

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 ability.
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 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	17/11/2017 09:41
Date Of Accident	16/11/2017 12:20
Exact Location Of Accident	HILL ST AFTER JUNCTION OF STAMFORD RD/VICTORIA ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB5274R
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	-
Email Address	DANNYLIMKG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97715959
Alternative Phone No	OFFICE-97715959

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VPCP/17-000697-00
Cover Note Number	

Driver

Name of Driver	LIM KIM GUAN
NRIC No	S1756129D
Date Of Birth	25/02/1966
Occupation	INDOOR
Date Of Driving Pass	30/03/1991
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97715959
Fax Number	
Contact Number	OTHERS-97715959
Email Address	DANNYLIMKG@YAHOO.COM.SG

Address	BLK 621 YISHUN RING ROAD #07-3164
Postcode	760621
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV2886M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MR.LIM
NRIC/Passport Number	
Contact Number	94781162
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

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.

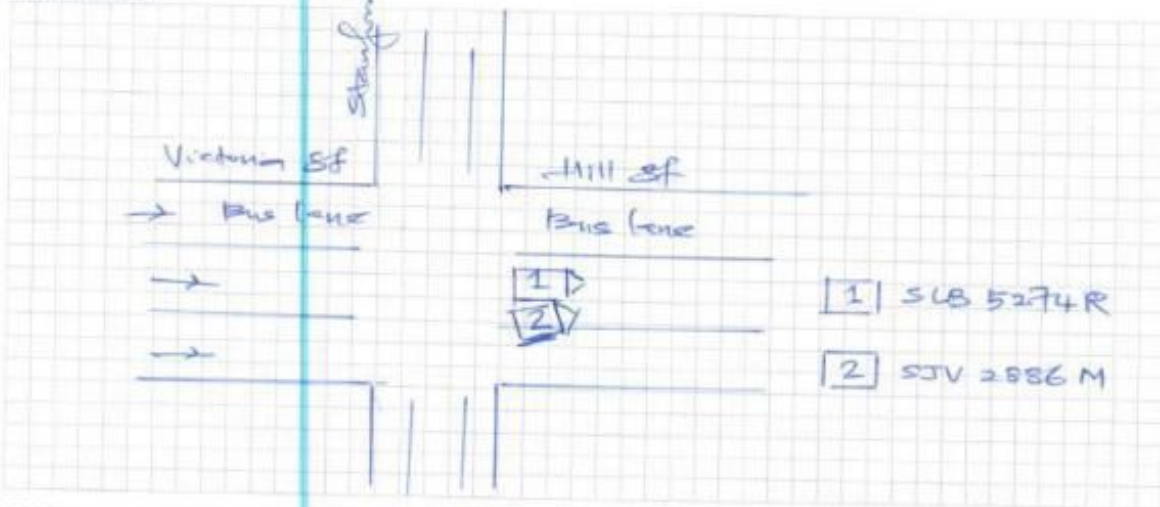
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Red Li*
NRIC/FIN No: *400003*

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/11/17 @ about 1220hrs, I was driving along Victoria St and stop right of the junction of Stamford Road. My vehicle is one with registration number plate SLB 5294 R.

I was then at the 2nd lane beside the bus lane. When the traffic light at the said junction (Victoria St X Stamford Road) turned green, I drove my car forward onto Hill Street and suddenly another vehicle SJV 2886M tried to cut into my lane and collided onto my driver side of my vehicle.

Before I could attempt to take photos of the positions of vehicles after collision, the driver of SOV 2886M drove forward to park his car along Hill Street.

No one is injured. My vehicle front right position was dented and ^{light} scratches.

The driver of SJV 2886M is a male Chinese who identified himself as Mr. Lim (HP: 94781162).

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: 12/4/17

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

LEASING LETTER

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

111 Somerset Road #11-05 Singapore 238164

Agreement Date: 13/04/2016

Agreement No.: 58615

AUTOMOBILE LEASE AGREEMENT

THE SCHEDULE

(Lessor)	Name : Hitachi Capital Asia Pacific Pte. Ltd.	UEN No. : 199400399N
	Address : 111 Somerset Road #11-05 Singapore 238164	
(Lessee)	Name : LIM KIM GUAN	NRIC/PP/UE No: S1756129D
	Address : BLK 119 TAMPINES STREET 11 #04-186 SINGAPORE 521119	
(Guarantor)	Name : LEE KWK HNG	NRIC/PP/UE No : S115129ZE
	Address : 84 CREATION ROAD #01-08 SINGAPORE 649821	

DESCRIPTION OF VEHICLE ("Vehicle")

MAKE / MODEL AND DISTRIBUTOR OF VEHICLE	COLOUR	REGISTRATION NO.
1. Make / Model : HYUNDAI ELANTRA AD 1.6 GLS AT		
2. Chassis / Engine No. : RMH6410MHU131482 / G4FGU150094	BEIGE	SLB5274R
3. Distributor : KMXD MOTORS P/L ("Distributor")		

TERMS OF RENTAL PAYMENT

1. Commencement Date: 13/04/2016	
2. Period of Lease: From 13/04/2016 to 12/04/2021 (60 months) ("Lease Period").	
3. Initial Payment of SGD\$ 9,556.10 Plus GST SGD\$ 668.93 ("Initial Payment") and thereafter 59 monthly rental of SGD\$ 1,144.97 each Plus GST SGD\$ 80.15 ("Rental"), due on the 13th day of each month (payable in advance) ("Due Date").	
4. Security Deposit: SGD\$ 0.00	

OTHER TERMS OF LEASE (* Except for Items 8, 12 & 13, please delete the option clearly if inapplicable)

1. Service : Distributor's Package / Lessee to pay for own service at []
2. Mileage Limit : YES / () Kilometer every () Months / NO
3. Motor Insurance: Included in Rental / Not-included in Rental
4. Road Tax: Included in Rental / Not-included in Rental
5. 24 Hr Emergency Break down & Towing in Singapore: YES / NO
6. 24 Hr Emergency Break down & Towing in Malaysia: YES / NO
7. Collision Damage Waiver (CDW): YES / NO
8. Mandatory Excess SGD\$ 1,500.00 (in Singapore) and SGD\$ 1,500.00 (in Malaysia) in respect of each and every single accident.
9. GPS Tracking : YES (Please refer to Clause 17.3) / NO
10. Provision of Courtesy Car : YES subject to Clause 7.4 / NO
11. Replacement cost of Vehicle's Tyres : Included in Package / Payable by Lessee
12. Contractor (pursuant to Clause 12.1.1):
13. Estimated Residual Value (For reference only) : \$32,741.61

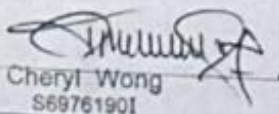
FULL PARTICULARS OF MAIN NAMED DRIVER

Name : LIM KIM GUAN	Date of Birth :
Company :	Nationality :
Address :	Contact No. :
NRIC/FIN/PP No : S1756129D	Driving Licence No :

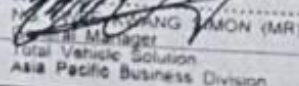
FULL PARTICULARS OF OTHER NAMED DRIVER

Name :	Date of Birth :
Company :	Nationality :
Address :	Contact No. :
NRIC/FIN/PP No :	Driving Licence No :

WITNESS to Lessor Signature


Name: Cheryl Wong
NRIC/PP No: S69761901

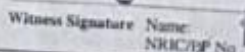
SIGNED by
for and on behalf of HITACHI CAPITAL ASIA PACIFIC PTE. LTD. (Lessor)


Mr. LIM KWONG LIMON (MR)
General Manager
Total Vehicle Solution
Asia Pacific Business Division

Authorised Signatory

Name:
NRIC/PP No:

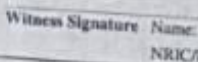
WITNESS to Lessee Signature

Witness Signature Name: 
NRIC/PP No: S1376261F

SIGNED by OR for and on behalf of LESSEE:

Lessee Signature (Name : LIM KIM GUAN)

WITNESS to Guarantor Signature

Witness Signature Name: 
NRIC/PP No: S1376261F

SIGNED by GUARANTOR:

Guarantor Signature (Name : LEE KWK HNG)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
URN: 5665300208 / GST Reg. No.: M400017738

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMA47152241 Vehicle Registration No: SLB5274R
Name (as shown in NRIC): LIM Kim Guan NRIC/FIN/Passport No: S175612911
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 97715959
Email Address: _____
Date of Accident: 16/1/2017 Time of Accident: 12:20
Place of Accident: HILL ST ATRIUM JUNCTION OF STAMFORD RD / VICTORIA ST
Insurance Company: M814

(B) ADDITIONAL INFORMATION (AMENDMENTS):

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① DATE OF DRIVING LICENCE To 20/03/1991
- ② THIS IS A CAR LEASING
- ③ POSTAL CODE OF THE DRIVER ADDRESS To 760721
- ④ UPLOADED VIDEO

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rachel WOODBURN
NRIC/FIN No.: _____
Date: 20/1/2017