

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	10/01/2018 11:33
Date Of Accident	29/12/2017 15:20
Exact Location Of Accident	NO.14 SCOTTS ROAD TURN INTO FAR EAST PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3057U
Insured/Policyholder	
Name Of Registered Owner	GOH XIN YING
NRIC No	S8521383J
Email Address	GOLDENGUN8@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96679133
Alternative Phone No	OTHERS-96679133

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVE BACK TO CARPARK
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VPCP/17-000288-00
Cover Note Number	

Driver

Name of Driver	GAN TECK SENG ,INDRA
NRIC No	S2744037A
Date Of Birth	12/05/1966
Occupation	INDOOR
Date Of Driving Pass	24/09/1991
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96679133
Fax Number	
Contact Number	OTHERS-96679133
Email Address	GOLDENGUN8@YAHOO.COM.SG

Address	BLK 629 SENJA ROAD #29-192
Postcode	670629
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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 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	SJU6927H
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. Of Passenger (Including Driver)	

Accident 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:

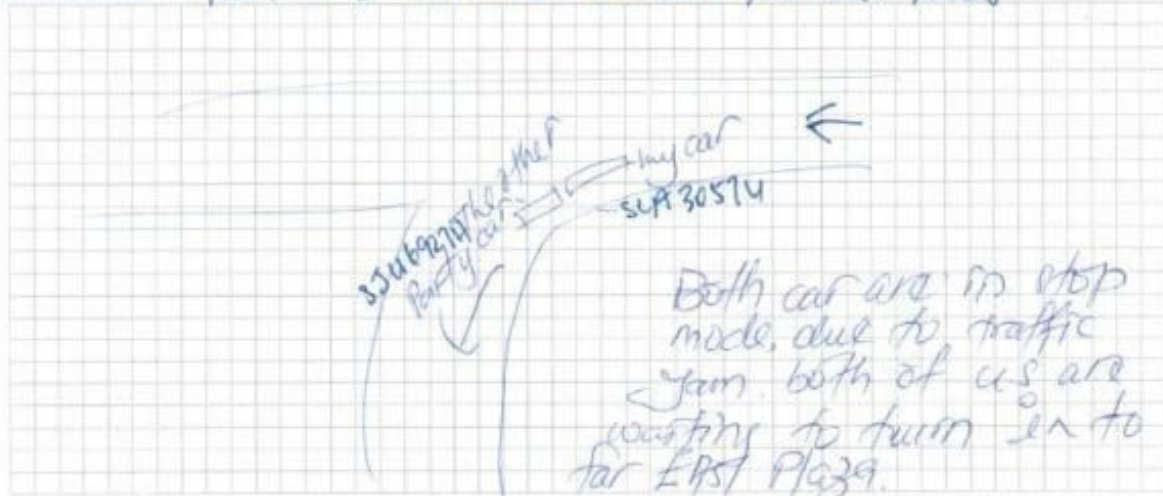
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

Acc: 14 SCOTTS ROAD TURN INTO FAR EAST PLAZA



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Both of cars were in stop mode. Not sure is the front car rearward and hit my car. It just a very light touching, no damage on both cars but the car driver of 5JUB9274 insisted me to personal settle. I told her nothing damage on your car, thus what to settle. The driver just told my contact number, claimed will call me.

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.:

LETTER

HITACHI
Inspire the Next

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

Agreement Date: 26/02/2016
Agreement No.: 56457

111 Somerset Road #11-05 Singapore 238164

AUTOMOBILE LEASE AGREEMENT

THE SCHEDULE

(Lessor)	Name : Hitachi Capital Asia Pacific Pte. Ltd. Address : 111 Somerset Road #11-05 Singapore 238164	UFN No. : 199400399N
(Lessee)	Name : GCH XIN YING Address : 24 RIVER VALLEY CLOSE #10-26 SINGAPORE 238435	NRIC/PPN No: S8521383J
(Guarantor)	Name : Address :	NRIC/PPN No :

DESCRIPTION OF VEHICLE ("Vehicle")		COLOUR	REGISTRATION NO.
1. Make / Model : HINDA VEZEL 1.5X CVT		WHITE	SLA3057U
2. Chassis / Engine No. : RU11109073 / 115B4029076			
3. Distributor: THE CAR REGENCY P/L ("Distributor")			

TERMS OF RENTAL PAYMENT	
1. Commencement Date: 26/02/2016	
2. Period of Lease: From 26/02/2016 to 25/02/2023 (84 months) ("Lease Period").	
3. Initial Payment of SGD\$ 20,508.19 Plus GST SGD\$ 1,435.57 ("Initial Payment") and thereafter 83 monthly rental of SGD\$ 1,106.32 each Plus GST SGD\$ 77.44 ("Rental"), due on the 26th 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 (Package A) / Lessee to pay for own service at []	
2. Mileage Limit : YES / NO () 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. OPS Tracking: YES (Please refer to Clause 17.3) / NO	
10. Provision of Courtesy Car: YES (subject to Clause 9.4) / 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): \$20,035.53	

FULL PARTICULARS OF MAIN NAMED DRIVER	
Name : GCH XIN YING	Date of Birth :
Company :	Nationality :
Address :	Contact No. :
NRIC/PPN No : S8521383J	Driving Licence No :

FULL PARTICULARS OF OTHER NAMED DRIVER	
Name :	Date of Birth :
Company :	Nationality :
Address :	Contact No. :
NRIC/PPN No :	Driving Licence No :

WITNESS to Lessor Signature

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

Name: Cheryl Wong
NRIC/PP No.: S69761901

Authorized Signatory
General Manager
Total Vehicle Solution
Asia Pacific Business Division

WITNESS to Lessee Signature
Witness Signature Name: GCH XIN YING
NRIC/PP No: S0199509/C

SIGNED by GCH for and on behalf of LESSEE:
Lessee Signature (Name): GCH XIN YING

WITNESS to Guarantor Signature
Witness Signature Name:
NRIC/PP No:

SIGNED by GUARANTOR:
Guarantor Signature (Name):

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

