

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	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
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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	I30
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 - Reporting only
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	-
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

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)	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/20230210/7032

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	CYCLIST
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Mobile equipment
Name of Driver	SOPHIE
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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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.
6. 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. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

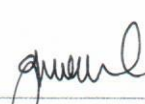
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



10/02/2023

Policyholder's Signature / Date & Time

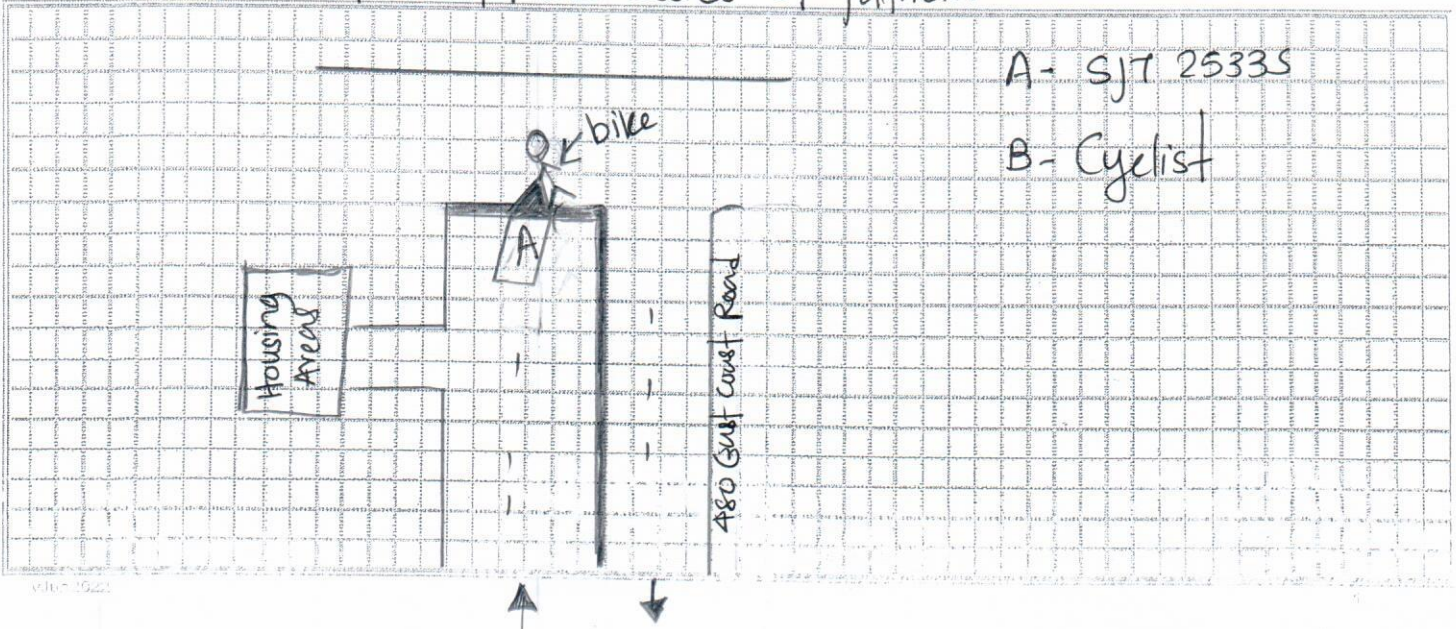
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 18/2/2023

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

Sketch Plan

480 East Coast Road beside St. Patrick's.



Describe Circumstance of the Accident

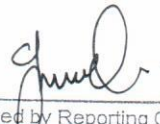
please Refer to the attached police
Report - G/20230210 /7032 -

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

 18/2/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



POLICE REPORT (NP299)

Report No. G/20230210/7032

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



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 her 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).

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:

ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 02 / 2023 (DD/MM/YYYY), TIME: 07:05 (HH:MM)

LOCATION: 480 East Coast Road beside St. Patrick's

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT 25335
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCSNA 00224752203
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Hyundai I30 (FD) AUTO / MANUAL
 f) TYPE: SAIDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Hotmana Nertulia Siruit (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8637475G CONTACT: 97578552
 c) ADDRESS: 494D Tampines street 43 # 02-500
55244 94

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

d) DATE OF BIRTH: 19 / 12 / 1986 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 11/07/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: self

5. a) WEATHER CONDITION: 1 / CLEAR / RAINING / OTHERS

b) ROAD SURFACE: 1 / DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Cyclist (sophie) MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = spmes2006@gmail.com

Fax = _____

Video = NO



Motor Private Car

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)

MX1F

R SN

AN0132A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00224752203

Engine No.: G4FC9U666775

Cha. No.:KMHDC51DR9U185020

1. Index Mark and Registration
Number of Vehicle

SJT2533S

AUTOSAFE

2. Name of Policy Holder

HOTMARIA NATALIA SIRAIT

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

16/10/2022
(00:00:00)

Named Drivers Ex Sect. I S\$550.00
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

4. Date of Expiry of Insurance

15/10/2023

* 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 Vehicle.

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