

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	05/12/2022 17:00 (SGT)
Reported by	Both
Date of Accident	04/12/2022 15:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BESIDE NEWTON FOOD CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5528U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PATRICIA SUTJOJO
NRIC No	SXXXX539I
Email Address	SUTJOJO@GMAIL.COM
Mobile Phone No	(Phone) +65-97611079
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	I3
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	1293

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220093412

DRIVER

Name of Driver	PATRICIA SUTJOJO
NRIC No	SXXXX539I
Date Of Birth	05/01/1989
Occupation	Indoor

Date Of Driving Pass	21/02/2012
Driving experience	10 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97611079
Alt. Phone Number	-
Email Address	SUTJOJO@GMAIL.COM
Address	36 WATTEN HEIGHTS
Address complement	-
Postcode	287468
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)	2
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	MALE
Gender	Male

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

REFER TO REPORT

ATTACHMENT(S)

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	FBT3361J
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK1608S
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)	-

SKETCH PLAN

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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.

Ratnesh Spp

Policyholder's Signature / Date & Time

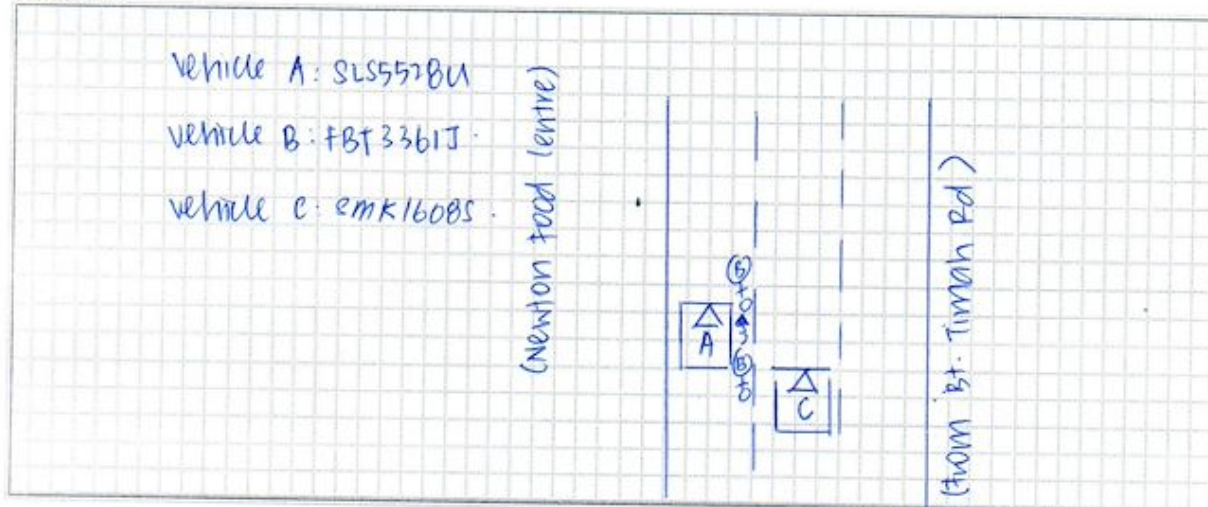
Ratnesh Spp

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

5/12/22

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

Sketch Plan



Describe Circumstance of the Accident

- Refer to Attachment -

Declaration

I/We declare the foregoing particulars are true in every respect.

Datin Sini

Policyholder's Signature / Date & Time

Datin Sini

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

R/ 5/12/22

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

Traffic incident report 4 December 2022

A traffic incident occurred on Sunday 4 December 2022 at roughly 15:25 between a motorcycle and two cars.

My car was stationed on the left lane of a traffic light around Newton Food Centre waiting for the traffic light to turn green. Suddenly a loud bang was heard and felt on the driver side. A motorcycle had hit us.

My husband went out to assist the motorcyclist who was lying on the road. Together with the driver of the Mercedes car (next to my lane), he assisted the uncle to provide aid and to move the motorcycle to a safe spot.

Since my car was stationed in front of a traffic light, my attention was not on the road behind me. Apart from the observations stated above, no other findings can be provided.

Yours sincerely,

Ms. Patricia Sutjojo
97611079

Mr. Andrie Ochtman (husband)
86606170

SV 5/12/22
IDAC pagnabi























