

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 Authorised 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 ability.
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 Report | 27/02/2018 16:31 |
| Date Of Accident | 03/02/2018 13:30 |
| Exact Location Of Accident | TANAH MERAH COAST RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLU3433L |
| Insured/Policyholder | |
| Name Of Registered Owner | LAUW ALISTER HARTONO |
| NRIC No | S7180603J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92394849 |
| Alternative Phone No | OFFICE-92394849 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | PEUGEOT |
| Model | 308 |
| 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 |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | P2036047 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LAUW ALISTER HARTONO |
| NRIC No | S7180603J |
| Date Of Birth | 28/09/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/05/2004 |
| Driving Experience | 13 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92394849 |
| Fax Number | |
| Contact Number | OFFICE-92394849 |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------|
| Address | 23 PASIR RIS ST 72 #08-06 |
| Postcode | 518765 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

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 this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | PASIR RIS NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5852999 - FAX NO: 65855261 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT: T/20180227/2029.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-----------|
| Vehicle Registration Number | SHB5717C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEHICLE B |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.
7. By the lodgment 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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

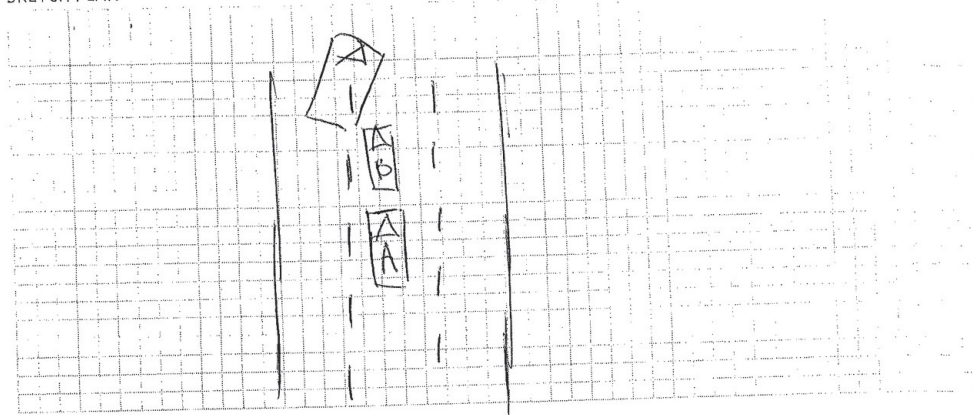
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

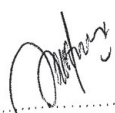
LETTER OF UNDERTAKING

I/We, LAUW ALISTER HARTONO, the owner of vehicle no. SLU 343BL

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:


Nric no. and signature of policyholder

Company Stamp

27/02/2018
Date



**SINGAPORE
POLICE FORCE**



T/20180227/2029

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180227/2029

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 27/02/2018 10:23 | Vide Report No.: | Station Diary No.: 17 |
|--|------------------|--------------------------|

| Informant's Particulars | | | | |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant: LAUW ALISTER HARTONO | | | Address: 23 PASIR RIS STREET 72 #08-06 SINGAPORE 518765 | |
| ID Type / ID No.: NRIC NO / S7180603J | | | Contact No.: Home/Office: Mobile: 92394849 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 46 | Date of Birth: 28/09/1971 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: APPLICATION CONSULTANT | | | Driving Licence Information: Class: 3 Date of Expiry: | |

| General Information of the Accident | | | | |
|--|----------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 03/02/2018 13:30 | Type of Location: Straight Road |
| Location: Along Road 1 TANAH MERAH COAST ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|---------|-------------------------------------|--------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SHB5717C | Car | TOYOTA | Prius | Maroon | Slightly Damaged | 0 |
| SLU3433L | Car | PEUGEOT | 308 5DR ALLURE PURETECH 1.2 A/T 2WD | Blue | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |



**SINGAPORE
POLICE FORCE**



T/20180227/2029

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180227/2029

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLU3433L | AXA INSURANCE SINGAPORE PTE LTD | P2036047 | 29/11/2017 | 28/11/2018 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------------|-----|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | LEOW LOONG CHONG | | ID No. | S7636617I |
| Related Vehicle | SHB5717C (Car) | | Contact No. | NIL |
| 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 | LAUW ALISTER HARTONO | | ID No. | S7180603J |
| Related Vehicle | SLU3433L (Car) | | Contact No. | 92394849 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 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 3/2/18 at about 1330hrs, I was travelling along Tanah merah coast road. I was on the most right lane of the said road. As such I switched lane to the middle lane however the taxi vehicle in front of me suddenly braked. I then applied my brakes however was not in time and my vehicle slight bump on to the rear of his vehicle. No TP and ambulance were at scene. We got down to exchange particulars and we noticed there was a fallen tree branch blocking on the most left lane of the road and there was a lorry which was turning in to the middle lane as such he braked to allow the lorry to enter to the lane. I only managed to get the details of the driver without any contact number and we drive off. There were no injuries at scene.

On the 22/2/2018, I received a letter from TP stating with regards to the accident and was advised to lodge the police report.



**SINGAPORE
POLICE FORCE**



T/20180227/2029

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
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Report No. T/20180227/2029

CONTINUATION OF REPORT