

☒ Scene Pic
☐ Auth Letter

☒ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident Time (24 HRS)

Location of Accident

Dec 2, 2017 08.50am just after junction of Sixth Ave & Bukit Timah Road

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number
Name of Policyholder
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)
Address
Address
Contact Number
Email Address

SKR SIS G
Raena Aihara Cheong
S7723863H
28A Berrima Road
Singapore 299908
Tel: Hp: 97768834
raena.aihara@gmail.com

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model
Type of Vehicle
Are you claiming under your own insurance policy?
Vehicle category

Mercedes Benz B160
Saloon, (MPV) CRV, Van, Lorry, Bus M/cycle, Others:
☐ Yes ☒ No Remarks: TP Claim
☒ Private ☐ Commercial ☐ Motorcycle
(other us)

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company
Type of Policy
Fleet Policy
Policy Number

AXA
☐ Comprehensive ☒ TP Fire & Theft ☐ Third party
☐ Yes ☒ No
GA 147066

DRIVER

Name of Driver
NRIC/ FIN/ Passport
Date of Birth
Occupation
Driving Pass Date
Gender
Contact Number
Address
Address
Email Address
Was driver an employee of the Insured's Company?
If No, relationship of Driver with the Insured.
No. of Passenger in vehicle (including Driver)
Vehicle Number of Driver's Own Vehicle (if applicable)
Insurance of Driver's Own Vehicle (if applicable)

Kazuhiko Hamamoto
G6206732U
May 15, 1980
Chef de cuisine
06 Nov 2014
☒ Male ☐ Female
Tel: Hp: 97768834
28A Berrima Road
Singapore 299908
☐ Yes ☒ No
Spouse
04 (including Driver) 02 Adults 02 Toddler

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions
Road Surface

☒ Clear ☐ Raining ☐ Others:
☐ Wet ☒ Dry ☐ Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)
Was anybody injured in the accident? (Including Witness)
Was any other vehicle(s) or property damaged?
Was there any video captured?

☒ No ☐ Yes
☒ No ☐ Yes
☐ No ☒ Yes
☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?
If Yes, please state which police station & Report No.
Was notice of intended Prosecution given?
If Yes, against whom?

☒ No ☐ Yes
☒ No ☐ Yes

OWN VEHICLE REGISTRATION NUMBER

SKR 515 G

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Make/ Model/ Others

Name of Driver

NRIC/ FIN/ Passport

Contact Number

SHC 7493 D
Toyota Prius
Yap Yeng Kheng
S2172415G
9061 6300

Other Vehicle or Property 2

Vehicle Registration Number

Make/ Model/ Others

Name of Driver

NRIC/ FIN/ Passport

Contact Number

SSG 3542 C
Chrysler Grand Voyager
Deidre Anne Lyons
G5476388 W
8498 9650

DETAILS OF WITNESS

Name

Phone / Email Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

☐ Yes

☒ No

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

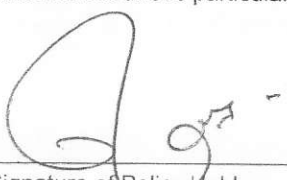
☒ No

☐ Yes


☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.


Signature of Policy Holder
(Company Chop if applicable)

2/17/17 @ 11am
Date & Time


Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

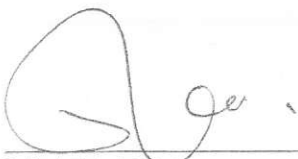
SKETCH PLAN

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:

(company chop if applicable)

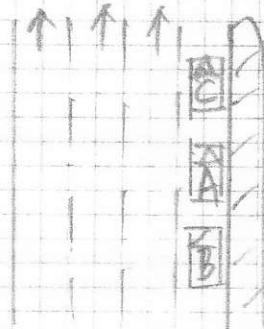


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

BUKIT TIMAH RD



A: SKR 515 G
B: SHC 7493 D
C: SJG 3542 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We approached the upcoming U-turn after the junction of Sixth Ave and Bukit Timah Road and stopped behind SJG 3542 C within safe distance (I could see the bumper of the car).

While waiting for the traffic to move, not more than 1 minute later, a taxi hit ~~behind~~ us at the rear, taxi: SHC 7493 D.

The impact was so great that the car's center console drawer popped open.

* Repair other workshop *

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

(company chop if applicable) Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Raena Aihara Cheong

28A Berrima Road

Singapore 299908

Dec 5th, 2017

FIRST CAPITAL INSURANCE LTD

36 Robinson Road

#16-01 City House

Singapore 068877

Attn : Motor Claims Department

Dear Sirs,

Re: Accident Involving Vehicle No: SKR515G, Taxi No. SHC7493D and Veh. No. SJG3542C

Just after Junc. of Sixth Avenue and Bukit Timah Road on Dec 2nd 2017 at 08.50 AM

I am the owner of Vehicle No. SKR515G which was involved in the above accident with
Taxi No. SHC7493D whom I understand is insured with you.

My car was badly damaged and would like to request for a surveyor to inspect my car at
the following address :

CAREWELL AUTO SERVICE

160 Sin Ming Drive

#03-21 Sin Ming AutoCity

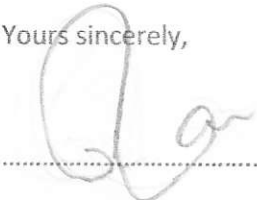
Singapore 575722

Contact Person : Kim Hua

Mobile 9818 9926

Thank You for your kind assistance.

Yours sincerely,



Ms. Raena Aihara Cheong