

# 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 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 Submission	02/12/2022 10:53 (SGT)
Reported by	Both
Date of Accident	01/12/2022 17:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE AFTER THOMSON EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR8254G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ARIANTY HARTAWAN
NRIC No	SXXXX280I
Email Address	ARIANTYH@YAHOO.COM
Mobile Phone No	(Phone) +65-91559431
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

## INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA442915

## DRIVER

Name of Driver	ARIANTY HARTAWAN
NRIC No	SXXXX280I
Date Of Birth	12/02/1973
Occupation	Indoor

Date Of Driving Pass	04/02/1998
Driving experience	24 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91559431
Alt. Phone Number	-
Email Address	ARIANTYH@YAHOO.COM
Address	BLK 747C BEDOK RESERVOIR CRESCENT #10-25
Address complement	-
Postcode	473747
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	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

#### 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	SHB5885A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN CHOON NGUAN
NRIC No	SXXXX723D

Contact Number .....	(Phone) +65-91169777
Address .....	215 MARSILING LANE #10-810
Address complement .....	-
Postcode .....	730215
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ OS

MCA: \_\_\_\_\_

## MOTOR ACCIDENT REPORT

Date Of Report: 2 Dec 2022 Time: 9:58am Date Of Accident: 1 Dec 2022 Time: 17:55

Exact Location Of Accident: PIE after Thomson exit

Country/State of Loss: Singapore ☒ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ / Johor ☐ / Perak ☐ / Kedah ☐ / Kelantan ☐ / Terengganu ☐ / Pulau Pinang ☐ / Perlis ☐ / Thailand ☐Who Reported the Accident? Owner ☒ Driver ☐ Both ☐Was this statement translated from another language?  
No ☐ Yes ☒ If yes, please fill ANNEX C

## OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SKR 8254G

Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No:

S7375280I

Name Of Registered Owner: Arianty Hartawan

Mobile Number: 91559431

Alternative No:

Email Address:

(Compulsory)

ariantyh@yahoo.com

## Vehicle Particulars

Manufacturer: Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐

Model:

Wish 1.8A

Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify):Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐Reporting Only ☐Third Party ☒ - If Liability Clearance UNSUCCESSFUL within 14 Days, I will revert to Own Insurance Policy ClaimVehicle Category: Private Car ☒ Commercial Vehicle ☐ Others ☐

## Insurance Company

Name of Insurance Company: AXA Insurance

Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐Fleet Policy: Yes ☐ No ☒

Policy / Cover Note No:

GA442915

## DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: Arianty Hartawan

NRIC/ Passport / FIN No:

S7375280I

Date Of Birth: 12 Feb 1973

Occupation: Indoor ☒Outdoor ☐

Date Of Driving Pass: 4 Feb 1998

Gender: Male ☐Female ☒

Mobile Number: 91559431

Fax No:

Alternative No:

Address: 747C Bedok Reservoir Crescent #10-25

Postal Code: 473747

Email Address: ariantyh@yahoo.com

Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured: Owner.

Vehicle Registration Number of Driver's Own Vehicle (if applicable):

Insurance Company of Driver's Own Vehicle (if applicable):

## GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: Rear Ended Collision

Weather Conditions: Clear ☐ Raining ☐ Others ☐ (If others, please state condition): Drizzling.Road Surface: Wet ☒ Dry ☐ Others ☐ (If others, please state condition):Was any body injured in the Accident? No ☒ Yes ☐Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No:

Vehicle type:

Number of vehicles involved in the accident: 2

Was there any witness? No ☒ Yes ☐ If yes, please furnish witness details column below

Witness Name:

Contact No:

Email:

Was there any other vehicle or property damaged? No ☐ Yes ☒Was there any video captured by Car Camera? No ☒ Yes ☐Are accident scene photos available for attachment? No ☐ Yes ☒Was the accident reported to the police? No ☒ Yes ☐ (If yes, please state which Police Station):Was notice of intended Prosecution given? No ☒ Yes ☐ (If yes, please state against whom):I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

## PASSENGER 1

Number of Passengers in the above vehicle (Including Driver): 1

/ If more than 2 Pax Please fill ANNEX B

Name:

Gender: Male ☐Female ☐

## DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: SHB 5885A

Vehicle Make/Model/Colour:

Details Of Properties Damage in Accident:

Vehicle Category:

Name of Driver: Tan Choon Nguan

NRIC/Passport/FIN Number: S6826733D

Contact Number:

91169777

Address: 215 Marsiling Lane #10-810

Postal Code: 730215

Insurance Company Name:

Nature Of Damage:

No. Of Passenger (Including Driver):

2

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

#### Sketch Plan



Describe Circumstance of the Accident

Due to front car stopping, my car has stopped at  
PIE (after Thomson exit) on the extreme right lane.  
Out of sudden, there is a taxi (SHB5885A) came  
towards and hit my car rear portion.

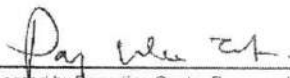
Declaration

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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)