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# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
- 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 13/02/2023 08:36 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 10/02/2023 07:05 (SGT) Exact Location of Accident Singapore Additional Location Information 480 EAST COAST ROAD BESIDE ST.PATRICKS Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJT2533S

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HOTMARIA NATALIA SIRAIT ..... NRIC No SXXXX475G Email Address spmes2006@gmail.com Mobile Phone No (Phone) +65-97578552 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Hyundai Model 130 Variant ..... Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 1591

#### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00224752203

#### DRIVER

Name of Driver HOTMARIA NATALIA SIRAIT NRIC No SXXXX475G Date Of Birth 19/12/1986 Occupation Indoor

Date Of Driving Pass	11/07/2007		
Driving experience	15 YEARS AND 7 MONTHS		
Gender	Female		
Mobile Number	(Phone) +65-97578552		
Alt. Phone Number			
Email Address	spmes2006@gmail.com		
Address	494D TAMPINES STREET 43		
Address complement	# 02-500		
Postcode	524494		
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	NO		
vehicle registration runnber of other vehicle owned by briver			
Insurance Company of Other Vehicle Owned by Driver			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Accident	Collided into Bicyclist		
Weather Conditions	Clear		
Road Surface	Dry		
Troda Guildo	Diy		
OTHER INFORMATION			
Was any faraign vahiala invalvad in the assident?	N-		
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)	1		
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			
DETAILS OF POLICE ACTION			
Was the accident reported to the police?	Yes		
Police Station Name	Bedok Division Headquarters		
Police Station Phone No	(Phone) +65-18002440000		
Alt. Police Station Phone No	(Fax) +65-64443009		
Police Station Address	30 Bedok North Road Singapore 469676		
Was notice of intended Prosecution given?	No		
If yes, against whom?	-		
CIRCUMSTANCES OF ACCIDENT			
PLEASE REFER TO THE ATTACHED POLICE REPORT- G/202	230210/7032		
ATTACHMENT/C)			
ATTACHMENT(S)			
Are accident photos available for attachment?	Yes		
Was there any video captured by Car Camera?	No		
DETAILS OF OTHE	R VEHICLE PROPERTY 1		
Vehicle Registration Number	CYCLIST		
Vehicle Manufacturer	•		
Vehicle Model	_		
Vehicle Variant			
	Marie		

Vehicle Colour	-
Vehicle Category	Mobile equipment
Name of Driver	SOPHIE
Contact Number	
Address	<b>.</b>
Address complement	-
Postcode	<b>*</b>
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

### IMPORTANT NOTICE

- Pleas €report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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 jalse 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.
- 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. Consemi under the Personal Data Protection Act (PDPA)

Lunderstand, 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
- (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.

10/02/2023 Policyholder's Signature / Date & Time

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

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

Coast Road 480 East Sketch Plan beside 1 Cocs+ 300

Describe Circumstance of the Accident
Please Refer to the affached police
Please Refer to the affached police Report - G/20230210/7032-
Dealeration

Declaration

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

10/02/2023

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

/ Date & Time

Actual Driver's Signature (if driver is not the policyholder)

/ Date & Time

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





1 of 2

Report No. G/20230210/7032

#### **POLICE REPORT (NP299)**

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 10/02/2023 13:21	Vide Rep	ort No.		Station Diary No
Name Of Informant	Address			
HOTMARIA NATALIA SIRAIT	494D TAMPINES STREET 43 #02-500 SINGAPORE			
	524494			
ID Type / ID No.	Contact No.			
NRIC NO / S8637475G	Home/Off	ice:	Mobile:	
			97578552	
Nationality	Email Address			
SINGAPORE CITIZEN	spmes2006@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Early intervention teacher for infants and	Female	36	19/12/1986	Indonesian
children				
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
10/02/2023 07:05 - 10/02/2023 07:15	480 EAST COAST ROAD SINGAPORE 429044			

Brief details.

In the morning of Friday 10 February 2023 at around 7.05a.m., I was in my car (SJT2533S) waiting behind the stop line of the junction outside 480 East Coast Road with the intention to turn right onto the main road. A female cyclist named Sophie, who was not wearing a helmet, appeared on the right side of my car, and she too wanted to make a right turn. As she moved forward, so did I, but I ended up hitting the back of her bicycle as she stopped in front of me.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2023 13:21
Officer In-Charge Of Case:	Classification Of Case:





230210/7032

POLICE REPORT (NP299)

**CONTINUATION OF REPORT** 

Report No. G/20230210/7032

She fell off her bike, though not hard. I exited my car to check on he and asked her if she needed any form of urgent medical attention. She assured me that she was fine and that her bike was in a bad state that she will not be able to use it to get to work. There is also damage found on the bottom front of my car.

We exchanged contact numbers and she made her way back home by foot. She then texted me to inform me again that she has no injuries but the back of her bike is broken. She also said that she will try to go the bike shop either today or the weekend and she will inform me of the cost of repairs. She has sent me photos of the bike after

the accident. She has two numbers (+8618521505172 & 82287300).

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: 10/02/2023 13:21
Officer In-Charge Of Case:	Classification Of Case:

## ACCIDENT STATEMENT

ACCIDENT DATE 10 02 2023 (DD/MM/YYY). TIME 07:05 (HHEMM) LOCATION: 480 East Coast Road beside St. Patricles.

1. DETAILS OF VEHICLE	
DIVEHICLE NUMBER:	5)7 25335
b) INSURANCE COMPAN	China Taiping
CIPOLICY NILLABED. N	MPCSNA 00224752203
d)POUCYTYPE COMPR	FIFESIAN 00224 + 52205
BIMAKE ! HOSE: 'II	REHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
e)MAKE & MODEL: 'H	gundar 130(FD) (Auto) MANUAL
SIVEHICLE CATEGORY	E/MPV (VAN,/LORRY/MOTORCYCLE) OTHERS] PRIVATE COMMERCIAL/MOTORCYCLE)
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" I'U, ILLYSE STATE ITH	IKI) PARIY CIAIM I DEDODTING ONLY
2. INSURED / POLICY HOLDE A) HAME HOT Man	a Nortalia Civil
DINRIC/FIN/BASSPORT	S8637475G, CONTACT: 9737855
DIADDRESS: 494D 7	ampines street 43 # 02-500)
30274	14
CONTINUE TO 3.d IF DRI	VER ALSO POLICY HOLDER
1 122-15-15-15	Ac Above.
(2) b) NRIC/FIN/PASSPORT:	(MALE / FEMALE)
1 male paskinger CJADDRESS:	) (AC) (B
THE OF PRINTING AND ALL OF	12 100
e/OCCUPATION (INDOOR	12/1986 JOD/MM/YYYY)
1) YEARS OF DRIVING EXPR	ERIENCE 1110712007
4. WAS DRIVER AN EMPLOY	YET OF THE INSTIDENCE CONSPANIES WEEK (NO)
T. NO, NEGATION SHIP OF	THEORIVER WITH INSURED.
5. GIWEATHER CONDINGN: ( DIROND SURFACE: (DR)	CLEAR RAINING COTHERS.
6. WAS ANYBODY INJURED (Y	YVEI / OTHERS
7. a) REPORTED TO POLICE (YE	ES/NOI .
IF YES, PLEASE STATE WHIC	CH POLICE STATION:
B. THIRD PARTY VEHICLE  SHOW A PRESENT OF VEHICLE NUMBER:	Cyclist (sophie)
[ Induding driver ) b) DRIVER'S NAME	COCHO CSOPHIC MODEL:
( ) C) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	The state of the second st
The Ist of pressenger of VEHICLE NUMBER:	MODEL:
Challed and el DRIVER'S NAME	* *
F) NRIC/FIN/PASSPORT:	CONTACT:
(	

Email = Spres 2006@gmeuil-com

Motor Private Car

MX1F

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0132A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00224752203

Engine No.: G4FC9U666775

Cha. No.:KMHDC51DR9U185020

Index Mark and Registration

Number of Vehicle

SJT2533S

AUTOSAFE

2. Name of Policy Holder

HOTMARIA NATALIA SIRAIT

Named Drivers Ex Sect. I

\$\$550.00

Effective date of the Commencement of 16/10/2022 Insurance for the purposes of the Regulations, (00:00:00)

16/10/2022

Additional Ex Other than Named Drivers:

Ordinance or Enactment Date of Expiry of Insurance

15/10/2023

Ex Sect. I - Age <= 25

\$\$3,000.00 \$\$500.00

Ex Sect. I - Age >= 26

\* Age as at date of accident EX ON WINDSCREEN .

S\$100.00

5. Persons or Classes of Persons entitled to drive\*

(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 Waiver of Excess for the first S\$500 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.: LAKE VIEW CREDIT PTE LTD AS HP OWNER

\*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.

Issued By:\_\_\_\_

**Authorised Officer** 

**Authorised Signatory** 

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

Q6389 6111

**6**6222 1033

www.sg.cntaiping.com