

## 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 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	02/02/2018 19:30
Date Of Accident	31/01/2018 11:10
Exact Location Of Accident	YISHUN INDUSTRIAL PARK A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU2001T
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#### Insured/Policyholder

Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE. LTD.
Co Reg No	199400399N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67341222

#### Vehicle Particulars

Manufacturer	AUDI
Model	A6 C7 2.0 TFSI MU 4G
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VPCP/17-001098-00
Cover Note Number	

#### Driver

Name of Driver	THIAGARRAJAN S/O THINAKARAN
NRIC No	S7129263J
Date Of Birth	01/08/1971
Occupation	INDOOR
Date Of Driving Pass	27/10/1993
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96347537
Fax Number	
Contact Number	
EEmail Address	THIAGA_01@YAHOO.COM

Address	BLK 650 ANG MO KIO STREET 61 #07-05
Postcode	560650
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN & REPORT NO : T/20180202/2117

#### 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	SJM5736R
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS 1.6/ SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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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:

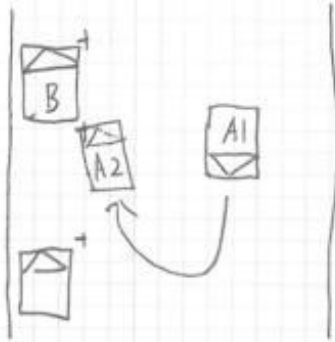
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 2/2/18 15:30



Reporting Centre Personnel's Signature  
Name: Tay Fong  
NRIC/FIN No.: 6204017X

## Sketch Plan #2

### SKETCH PLAN



A = SJM5736R

B = SKU2001T


### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Please Refer to the Police Report

### 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: Tan Feng  
NRIC/FIN No.: G2064974

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180202/2117

Police Station Of Origin:  
Traffic Police Division HQ  
12 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

1 of 3

Report No: T/20180202/2117

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2018 16:40			Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: THIAGARAJAN S/O THINAKARAN			Address: APT BLK 850 ANG MO KIO ST 61 #07-05 SINGAPORE 580850		
ID Type / ID No.: NRIC NO / S7128283J			Contact No.: Home/Office: Mobile: 96347537		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 01/08/1971	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/01/2018 11:10	Type of Location: Straight Road
Location:  YISHUN INDUSTRIAL PARK A  OPPOSITE INDIAN TEMPLE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM5736R	Car	TOYOTA	COROLLA ALTIS 1.8 AUTO	Silver		0
SKU2001T	Car	AUDI	A6 2.0 TFSI MU	White	Slightly Damaged	0

## Police Report



**SINGAPORE  
POLICE FORCE**



T20180202/2117

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

2 of 3

Report No: T20180202/2117

### CONTINUATION OF REPORT

#### Brief Details.

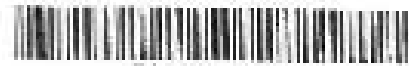
On 31/01/2018, I parked my vehicle at Yishun Ind park A, opposite Indian Temple. When I return to my vehicle, at the moment I did not notice that my vehicle was been hit, until this morning I realise that my vehicle has been damage after which I go and check on my in-car cam and realise that I was been hit by a car on 31/01/2018. That's all.

## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408885  
Tel No: 65470000



17/01202022117

2 of 3

Report No: T20190202/2117

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /  
TONG HWEE SIONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/02/2018 15:40

Officer In Charge Of Case:

TP / HRT /  
Sr Staff Sgt LIM WOON TIONG  
Contact No.: 85476418

Classification Of Case:

Authentication Stamp  
M166



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



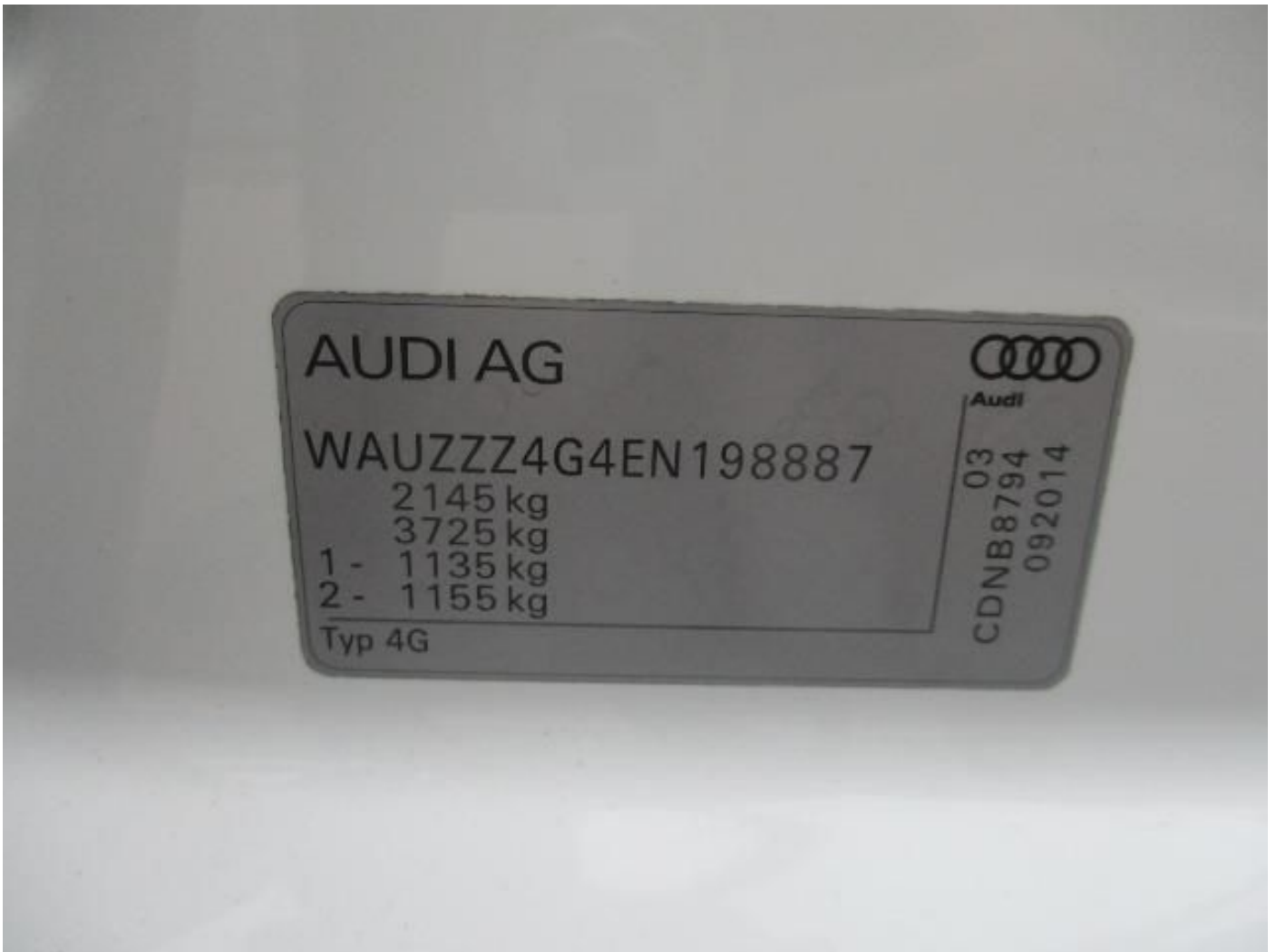


Accident Photo



**Accident Photo**





ACCIDENT SCENE PHOTO

