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 witholding of material facts may allow insurance companies to repudiate 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of withouting of material facts may allow insurance companies to reputial 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 26/04/2023 16:09 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 25/04/2023 17:20 (SGT) Exact Location of Accident Near PIE, Singapore Additional Location Information PIE TOWARDS TUAS (BEFORE BKE EXIT) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV196J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HARRIS SETIONO BIN SUNADI NRIC No SXXXX538H Email Address HARREC58@GMAIL.COM Mobile Phone No (Phone) +65-89460073 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model Wish Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto 1800

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5107687155-04

DRIVER

Name of Driver HARRIS SETIONO BIN SUNADI NRIC No SXXXX538H Date Of Birth 04/06/1958 Occupation Outdoor

Date Of Driving Pass 20/07/1993 Driving experience 29 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-89460073 Alt. Phone Number Email Address HARREC58@GMAIL.COM Address 22 WOODLANDS DRIVE 16 #02-05 Address complement Postcode 737880 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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 phone number Translator's email Original language used in the statement PASSENGER 1 Name **GOJEK PASSENGER** Gender Male **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 REFER TO POLICE REPORT NO: T/20230426/7017 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

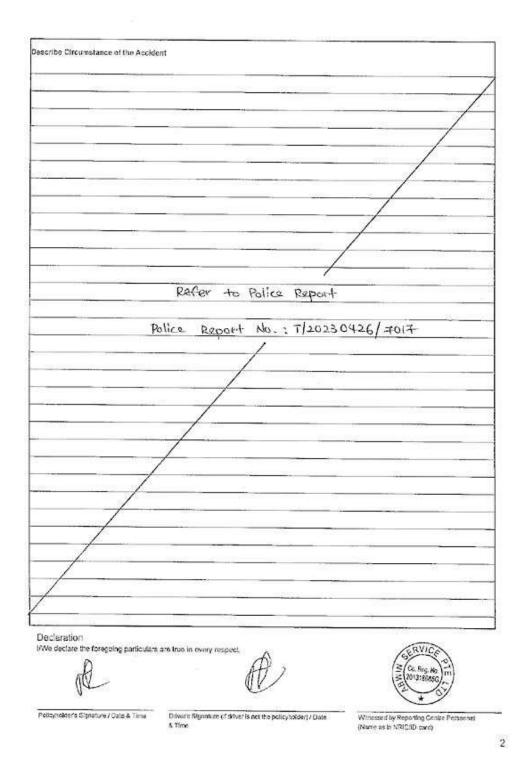
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address	SKT9392Z Nissan Qashqai - - NA / Unknown - -
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement	HARRIS SETIONO BIN SUNADI Male (Phone) +65-89460073 22 WOODLANDS DRIVE 16 #02-05
Post Code	737880
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJV196J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-



SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as truthful and accurate as possible. Any willul 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 Traffic Police Department for investigation.
- This report will be forwarded by the incurers 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)

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' invyers/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 making of correspondence, statements, invoices, reports or natices 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' iswyers/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.



Policyholder's Signature / Date & Time

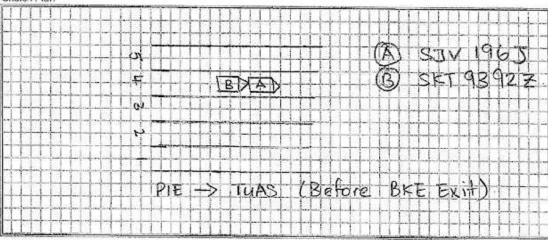
P

Oriver's Signature (if driver is not the policyholder) / Cale.

Purposes Co. Reg. No. 1m 20(3)82550 r

Witnessed by Reporting Centre Personnel (Name as in NRICRD card)

Sketch Plan



1





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230426/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2023 11:49			Vide Report No.:	Station Diary No.;		
Informa	nt's Partic	ulars				
Name of Informant: HARRIS SETIONO BIN SUNARDI			Address: 22 WOODLANDS DRIVE 16 #02-05 SINGAPORE 737880			
	/ ID No.: O / S13205	38H	Contact No.: Home/Office:	Mobile: 89460073		
Nationality: SINGAPORE CITIZEN			Email: HARREC_HUTASUHUT@	YAHOO.COM.SG		
Sex: Male	Age: 64	Date of Birth: 04/06/1958	Type of Informant: Driver			
Race: Javanese			Language: English			
Occupation: Grab driver			Driving Licence Information Class:	n: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2023 17:20	Type of Location Straight Road
Location: FAIRWAYS I Weather:	PRIVE	Road Surface:		
Clear		Dry		
Clear Traffic Flow: One Way		Traffic Control:	T	raffic Volume;

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJV196J	Car	TOYOTA	WISH 1.8X A	Brown		0
SKT9392Z	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV196J	NTUC Income Insurance Co-Operative Limited	5107687155-04	07/01/2023	06/01/2024



Police Station Of Origin: Traffic Police

2 of 3 Report No. T/20230426/7017

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destrian C	rossir	ng: NA
Driver		150	W		13	
Name	HARRIS SETIONO BIN SUNARDI			ID No.	- 1	S1320538H
Related Vehicle	SJV196J (Car)			Contact	No.	89460073
Hospital/Clinic	NIL			Class of Driving Licence Expiry	- 1	Class: NIL Date of Expiry: NIL
Date	NIL D		Date	N	IL	
No. of Days granted Medical Leave NIL De			Degree o	f S	light	

Brief Details.

I was traveling along PIE twds Tuas . I stopped my vehicle as the front vehicle stopped . Vehicle bearing vehicle number SKT9392Z come from behind and hit onto the rear portion of my vehicle. After the collision I felt my neck and left shoulder pain hence I went to consult doctor at clinic and given 5 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230426/7017

CONTINUATION OF REPORT

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: 26/04/2023 11:49
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.; 65476436	Classification Of Case:
NP168	