

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	21/08/2018 10:25
Date Of Accident	13/08/2018 21:15
Exact Location Of Accident	TOA PAYOH LOR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4759T
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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-81330626

Vehicle Particulars

Manufacturer	MAZDA
Model	5-2.0 5 DR WAGON (A)
Exact Purpose for which vehicle was being used at time of accident	
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1984789
Cover Note Number	

Driver

Name of Driver	HENG KWANG HAN (WANG GENGHAN)
NRIC No	S8802455I
Date Of Birth	15/01/1988
Occupation	INDOOR
Date Of Driving Pass	15/02/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81330626
Fax Number	
Contact Number	
Email Address	KWANGHAN.HENG@GMAIL.COM

Address	BLK 131A LORONG 1 TOA PAYOH #24-532 SINGAPORE
Postcode	311131
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	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : TAN HUI HOON GENDER: : FEMALE
Passenger 2	NAME: : HENG QIAN HAO GENDER: : MALE

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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SLZ3218R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHAY ENG
NRIC/Passport Number	S1527450F
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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.

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

HIROYUKI WAKESHIMA
Manager, Date & Time:
Corporate Auto Lease
Total Vehicle Solutions Department

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/8/18
100M

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

Sketch Plan #2

SKETCH PLAN

	Vehicle No A - SKR4759T B - SLZ328R
	Legend

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR B Braked a lot earlier at the traffic light along Tan Poyoh Lor
 I near the junction to the PIE entrance.

As the braking was a lot earlier than expected, I had to step ^{on}
 the brakes a lot harder and my foot slipped just before it came
 to a complete stop, resulting in Car A hanging on B at very close
 proximity.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the
 stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

HIROUCHI CAPITAL ASIA PACIFIC PTE. LTD.

..... Policyholder's Signature
 HIROYUKI WASHISHITA (MR)
 Date & Time:
 Manager
 Corporate Auto Lease
 Total Vehicle Solutions Department
© 2018 HATCHI SKETCH PLAN FORM V2.0

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 21/8/18
 10AM

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

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident 13/8/18	Time 10:15 PM	2 Exact location of accident Toa Payoh Lor 1	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

Registration No. (VEHICLE A) SKR 4759T

6 Insured / policyholder (see insurance cert.)
Name Hitachi Capital
(capital letters) Asia Pacific Pte Ltd
Address
NRIC / Passport no. M9400399N
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type Mazda 5 5-Door
Version

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. P1984789

9 Driver ☐ Same as Owner
Name Hong Kwang Han
(capital letters)
NRIC / Passport no. S88021557
Class of licence 2
HP 8133 0626
Gender Male ☒ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

A
01
02
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- Chain Collision
- Collided into Bicycle
- Collided into Motorcyclist
- Collided into Parked Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Cross Lane
- Collision - Cross Junction
- Collision - Head on Collision
- Collision - Head to Rear
- Collision - Major/Minor Rd
- Collision - Opening Door of Vehicle
- Collision - Roundabout
- Collision - U-Turn
- Drink Driving / Drug Influence
- Fire, Explosion or Lightning
- Flood
- Hit and Run / Vandalism / Damaged whilst Parked
- Hit by Fallen Tree / Other Objects
- No Collision
- Side Swipe
- Theft

Registration No. (VEHICLE B) SL 73218R

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type
Version

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

← State TOTAL number of boxes marked with a cross →

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4:

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

A

15 Signatures of drivers

[Signature]

B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)						
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)						
Insured	1 Occupation (if more than one, state all)		Email: <u>KWANGHAN.HENG@GMAIL.COM</u>			
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity			
	3 Is driver the owner?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, State Relationship of Driver with owner	State the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident	<input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire <input type="checkbox"/> Others - please specify				
	5 Is the vehicle still in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, state where it is at present		Tel no. _____	
	6 Are you claiming under your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)			
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?	
	<u>15/1/88</u>	Indoor	Outdoor	<u>15/2/2008</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability					
	9 Full details of all driving convictions including pending prosecutions in the last 36 months					
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)		
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
	If yes, please state which Police station _____					
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
	If yes, against whom? _____					
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others _____		
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others _____		
	16 Speed of vehicles	A _____ km/hr	B _____ km/hr			
	17 What warnings were given by driver or other party?					
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	19 What lights were displayed on your vehicle/the other vehicle(s)?					
	20 If your vehicle is commercial, state weight of load carried at time of accident					
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)					
Declaration	22 State number of Passengers (including Driver) <u>(3)</u>					
	<p>I/We declare the foregoing particulars are true in every respect</p> <p>HITACHI CAPITAL ASIA PACIFIC PTE. LTD.</p> <p>Policyholder's signature _____ Date _____</p> <p>Driver's signature (if driver is not the policyholder) <u>Tan Hui Hoon (F)</u> <u>Heng Qian Hao (M)</u> Date _____</p> <p>Manager Corporate Auto Lease Total Vehicle Solutions Department</p>					

INSURANCE PTE LTD
 anton Way, #24-01
 Tower, Singapore 068811
 umer Service Centre #B1-01
 35)63387288 Fax:(65)63382522
 site:www.axa.com.sg
 Registration Number: 199903512M
 mer.service@axa.com.sg

**CERTIFICATE OF INSURANCE**

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VPX/P1984789 Account No. : 13075
 Coverage : Comprehensive
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : HITACHI CAPITAL ASIA PACIFIC PTE LTD
 Vehicle Registration No. : SKR4759T
 Period of Insurance : From 18/08/2017 To 17/08/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Hirer's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

- (a) Use for the carriage of passengers or goods in connection with the hirer's business
 - (b) Use for social, domestic and pleasure purposes and business purpose of any person to whom the vehicle is hired
- The Policy does not cover
- (a) Use for racing, pace making, reliability trial or speed-testing
 - (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle
 - (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired

(04)

EXCESS :

Sect I - Any Authorised Driver : SGD 800.00
 Windscreen Excess : SGD 100.00

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature


Issued by - SGOPIBE2 on 08/09/2017

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S88024551




Name
HENG KWANG HAN
(WANG GENGHAN)
王耿涵

Race
CHINESE


Date of Birth
15-01-1988

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE — DRIVING LICENSE



License Number
S88024551

Name
HENG KWANG HAN
(WANG GENGHAN)

Birth Date
15 Jan 1988


Issue Date
15 Feb 2008

001571028K

3 2 9 6 9 2 9



NRIC No S88024551



Blood Group
-

Date of issue
24-01-2003

APT BLK 131A LORONG 1 TOA PAYOH #24-532
SINGAPORE 311131

NRIC No: S88024551

Date: 05/09/2017

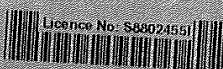
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg

PASS DATE
15 Feb 2008

NP 428A

License No: S88024551



Accident Photo



Accident Photo



Accident Photo





Accident Photo

