

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 10/05/2023 16:37 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 08/05/2023 12:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information 111 BUKIT TIMAH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK3632A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner THE OYSTER VAULT PTE LTD
Company Reg No 201915315G
Email Address ETHELTAHOE@GMAIL.COM
Mobile Phone No (Phone) +65-92332328
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Citroen
Model Berlingo
Variant BERLINGO VAN 1.5 BLUEHDI EAT8 L2
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 1499

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05012305

DRIVER

Name of Driver JESSICA NOVIA SUTRISNO
NRIC No S9374516G
Date Of Birth 11/11/1993
Occupation Indoor

Date Of Driving Pass	09/02/2017
Driving experience	6 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94791911
Alt. Phone Number	-
Email Address	NOVIASUTRISNO@GMAIL.COM
Address	BLK 6 ALEXANDRA VIEW 14-05 SINGAPORE 158746
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
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	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

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	FW463E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	CHIA YONG SIANG
NRIC No	S7477023A
Contact Number	(Phone) +65-82020422
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FW463E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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

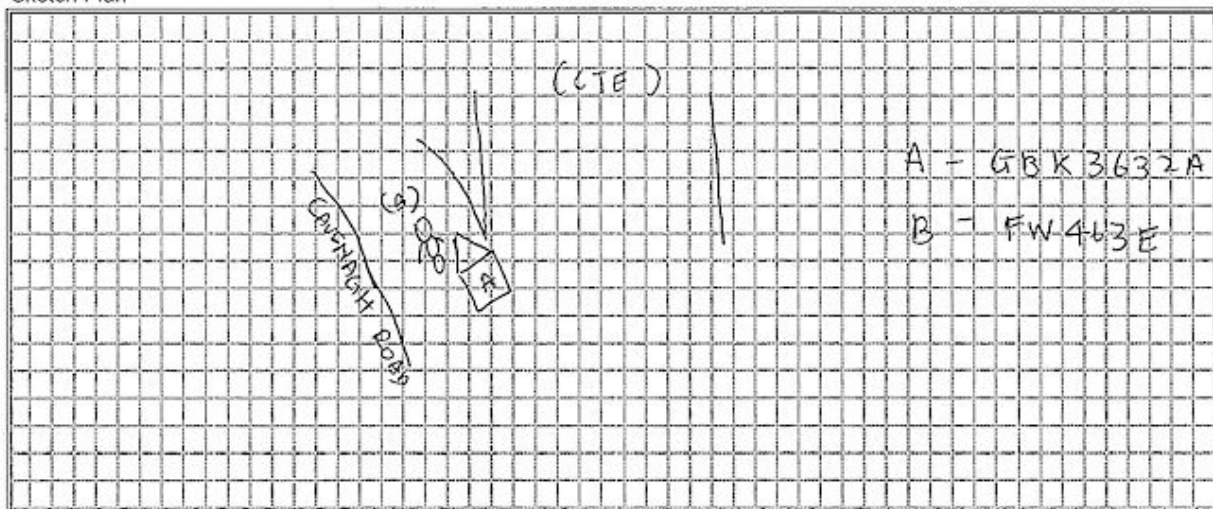
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
10 MAY 2023 11:36

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




Sketch Plan



Describe Circumstance of the Accident	
VEHICLE NO: GBK 3632 A	ACCIDENT DATE & TIME: 8/5/2023 12:05
CONTACT NUMBER: 94791911	E-MAIL: noviasutrisno@gmail.com
LOCATION: 111 Bukit Timah Road Singapore 229903	
<p>I was driving on the middle lane and wanting to go into the slip road on the left. As I signalled left, and drove left, a collision occurred between the front left corner of the van and a motorcyclist. The motorcyclist fell on the ground. After he got up, we moved to the side of the road, a passerby called an ambulance. Motorcyclist had visible small cuts on his hand; we exchanged numbers. I have texted the cyclist upon reaching home and he has responded to me (refer to attachment)</p> <p>Late Report Cause owner on MC.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p> <p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM CD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

Declaration

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

 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time 10 May 2023 11:36	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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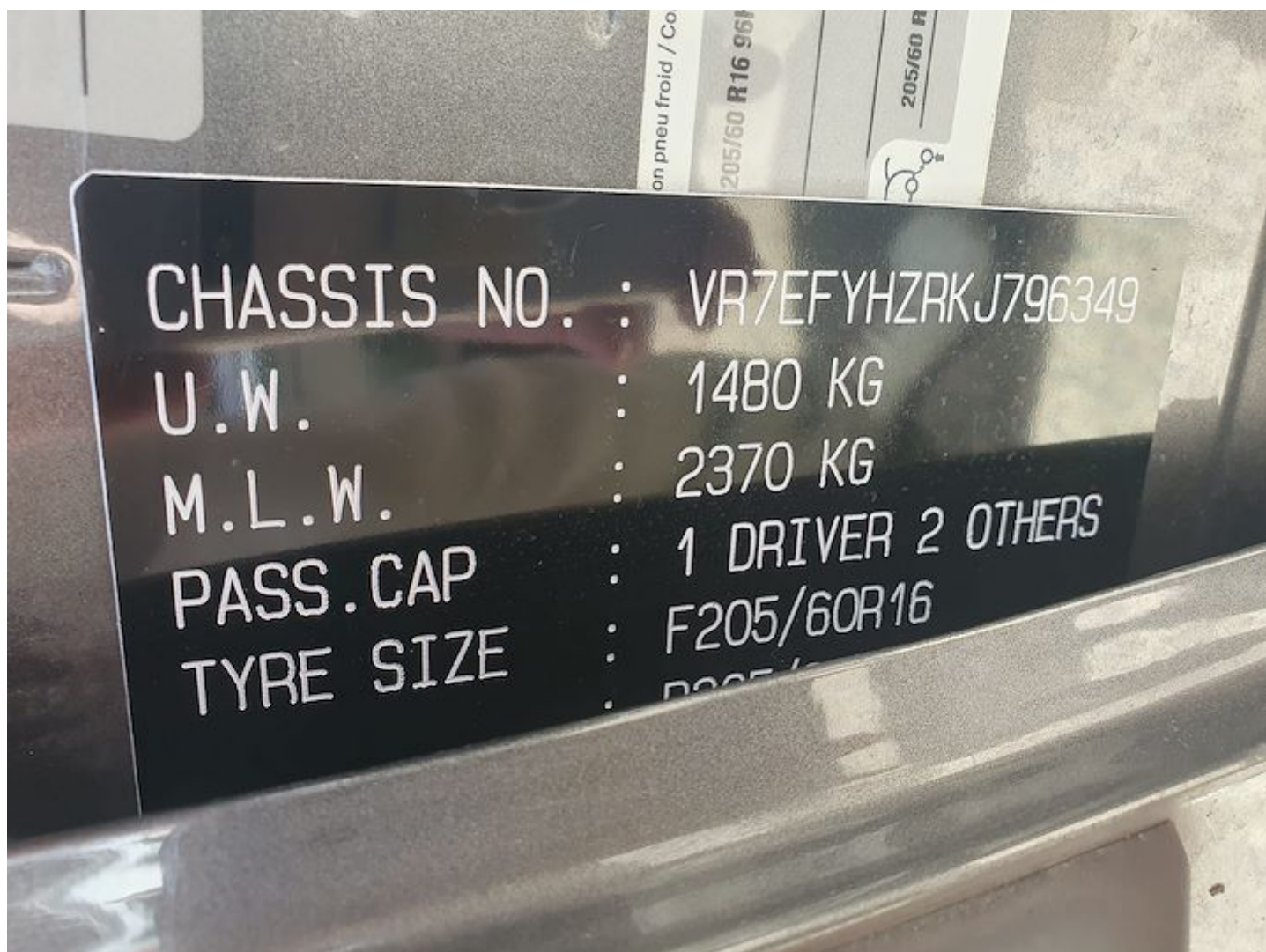
















**SINGAPORE
POLICE FORCE**



E/20230508/7034

1 of 2

POLICE REPORT (NP299)

Report No. E/20230508/7034

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 08/05/2023 14:13	Vide Report No.	Station Diary No.		
Name Of Informant JESSICA NOVIA SUTRISNO	Address 6 ALEXANDRA VIEW #14-05 SINGAPORE 158746			
ID Type / ID No. NRIC NO / S9374516G	Contact No. Home/Office:	Mobile: 94791911		
Nationality SINGAPORE CITIZEN	Email Address NOVIASUTRISNO@GMAIL.COM			
Occupation Other film, stage and related directors and producers	Sex Female	Age 29	Date of Birth 11/11/1993	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 08/05/2023 12:05 - 08/05/2023 12:10	Location Of Incident 111 BUKIT TIMAH ROAD SINGAPORE 229903			

Brief details.

I was driving in the middle lane and wanting to go into the slip road on the left. As I signalled left, and wanted to go into the slip road, a collision occurred between the front left corner of the van and a motorcyclist. The motorcyclist fell onto the ground. After he got up, I saw that he sustained some cuts on his hands and knees. We took photos of both vehicles. I exchanged numbers with the cyclist. He said he would go and see a doctor and I told him to update me what the doctor says and we will sort out the insurance later on. I have texted the cyclist upon reaching home, to keep me updated after seeing the doctor and he has replied 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: 08/05/2023 14:13
Officer In-Charge Of Case:	Classification Of Case:

**SINGAPORE
POLICE FORCE**

E/20230508/7034

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230508/7034

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: 08/05/2023 14:13
Officer In-Charge Of Case:	Classification Of Case: