

## 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	05/01/2019 11:16
Date Of Accident	25/12/2018 18:00
Exact Location Of Accident	BALESTIER RD TO CTE BFR T-JUNCT OF AH HOOD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCL1511L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DIANAWATI TJAHJONO
Passport No/FIN	F2583248P
Email Address	CYBER21@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93917452
Alternative Phone No	OFFICE-93917452

### Vehicle Particulars

Manufacturer	SUBARU
Model	BRZ-2.0 RWD 6 (A)
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	GA336604
Cover Note Number	

### Driver

Name of Driver	INDRA HARTANTO
NRIC No	S8579547C
Date Of Birth	25/03/1985
Occupation	INDOOR
Date Of Driving Pass	11/07/2005
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84991268
Fax Number	
Contact Number	
EEmail Address	CYBER21@GMAIL.COM

Address	31 JALAN RAMA RAMA #35-03
Postcode	329111
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : PASS GENDER: : FEMALE

#### 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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

#### 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	SLW1053C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW SIEW BEE, SERENA
NRIC/Passport Number	
Contact Number	93898810
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### 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. 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.

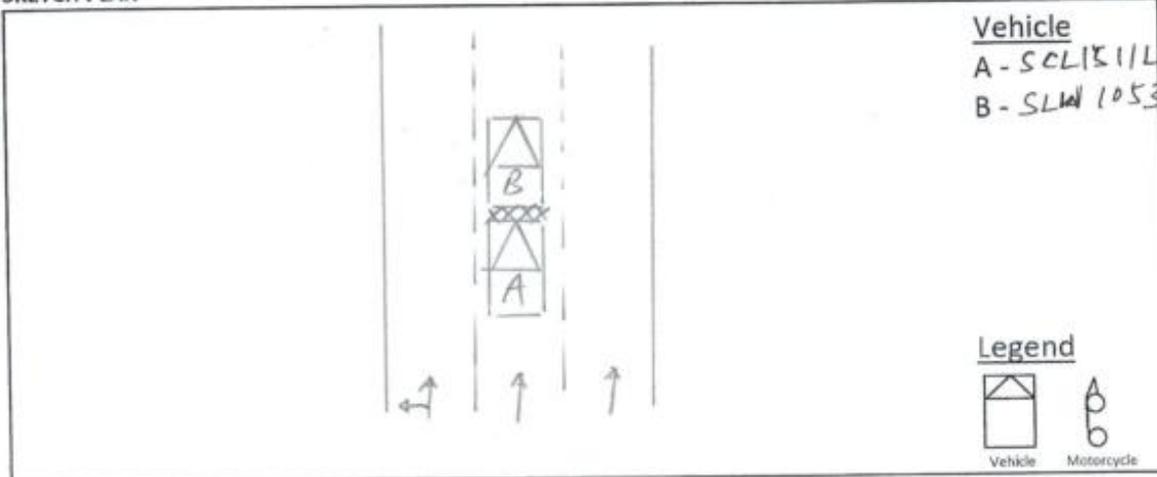
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On evening 25 December 2018 6pm my vehicle SCL1511L hit the bumper of vehicle SLW 1053C. My vehicle off peak plate bolt pierced through the bumper of the other vehicle; no other damage other than that.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8579547C



Name  
**INDRA HARTANTO**

Race  
**CHINESE**

Date of birth Sex

25-03-1985 M

Country of birth  
**INDONESIA**

S8579547C

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S8579547C**  
Name: **INDRA HARTANTO**

Birth Date: **25 Mar 1985**  
Issue Date: **10 Jul 2010**

001873311H



9074656



NRIC No S8579547C

Nationality  
**INDONESIAN**  
Date of issue  
**25-01-2010**

Address  
**31 JALAN RAMA RAMA  
#35-03  
SINGAPORE 329111**

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 11 Jul 2005

NP 428A



Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident: 25/12/18 Time: 18:00 2 Exact location of accident: Balestier Rd to CTE bfr T-junct of Ah Hood Rd.

To be signed by BOTH drivers

3 Injuries even if slight: No  Yes

4 Material damage: To vehicles other than vehicles A and B: No  Yes  To objects other than vehicles: No  Yes

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B):

Vehicle Video Camera Available: No  Yes

Registration No. (VEHICLE A) SCL1511L

6 Insured / policyholder (see insurance cert.) Name: Dianawati Tjahjono A Address: NRIC / Passport no: F2583248P Tel no. (from 9am till 5pm): 93919452 HP: 93919452

7 Vehicle: Make, type: Insurance company: AXA  TPFT  TPO Does the policy cover damage to vehicle A? No  Yes  Policy No: VA1/GA336604

8 Driver:  Same as Owner Name: INDRA HARTANTO NRIC / Passport no: S8579547C Class of licence: 84991268 HP: Gender: Male  Female

12 CIRCUMSTANCES Put a cross (X) in each of the relevant boxes applicable to your vehicle

- Chain Collision
- Collided into Skycraper
- Collided into Motorcycle
- Collided into Parked Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Cross Lane
- Collision - Cross Junction
- Collision - Head on Collision
- Collision - Head to Rear
- Collision - Major/Minor Rd
- Collision - Opening Door of Vehicle
- Collision - Roundabout
- Collision - U-Turn
- Drink Driving / Drug Influence
- Fire, Explosion or Lightning
- Flood
- Hit and Run / Vandals / Damaged whilst Parked
- Hit by Fallen Tree / Other Objects
- No Collision
- Side Swipe
- Theft

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SLW1053C

6 Insured / policyholder (see insurance cert.) Name: Address: NRIC / Passport no: Tel no. (from 9am till 5pm): HP: 93898810

7 Vehicle: Make, type: Insurance company:  C  TPFT  TPO Does the policy cover damage to vehicle B? No  Yes  Policy No. (if available):

8 Driver (See driving licence) (if different from insured see above) Name: Chew Siew Bee NRIC / Passport no: SERENA Class of licence: 93898810 HP: Gender: Male  Female

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the diagrams on page 2!

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A *[Signature]*

B *[Signature]*

14 My remarks

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf. Do not alter anything in this statement after signing. Subsequently, each driver should take one copy. For insured's Individual Statement (Part II) see overleaf →

**Individual Statement**

<b>INDIVIDUAL STATEMENT (Part II)</b>		Own Workshop Email / Fax (if any) <u>cyber21@gmail.com</u>		
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)				
Insured	1 Occupation (if more than one, state all)		Email:	
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity	
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>children</u> state the vehicle number and name of insurer of driver's own vehicle (where applicable)			
	4 Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____			
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____			
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)			
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	
	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	9 Full details of all driving convictions including pending prosecutions in the last 36 months			
		Date	Offence	
		Penalty		
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	
			Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	
			Insurer's name and address (if known)	
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____			
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____			
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		
	15 Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>		
	16 Speed of vehicles	A <input type="text"/> km/hr B <input type="text"/> km/hr		
	17 What warnings were given by driver or other party? _____			
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____			
20 If your vehicle is commercial, state weight of load carried at time of accident _____				
21 State how accident happened, width of roads, speed limits, etc (Refer to attached); <u>1) PASS (F).</u>				
22 State number of Passengers (Including Driver) <u>2</u>				
Declaration	I/We declare the foregoing particulars are true in every respect			
	Policyholder's signature _____		Date _____	
	Driver's signature (if driver is not the policyholder) <u>[Signature]</u>		Date _____	

Accident Photo



Accident Photo



Accident Photo





FUJI HEAVY INDUSTRIES LTD.

BUILT DATE JAN 12

GALR:F 876

GALR:R 943

VIN JF1ZC6K72DG002023

GVM/BVM 1700 kg

GCM/BKM 0 kg

GA/BA 1 876 kg

GA/BA 2 943 kg

VIN JF1ZC6K72DG002023

Applied Model ZC6AKE7

Trim Code M21

Color Code 02C

Option Code KCNC

Engine Type: FA20DHWUSA

Transmission Type: TX6A8GD90A



**▲ WARNING**

SRS SIDE AIRBAG  
TO AVOID SERIOUS INJURY OR DEATH  
• Do not lean against the door.  
• Do not use seat covers that  
block side airbag deployment.  
See owner's manual for more information.

**▲ AVERTISSEMENT**

SRS CÔTE AIRBAG  
POUR ÉVITER DE GRAVES BLESSURES  
OU LA MORT

Accident Photo

