

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	14/02/2019 18:05
Date Of Accident	11/01/2019 18:30
Exact Location Of Accident	ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF228Z
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Insured/Policyholder

Name Of Registered Owner	ALACRAN PROPERTIES PTE LTD
Co Reg No	200919700W
Email Address	INDOSPURS@YAHOO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-92226770

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC250 4MATIC COUPE AUTO
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	-
Cover Note Number	CN001060

Driver

Name of Driver	DARMA SATIA NARJADIN
Passport No/FIN	X145125
Date Of Birth	15/11/1972
Occupation	INDOOR
Date Of Driving Pass	01/01/2000
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92226770
Fax Number	
Contact Number	
Email Address	INDOSPURS@YAHOO.COM

Address	100D PASIR PANJANG ROAD #01-02
Postcode	118520
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	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

PLEASE REFER TO STATEMENT ON THE 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	SJJ4613J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO SIGNIFICANT DAMAGES
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

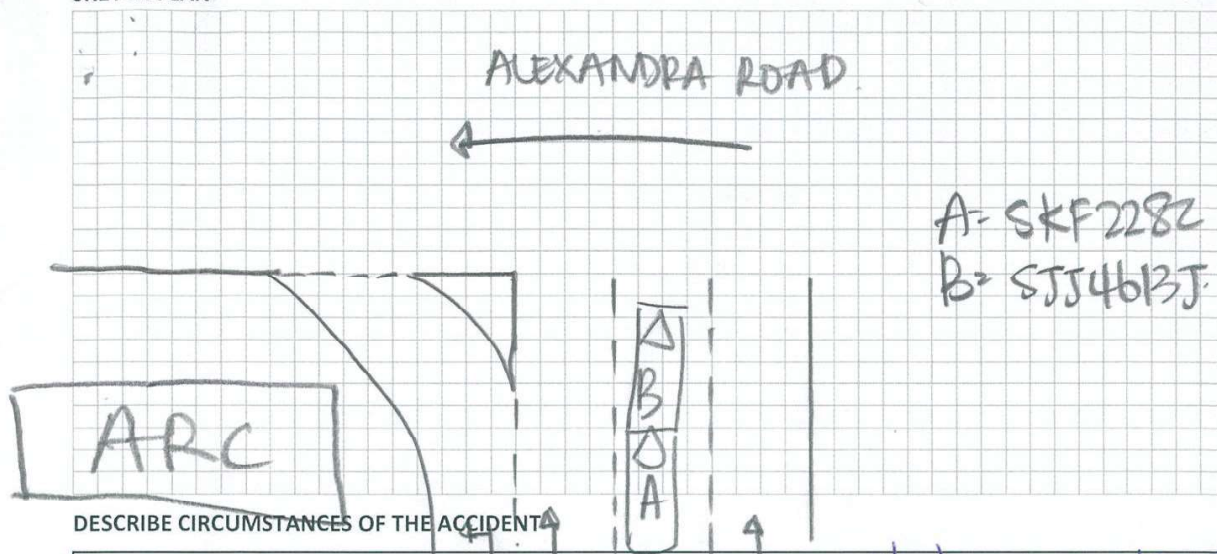


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKF228Z ACCIDENT DATE & TIME: 11/01/2019 @ 1830hrs.
 CONTACT NUMBER: 92226770 E-MAIL ADDRESS: indospurs@yahoo.com
 LOCATION: Along Basir Panyang Road

My vehicle was initially stationary in the middle lane of a 3-lanes road, along Basir Panyang Road. Vehicle B let go of his brakes. I followed suit. Unfortunately, the front portion of my vehicle slightly touched onto the rear portion of Vehicle B (STJ4613J). We pulled over at the nearest bus stop and inspected our vehicles. However, there were no significant damages. Then we left. Nobody was reported with injuries at the accident scene. That's all.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN

OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

☐ Claim Own Policy

☐ Claim Third Party

☐ Claim OD/TP at other workshop

☐ Reporting Only

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.:

PASPOR PASSPORT	REPUBLIK INDONESIA <i>REPUBLIC OF INDONESIA</i>
JENIS / TYPE P	KODE NEGARA / COUNTRY CODE IDN
NAMA LENGKAP / FULL NAME DARMA SATIA NARJADIN	No. PASPOR / PASSPORT NO. X 145125
KEWARGANEGERAAN / NATIONALITY INDONESIA	
TGL LAHIR / DATE OF BIRTH 15 NOV 1972	KELAMIN / SEX L/M
TGL PENGUARAN / DATE OF ISSUE 16 NOV 2015	TEMPAT LAHIR / PLACE OF BIRTH JAKARTA
No.REG.	TGL HABIS BERLAKU / DATE OF EXPIRY 16 NOV 2020
NIKIM 0005102943	KANTOR YANG MENGEUKARKAN / ISSUING OFFICE JAKARTA PUSAT

PERHATIAN

1. Paspor ini adalah dokumen milik Negara.
2. Kecuali pejabat yang berwenang, dilarang mencoret atau melakukan perubahan apapun atas tulisan, cetakan dan/atau dalam bentuk apapun yang terdapat dalam paspor ini.
3. Harap memperhatikan ketentuan kehilangan kewarganegaraan Republik Indonesia yang diatur dalam Pasal 23 Undang-Undang Nomor 12 Tahun 2006 tentang Kewarganegaraan Republik Indonesia.
4. Harap meminta keterangan atau visa terlebih dahulu dari Perwakilan Negara Asing yang akan dikunjungi.
5. Dalam hal paspor ini hilang agar segera melapor kepada:
 a. Kantor Kepolisian Negara Republik Indonesia dan
 b. Kantor Imigrasi setempat atau
 c. Kantor Polisi setempat dan Kepala Perwakilan Republik Indonesia terdekat dalam hal terjadi di luar negeri.

<IDNNARJADIN<<DARMA<SATIA<<<<<<<<<<<<<<<
X145125<<3IDN7211151M20111613171061511000334

KEPOLISIAN NEGARA
REPUBLIK INDONESIA
SURAT IZIN MENGEMUDI
(Driving License)

A
METRO JAYA
PRIA

Nama : **DARMA SATIA NARJADIN**
Alamat : **JL SUWIRYO NO.25**
RT : 4/1 GONDANGDIA
JAKARTA PUSAT
Tempat & : **JAKARTA**
Tgl.Lahir : **15-11-1972**
Tinggi : **184 cm**
Pekerjaan : **KARYAWAN SWASTA**
No. SIM : **721112052762**
Berlaku s/d : **15-11-2022**
JAKARTA 13-11-2017
DIRLANTAS POLDA METROJAYA



DPS. HAITM. BAGARRA. MH
KOMBES POL. NRP. 64030695

H 02974557



PERHATIAN :

1. Memalsukan SIM melanggar pasal 263 KUHP, dapat dipidana penjara paling lama 6 (enam) tahun.
2. Pelanggaran lalu lintas oleh pengemudi diberi bobot nilai dengan pencatatan pada pangkalan data Polri dengan kategori:
 - a. pelanggaran ringan (administrasi) dengan bobot nilai 1.
 - b. pelanggaran sedang (berdampak kemacetan) dengan bobot nilai 3.
 - c. pelanggaran berat (berdampak kecelakaan lalu lintas) dengan bobot nilai 5.
3. Bagi pemilik SIM yang pelanggaranannya melebihi bobot 12, SIM dapat dicabut sementara dan atau dilakukan uji ulang pada saat perpanjangan SIM (Perkap Nomor 9 Tahun 2012 tentang Surat Izin Mengemudi).

CALL CENTRE : 1500669

Friday, 11 January

Hi Mr Satia. Hope you didn't get a shock just now. Managed to give the car a check at the boot area. There is a indentation mark on the boot area. Will probably have it resprayed.

19:10

Saturday, 12 January

Morning Mr Satia. I took a closer look this morning and there are a few indentations in my rear bumper. I intend to send it in to sort it out. Let me know your thoughts. Thanks

10:26

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: 6338 7288 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M



Original

Agent Code: 03288

Policy No.(if any):

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTENo. **CN001060**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	ALACRAN PROPERTIES PTE LTD
INSURED BUSINESS REGISTRATION NO.	200919700w
MAKE AND DESCRIPTION OF VEHICLE	MERCEDES GLC250 4MATIC
VEHICLE REGISTRATION NO.	
YEAR OF MANUFACTURE	2017
ENGINE NO.	27492031211026
CHASSIS NO.	WDC2533462F333182
ENGINE CAPACITY/TONNAGE	199
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	NIL
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 28/05/2018 TO: 27/05/2019
EXCESS (S\$)	SECTION 1: \$800
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

AXA INSURANCE PTE LTD

Issued by VINCAR PTE LTD on 28/05/2018 9:52 am

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged :
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NOTE/VO1/03

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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