required.				
Signature Of Interpreter: Not applicable	Date/Time: 04/09/2022 22:08				
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:				
NP168					

It pays to choose



# Certificate of Insurance

Comprehensive Car Policy Policy Number: P10741467R00

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

#### Certificate Number P10741467R00 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number : Chassis Number :

SLD3235G RU11112526

2) Effective Date / Time of Commencement

13/06/2022 (00:00)

of Insurance for the Purpose of the Act

13/06/2022 (00:00)

3) Date / Time of Expiry of Insurance

12/06/2023 (23:59)

4) Excess (i) Policy

S\$ 600.00

(ii) Windscreen

S\$ 100.00

5) Policyholder

Muhamad Firdaus Sahetapy

#### 6) Persons or Classes of Persons Entitled to Drive\*

Drivers named as a Main / Named Driver in this Certificate of Insurance only.

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 any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth

: Muhamad Firdaus Sahetap(27/01/1950)

Named Driver(s) / Date of Birth

: No driver is named.

## 7) Limitation as to use\*

Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or 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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.

# 8) Finance Company

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 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on 06/06/2022

Auto & General Insurance (Singapore) Pte. Limited

Trading as Budget Direct Insurance

Simon Birch

Chief Executive Officer

en RX

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as Budget Direct Insurance 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg