# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 First Submission 02/08/2023 16:55 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 01/08/2023 21:00 (SGT) Exact Location of Accident Toh Yi Dr. Singapore Additional Location Information OPEN CARPARK BETWEEN BLK 14 & 16 Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SMC8446A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHARLES HENDARTO** NRIC No SXXXX546B Email Address charleshendarto@gmail.com Mobile Phone No (Phone) +65-82981825 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model Civic 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 No - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto CC 1597

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5127950328-01

DRIVER

Name of Driver **CHARLES HENDARTO** NRIC No SXXXX546B Date Of Birth 28/08/1984 Occupation Indoor

Date Of Driving Pass 02/09/2009 Driving experience 13 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-82981825 Alt. Phone Number Email Address charleshendarto@gmail.com Address **BLK 14 TOH YI DRIVE** Address complement #03-37 Postcode 590014 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 Hit and run / Vandalism / Damaged whilst parked 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? No Was any injured conveyed to hospital by ambulance? 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT (J/20230802/2067) 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 **SJR4698Y** 

Honda

Freed

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MENG
Contact Number	(Phone) +65-90604480
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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time 28 2023

Driver's Signature (If driver is not the policyholder) / Date

& Time

Sketch Plan @ 16:32

Witnessed by Reporting Centre Personnel Wang Well

A = SMC 8446 A B = SJR 4698 Y

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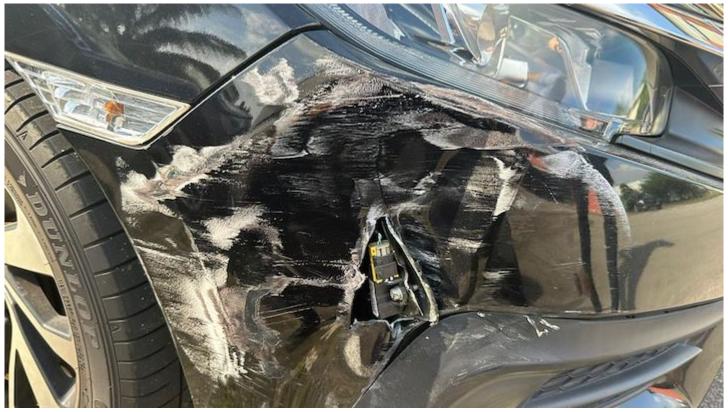


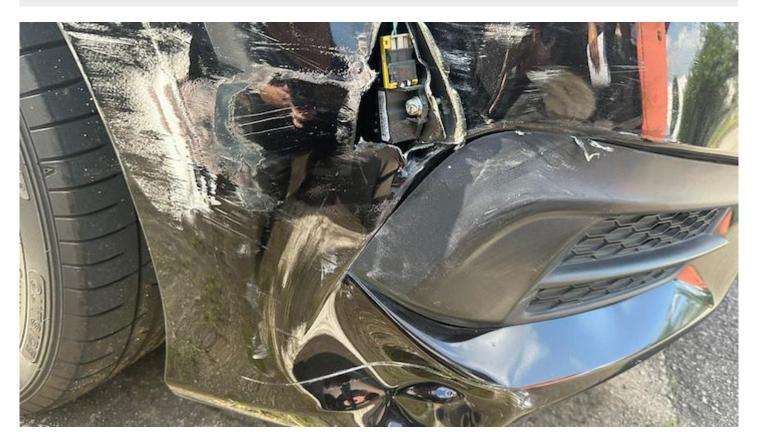
























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Report No. J/20230802/2067

# POLICE REPORT (NP299)

Police Station Of Origin Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

Date/Time Report Made 02/08/2023 15:43	Vide Report No.			Station Diary No. 77
Name Of Informant CHARLES HENDARTO	Address APT BLK 14 TOH YI DRIVE #03-37 SINGAPORE 5900			SINGAPORE 590014
ID Type / ID No. NRIC NO / S8481546B	Contact No. Home/Office		Mobile 82981825	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation ENGINEERING DIRECTOR	Sex Male	Age 38	Date of Birth 28/08/1984	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 01/08/2023 18:00 - 01/08/2023 21:00	Location Of Incident 16 TOH YI DRIVE TOH YI GARDENS SINGAPORE 590016 Open Carpark between Blk 14 & 16			

## Brief details.

On the 02/08/2023 at about 0745hrs I had discovered a note on my vehicle bearing SMC8446A. In the note, it stated that the person had bumped onto my vehicle (SMC8446A) and had provided his contact number to me as follows, Meng, HP:90604480. I then gave the number a call and he informed me what had happened. We then agreed to proceed to claim from our respective insurance companies. He also provided me his insurance policy number and the last 4 digits of his NRIC to cross check against the insurance policy. Meng had claimed liability for the damages and also provided his vehicle registration

Signature Of Officer Recording The Report: J / SGT 3 ASRUL FADZIL BIN AZMI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/08/2023 15:43
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) JANANI D/O K KRISHNAN Contact No.: 67910000	Classification Of Case:





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230802/2067

number which is SJR4698Y including his particulars to me for my insurance claims. My vehicle (SMC8446A) was hit on the right side bumper which caused profound damage to be seen.

On the 01/08/2023 at about 1800hrs, I had ended work and parked my vehicle (SMC8446A) at the open carpark between block 14 and 16 of Toh Yi Drive all was intact.

I am lodging this report for insurance claim purposes.

J / SGT 3 ASRUL FADZIL BIN AZMI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/08/2023 15:43
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) JANANI D/O K KRISHNAN Contact No.: 67910000	Classification Of Case: