SN07235J000K / Income Insurance Limited ENTRY DATE & TIME: 19/05/2023 16:50 (SGT) SUBMITTED BY: Muhammad Sumardi VERSION: 1 (19/05/2023 16:50 (SGT))



IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. 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.

, , some and the distriction of	inving of this report at the centre and to copies of the report being made available aforesaid.
ACCIDE	ENT STATEMENT
Date of Submission Reported by Date of Accident xact Location of Accident Additional Location Information Country/State of Loss	Both Policyholder and Actual Driver 18/05/2023 11:00 (SGT) Singapore
DETAILS	OF OWN VEHICLE
Vehicle Registration Number	SLA5303X
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	SUKARTI BTE DAWAMI S1642605I
VEHICLE PARTICULARS	
.lanufacturer Model Variant 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? Vehicle Category Transmission CC	Honda Vezel - Private use No - Claiming third party Private car Auto 1500
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	Income Insurance Limited 5088348417-06
DRIVER	
Name of Driver	SUKARTI RTE DAWAMI

SUKARTI BTE DAWAMI

S1642605I

26/03/1964

Indoor

Date Of Birth

NRIC No

Occupation

Delicing Pass	24/06/2002
Driving experience Gender	20 VEADS AND 11 MONTHS
A CONTRACTOR OF THE PROPERTY O	Fomolo
Mobile Number	(Phone) +65-98008206
Alt. Phone Number	
Email Address Address	The artificial and a second
Address Address complement	
Postcode	#02-890
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	No
ALANCE WARREST PROPERTY AND ADDRESS OF THE PROPERTY OF THE PRO	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
	Diy
OTHER INFORMATION	
10/	
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 other vehicle annual to the same and	-
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?	N
Translator's name	No
Translator's ID	-
Translator's phone number	
ranslator's email	
Original language used in the statement	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
olice 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 as police report	
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
Was there any video captured by Car Camera?	Yes Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
VALUE OF THE PROPERTY OF THE P	OD OARD WITH TRAFFIC PULICE
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	
Vehicle Manufacturer	QX5074B
Vehicle Model	

Vehicle Variant	
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Government
Work Permit No	PRAKASH RONTIJA MAGAR
Contact Number	G5387152L
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
(g Dilvel)	3

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please 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 false 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.
- 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:

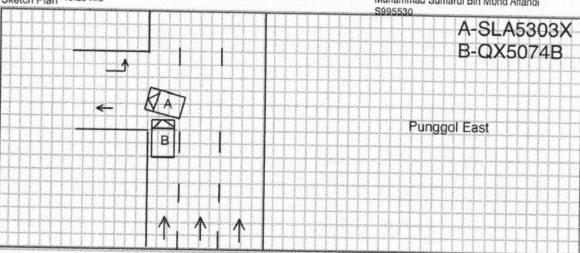
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

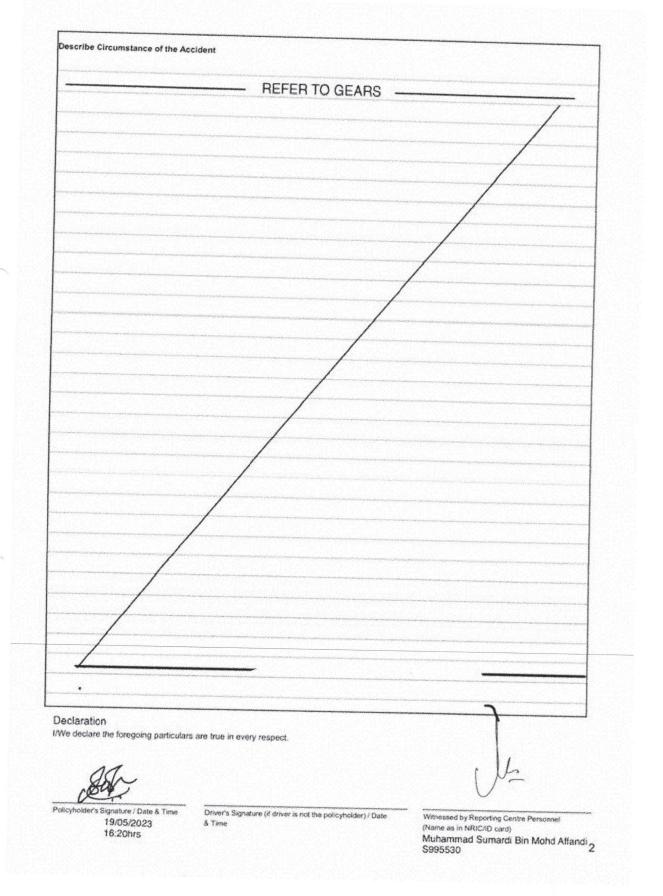
Policyholder's Signature / Date & Time 19/05/2023

Sketch Plan 16:20 hrs

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) Muhammad Sumardi Bin Mohd Affandi





T202305187070.pdf

Done





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20230518/7070

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 18/05/202	e Report I 23 18:28	Made:	Vide Report No.: F/20230518/0092	Station Diary No.:
Informan	t's Partic	ulars		
	Informant: BINTE D		Address: 657B PUNGGOL EAST #02-	890 SINGAPORE 822657
ID Type / NRIC NO		051	Contact No.: Home/Office:	Mobile: 98008206
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: rarity.txt@gmail.com	
Sex: Female	Age: 59	Date of Birth: 26/03/1964	Type of Informant: Driver	en et til det kom fregen for ett til det år en ett in et en ett i bliggt til men ett fregen en ste fregen ett e
Race: Javanese		an to the second se	Language: English	rimanin kada kada kada da kada u kata ing kata menanini mengunin kada kadi di selabat da kata berbasi saka men
Occupation Hawker/S drinks)		(prepared food or	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 18/05/2023 11:00	Type of Location Straight Road
Location: PUNGGOL E	AST			
CALL CONTROL C	el el de la companya			
Weather: Clear		Road Surface: Dry		alim kiring kang mapapan di minani sa maganjan ing minani ga kang majam ang manan ang manan ang manan ang maga
				Traffic Volume:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
QX5074B	Car					0

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230518/7070

CONTINUATION OF REPORT

T202305187070.pdf ~

Details of Vehicle Involved Color Condition No of Passenger 2 of 3

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



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20230518/7070

CONTINUATION OF REPORT

Name	SUKARTI BINTE DAWAMI		ID No.	S1642605I
Related Vehicle	QX5074B (Car)	inderective (I) 1985 m. Smitheliet v. A. ventigt bet Gerille (I) is the CV ASS measure	Contact No.	98008206
Hospital/Clinic	NIL	dirintan dia dia mangana dia mangana m	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL	
No. of Days gran	ed Medical Leave NIL	Degree of		

Brief Details.

Brief Details.

18 May 2023 approximately 11am, i notice a vehicle stationory at double yellow line along punggol east road, right before entrance of block 655 before i wanted to make a u-turn. After making a u-turn, vehicle QX5074B is still at stationory. After confirming that vehicle QX5074B is not moving, i over take it from the right and make a left turn to enter entrance of blk 655. While making left turn, suddenly vehicle QX5074B move forward and vehicle QX5074B collided with my vehicle SMY5283G rear left.

T202305187070.pdf ~



T/20230518/7070

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20230518/7070

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / YEO KIA HUAT Contact No.: 65476162

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

18/05/2023 18:28

Classification Of Case:

T202305197037.pdf



Done





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20230519/7037

REPORT OF A TRAFFIC ACCIDENT

drinks)

19/05/20:	e Heport 1 23 16:33	Vlade:	Vide Report No.: T/20230518/7070	Station Diary No.:
Informar	t's Partic	ulars		
Name of SUKART	BINTE D		Address: 6578 PUNGGOL EAST #02-8	ROO SINGAPORE ROOFE
ID Type / NRIC NO		051	Contact No.: Home/Office:	Mobile: 98008206
Nationalit SINGAPO		EN ·	Email: rarity.txt@gmail.com	WIGGING SOUND 200
Sex: Female	Age: 59	Date of Birth: 26/03/1964	Type of Informant:	reductive victims for years are responsed to the contract of t
Race: Javanese		and the second s	Language: English	nder og gjeln til Glangerskommet avgrisser på vigetneten vægensk med en det en egte entitet på vision met av belett i miss kan
Occupation Hawker/S drinks)		(prepared food or	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 18/05/2023 11:00	Type of Location Straight Road
Location: PUNGGOL E	AST			
Weather: Clear	tem—420 antiplinky franciski embjestivnik diskritiski emberancji pro estrationi i sugai prosi-est i autopis	Road Surface:	or in meningan sayah salah gerenggapa dangan kanggapan danggapan dalah sasi salah gerengsi in menjas	an kakin mini pangangan magan mini sangai panim-kali na panim ping-puntan napapan nagan mini pang
Andrew Control and Anna	DOMESTICATED TO A MODEL THE BEST OF THE CASE OF THE SECOND PROCESS OF THE CASE	the state of the s	entretion in acceptable and contact our spiles are a forest or a contact our property of	
Traffic Flow: One Way Type of Collis		Traffic Control: Not Controlled	Di dendaran yang pen	Traffic Volume: No Traffic

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA5303X	Car	HONDA	VEZEL 1.5X	Company of the Control of the Contro	- J OOHOHIOH	ivo or rasserige

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLA5303X	NTUC Income Insurance Co-Operative	5088348417-06	02/03/2023	01/03/2024		
	Limited		DETUGREDED	01103/2024		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20230519/7037

CONTINUATION OF REPORT

T202305197037.pdf ~





Police Station Of Origin:

Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20230519/7037

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No	The state of the s		-		
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver			030 0116	destria	CIUSS	ang: NA
Name	SUKARTI BINTE DAWAMI		ID No	1.	S1642605I	
Related Vehicle	SLA5303X (Car)			Contact No.		98008206
Hospital/Clinic	nic NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date	Acres some out	NIL	والمراقب والمعارض والمستراء والمسترا
No. of Days gran	ted Medical Leave	NIL	A MONATORIA DE PROPERTO DE CONTRADO DE PROPERTO DE CONTRADO DE PROPERTO DE CONTRADO DE PROPERTO DE CONTRADO DE	Degree of NIL		

Brief Details.

I would like to amend report number T/20230518/7070 vehicle number from QX5074B to SLA5303X.



Traffic Police





Report No. T/20230519/7037

T202305197037.pdf 🗸





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



Report No. T/20230519/7037

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / YEO KIA HUAT Contact No.: 65476162

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time: 19/05/2023 16:33

Classification Of Case:



