SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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.

- 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.
 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 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? Name Of Registered Owner ARIANTY HARTAWAN SXXXX280I ARIANTYH@YAHOO.COM Email Address 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 Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission 1800

INSURANCE COMPANY

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

DRIVER

Name of Driver ARIANTY HARTAWAN 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	<u>.</u>
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	163
Does Driver Own Other Vehicles?	Na
	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company 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	NA E
Road Surface	Wet
OTHER INFORMATION	
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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	
BETAILS OF FOLIOL ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	140
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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)	_

Part	TYPE OF CLAIM: □OD □OD/UL ☑os			MCA:
Sease Location of Accident: PTE	7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
Country/State of Loss: Singapors of / Wilayah Persekutuan 7-5 Sangapor Daruf Bhana / Negeri Semblan / Petalang / P			Dec 2022	Time: [7:5
Perhang John Perak Perak Medah Kelantan			1 / Nama Cambillar [7] / Na	Table (C)
Who Reported the Accident? Owner (2) Driver: Both No Yes Types, please fill ANNOX C WAY VEHICLE DETAILS (INSURDIPONIXY HOLDER) Vehicle Registration Number: SKR \$ 2.54 G	: 1일 전에 보고 10대	[17] 20 전 [17] [17] [17] [17] [17] [17] [17] [17]	: (1) [[] - [[[]] - []	
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East Purpose for which vehicle was being used at time of accident: Normal Usage (Other (nlesse specify) : ine you claiming under your own insurance policy for repair to your vehicle? Yes Reporting Only Third Party (If tability (Ceram CUSS)CCCSSTU, with 11 ADN; will revert to Own Insurance Policy Claim Vehicle Category: Private Cat (Commercial Vehicle Others Tisturance Company: AXA Insurance Name of Insurance Company: AXA Insurance Name of Insurance Company: AXA Insurance Name of Driver: An an Hartawan Name of Party Fire and/or Theft Policy Cover Note No: C A 442 915 DRIVER DETAILS AT POINT OF ACCIDENT Name of Briver: An an Hartawan Name of Party Fire and/or Theft DRIVER DETAILS AT POINT OF ACCIDENT Name of Briver: An an Hartawan Name of Party Fire and/or Theft DRIVER DETAILS AT POINT OF ACCIDENT Name of Driver: An an Hartawan Name of Party Fire and/or Theft DRIVER DETAILS AT POINT OF ACCIDENT Name of Briver: An an Hartawan Name of Party Fire and/or Theft DRIVER DETAILS AT POINT OF ACCIDENT Name of Driver: An an Hartawan Name of Party Fire and/or Theft DRIVER DETAILS AT POINT OF ACCIDENT Name of Driver Name of Party Fire and/or Theft DRIVER DETAILS AT POINT OF ACCIDENT Name of Driver Name of Party Fire and/or Theft DRIVER DETAILS AT POINT OF ACCIDENT Name of Driver Name of Party Fire and/or Theft DRIVER DETAILS AT POINT OF ACCIDENT Name of Driver Name of Party Fire and/or Theft DRIVER DETAILS OF OTHER VEHICLE (If applicable): Remail Address: A Hartawan Name of Party Fire and Accident Name of Driver Name of Party Fire and Accident Name of Driver Name of Party Fire and Accident Name of Driver Name of Party Fire and Accident Name of Driver Name of Party Fire and Accident Name of Driver Name of Party Fire and Accident Name of Driver Name of Party Fire and Accident Name of Driver Name of Party Fire and Accident Name of Driver Name of Party Fire and Accident Name of Driver Name of Party Fire	Vehicle Particulars	(Comparison		
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Third Party	Exact Purpose for which vehicle was being used at time of	faccident: Normal Usage 🗹 🤇	Other [] (please specify) :	
Newtone of Insurance Company Private Car Commercial Vehicle Others				nly 🗆
Name of Insurface Company: AXA Insurance Third Party Fire and/or Theft Policy / Cover Note No: S 7 3 7 5 2 8 0 1			In Insurance Policy Claim	
Name of Insurdice Company: AXA Insurance Third Party Third Party Fire and/or Theft Fleet Policy: Yes No Policy / Cover Note No: CA 442915 DRIVER DETAILS AT POINT OF ACCIDENT Name of Driver: Arianty Hartawan NRIC/ Passport / FIN No: \$73752801 Date of British: 12 Feb 1973 Occupation: Indoor NV Outdoor Date of Driving Pass: 4 Feb 1998 Gender: Male Female NV Mobile Number: 9155943 Fax No: Alternative No: Al		le 🗆 Others 🗆		
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Date Of Driving Pass: 4 Feb 998 Gender: Male Female & Mobile Number: 9 155943 Fax No: Alternative No:			12/260	101
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Vehicle Registration Number of Driver's Own Vehicle (if applicable): Contact No:	Was driver an employee of the Insured's Company? Yes	□ No D State relationship of	the driver with the insured:	OWNER
General Information of the accident Lea Earling Other= (if others, please state condition): In a Unit Notation Was any body injured in the Accident? No Yes Vehicle No: Vehicle type: Was any foreign vehicle involved in this accident? No Yes Vehicle No: Vehicle type: Notation Ves Vehicles involved in the accident? No Yes Vehicle No: Vehicle type: Notation Ves If yes, please furnish witness details column below Witness Name: Contact No: Email: Email: 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): have been approached by unknown person(s) soliciting/offering accident claims assistance. No Yes Washer Head of Prosecution given? No Yes (if yes, please state against whom): Number of Passengers in the above vehicle (including Driver): / If more than 2 Pax Please fill ANNEX B Number of Passengers in the above vehicle (including Driver): / If more vehicles involved) Vehicle Make/Model/Colour: Vehicle Make/Model/Colour: Vehicle Category: Name of Driver: An Choon Novation Novat				
Vehicle Type Of Accident: Lear Call (a U is solution) Contact Co	Insurance Company of Driver's Own Vehicle (if applicable)):		-
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Road Surface: Wet [0] 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 Vehicle No: Vehicle type: Name: Vehicle No: Vehicle type: Was there any witness? No Yes If yes, please furnish witness details column below; Witness Name: Contact No: Email: Was there any video captured by Car Camera? No Yes Are accident scene photos available for attachment? No Yes Was there any video captured by Car Camera? No Yes (If yes, please state which Police Station): Was notice of intended Prosecution given? No Yes (If yes, please state against whom): 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): / 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: Vehicle Category: Name of Driver: Tan Choon Nguan Andress: 215 Marsiling Lane + 10-80 Postal Code: 73021	Type Of Accident: New Ended Cou	(istion		
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Address: 215 Marsiling Lane #10-810 Postal Code: 73021			91169777	
neurance Company Name:				1 Code: 730215
issurance company Haller				

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.
- 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.

A/'

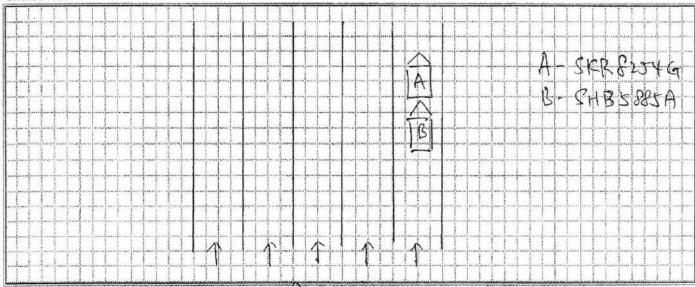
Policyholder's Signature / Date & Time

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

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

1

Sketch Plan



1716

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 (SHB 5885A) come
towards and hit my car rear portion.
Toron as arra 1711 ing 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)