

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 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 Report	26/11/2018 11:29
Date Of Accident	15/11/2018 17:30
Exact Location Of Accident	NEWTON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA1893J
Insured/Policyholder	
Name Of Registered Owner	RONALD SUTARDJA
NRIC No	S2683118J
Email Address	SANTOSOGRACE123@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92384130
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	PORSCHE
Model	PANAMERA
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
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	GA324656
Cover Note Number	22/01/2018 TO 21/01/2019

Driver

Name of Driver	GRACE NATALIA SUKAMTO
NRIC No	S7179626D
Date Of Birth	12/05/1971
Occupation	INDOOR
Date Of Driving Pass	23/09/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92384130
Fax Number	
Contact Number	
Email Address	SANTOSOGRACE123@GMAIL.COM

Address	6 LINCOLN ROAD #03-11
Postcode	308345
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

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	SFW4366B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLANIMPORTANT 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 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. 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.

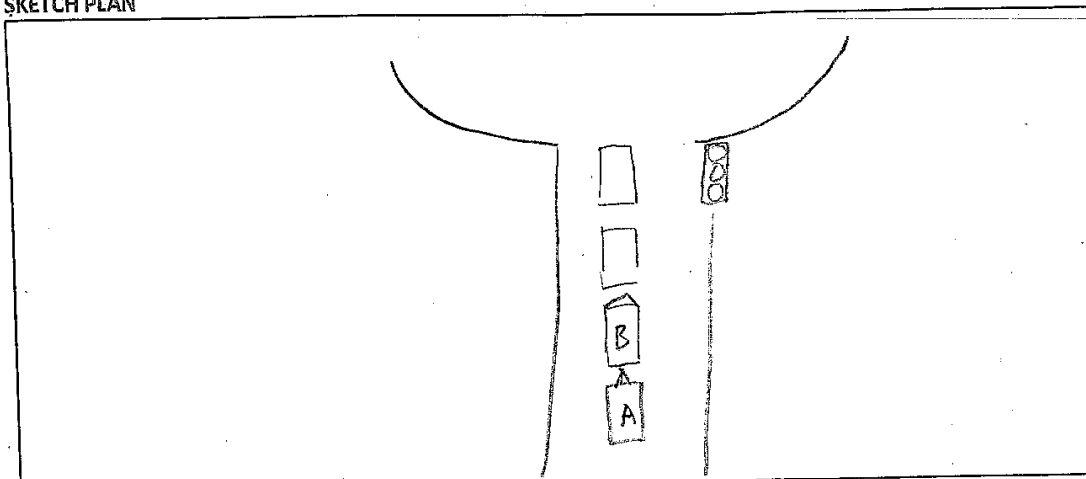
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

Date of accident: 15/11/2018 Time: 5:30 PM Location: Newton Road
 My Vehicle A: SJA 1893J Vehicle B: SFW 4366B Vehicle C: /
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at Newton Road. I stopped the car because of traffic light red. I tried to adjust my seat but did not completely press the brake. So my car bumped into the car in front of me. My car had no scratches at all only small tear on the licence plate rubber. The other car only had small scratches at the back of the car

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :
 Email address : santoso.grace.123@gmail.com
 & myself :
 Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

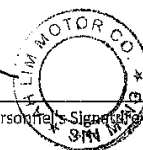
I/We declare the foregoing particulars are true in every respect.

Vehicle : SJA 1893J

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 26/11/18

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



Underwritten by:



redefining / insurance

RONALD SUTARDJA
6 LINCOLN ROAD
#03-11
SINGAPORE 308345

Distributed by:



6220 9266 motor@gnm.com.sg

AXA Insurance Pte Ltd
1800 880 4888
(65) 6880 4740
customer.care@axa.com.sg
www.axa.com.sg

New business

date
21/02/2018

Policy Schedule

Your SmartDrive Porsche Prime

Your policy snapshot

Policyholder name	RONALD SUTARDJA	Policy number	VA1 / 6A324656
Cover	Comprehensive	FIN / NRIC	S2683118J
Period of Insurance	from 22/01/2018 to 21/01/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 40% NCD	SGD 2,646.00
7% GST	SGD 185.22
Final Premium	SGD 2,831.22

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Porsche Prime Benefits

- Constructive total loss payout based on Sum Insured basis
- Embedded NCD Protector for 30% and above
- Covers all drivers with no age restriction for Saloon and SUV models
- Valet Extension Coverage
- Wide geographical coverage: Singapore, West Malaysia and Thailand
- Up to \$100,000 of your outstanding car loan
- Up to S\$100,000 personal accident (PA) coverage
- Up to S\$3,000 personal effects coverage
- Up to S\$2,000 medical coverage
- 24/7 Emergency hotline
- Courtesy car from Trans Eurokars Group for up to 30 days for accident cases, windscreen claims (1 day)
- Taxi onward travel for accident cases (Singapore)
- Hotel accommodation (overseas claim)
- Accident towing services up till Thailand

Add-on Benefits

- Designed to protect NCD

Vehicle details

Make & Model of Vehicle	PORSCHE PANAMERA	Year of manufacture	2017
Vehicle registration number	SJA1693J	Type of Use	Private use
Body type	SALOON	Chassis number	WPOZZZ97ZJL180088
Engine capacity (c.c.)	2995	Engine number	013268
Sum Insured	SGD 490,000	Finance Loan Company	HONG LEONG FINANCE LIMITED
Limitation to use	As per Certificate of Insurance		

Excess applicable (refer to Policy Wording for other applicable Excesses)

Sect I - Used In S'pore Only SGD 2,000.00

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 2

Driver's Particulars Pg. 2

REPUBLIC OF SINGAPORE DRIVING LICENCE

S7179626D

GRACE NATALIA SUKAMTO

Birth Date: 12 May 1971
Issue Date: 23 Sep 2008

00165408J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7179626D



Name

GRACE NATALIA SUKAMTO

Race

CHINESE

Date of Birth

12-05-1971

Country of Birth

INDONESIA

Sex

F

S7179626D

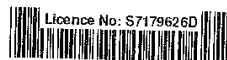
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE

23 Sep 2008

NP 428A



Licence No: S7179626D



8292634

NRIC No. S7179626D

Nationality

INDONESIAN

Blood Group

A+

Date of Issue

12-06-1998

6 LINCOLN ROAD #03-11
SINGAPORE 308345

NRIC No: S7179626D

Date: 06/01/2009

No: 6161518

Driver's Particulars Pg. 3



redefining / insurance

Date: 26/11/2018

To: Owner of Vehicle Number: SJA 18935

The following has been advised to you via your workshop, Ah Lim Motor Co through their staff, Mark.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ () You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ () You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ () You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ () There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ () There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ () The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ () You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ () For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.

For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using *any combination* of genuine original parts and/or original equipment manufacturer (OEM) parts.

- ☐ () You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ () For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

☒ () Others Reporting only

Signed and acknowledge by:

[Signature]
Name and signature of policy holder/authorised driver

[Signature] 26/11/18
Name and signature of workshop personnel including company stamp



Dear Sir/Madam
AXA Motor Insurance

My name is Ronald Sutardja. IC number S2683118J. My wife, Grace Natalia Sukanto, IC # S7179626D had small accident on the 15/11/2018.
I authorise her to file the accident reporting and take care of the case herself.

Thank you

A handwritten signature in black ink, appearing to read 'Ronald Sutardja', with a stylized flourish at the end.

Ronald Sutardja

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

