

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	23/05/2023 14:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/05/2023 15:45 (SGT)
Exact Location of Accident	Changi Rd, Singapore
Additional Location Information	FRANKEL AVENUE TRAFFIC JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBH8899E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	G ERNAWATI
NRIC No	S2194510B
Email Address	ANTAYEO@GMAIL.COM
Mobile Phone No	(Phone) +65-96658550
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1600

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2023-00000140

DRIVER

Name of Driver	J RIJANTO
NRIC No	S2194509I
Date Of Birth	02/03/1944
Occupation	Indoor

Date Of Driving Pass	23/07/1979
Driving experience	43 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96658550
Alt. Phone Number	-
Email Address	ANTAYEO@GMAIL.COM
Address	26 FRANKEL AVENUE
Address complement	-
Postcode	458154
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
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	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230522/2106.

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	GBJ1820S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NUR IRFAN BIN SAZALI
NRIC No	S9916705Z
Contact Number	(Phone) +65-96658550
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFW9905M
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

IMPORTANT NOTICE

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2. 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 be 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 insurers who have insured vehicle(s) involved in the accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' law firms/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 claim and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (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' law firms/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

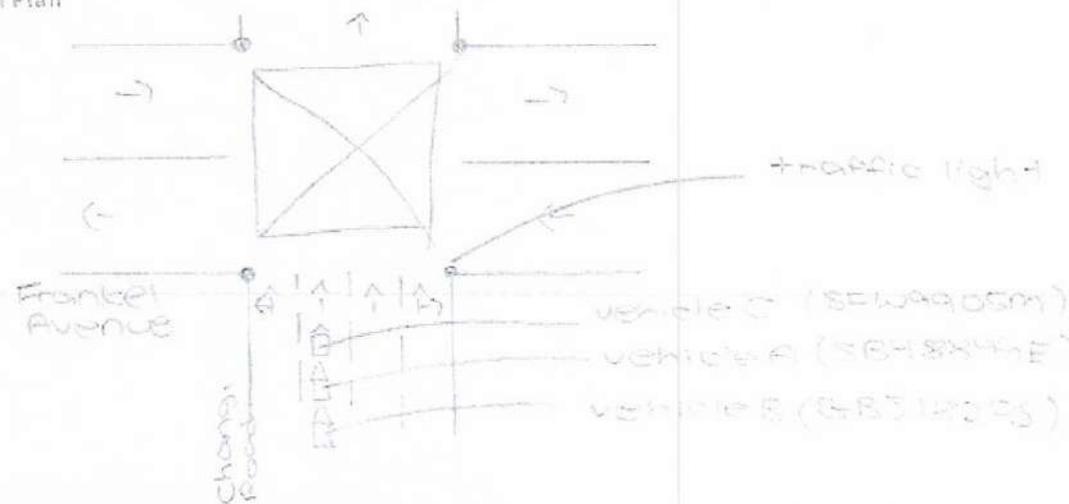
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
 Policyholder's Signature, Date & Time

[Signature]
 Driver's Signature (if driver is not the policyholder): Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan





SINGAPORE
POLICE FORCE



T/20230522/2108

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3
Report No: T/20230522/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2023 21:50	Vide Report No. G/20230522/0107	Station Diary No.: 100
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Informant's Particulars

Name of Informant: J RIJANTO		Address: 26 FRANKEL AVENUE SINGAPORE 458154	
ID Type / ID No.: NRIC NO / S2194509I		Contact No.:	Mobile: 86658550
Nationality: INDONESIAN		Home/Office:	
Email:			
Sex: Male	Age: 79	Date of Birth: 02/03/1944	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Retiree		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police:	Drink Drive: No	Date/Time of Accident: 22/05/2023 15:45	Type of Location: X-Junction
Location: CHANGI ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ1820S	Lorry	FUSO		White	Seriously Damaged	0
SBH8899E	Car	HYUNDAI	Avante	White	Seriously Damaged	0
SFW9905M	Car	MERCEDES BENZ	E300	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T.20230522/0109

2 of 3

Report No: T.20230522/0109

CONTINUATION OF REPORT

Driver			
Name	NUR IRFAN BIN SAZALI		ID No. S0916705Z
Related Vehicle	GBJ1820S (Lorry)		Contact No. 82687817
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	J RIJANTO		ID No. S2194509I
Related Vehicle	SBH8899E (Car)		Contact No. 96658550
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle (SBH8899E) along Changi Rd towards the traffic junction to turn left into Frankel Ave. The traffic light was red so I came to a complete stop behind a white car (SFW9905M). Suddenly without any warning, a lorry (GBJ1820S) collided into the rear of my vehicle and the impact caused my car to hit the white vehicle in front of me. The lorry driver was injured and the door seem to be unable to open. Shortly later, police and SCDF came and the lorry driver was conveyed to the hospital. My in-car dashcam memory card was also handed over to the police.

I wish to inform that the lorry is registered under Platinum Wines & Spirits Pte Ltd Company No. 201320547K. I wish to also inform that I only have the contact number of the mercedes driver - 82687817.

The traffic police also gave me a reference police report no. G/20230522/0107. The investigation officer is IO Hafizah - 65476256. The police also advised us to lodge our own police report.



SINGAPORE
POLICE FORCE



T:20230522/2106

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449298
Tel No: 1800-4428999

3 of 3

Report No. T:20230522/2106

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 2 LIM JUN YONG	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD RAIMIE BIN ABDUL KARIM Contact No.: 65476437	

Signature Of Informant:	
Date/Time: 22/05/2023 21:50	
Classification Of Case:	

NP188