

## 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	23/08/2018 15:09
Date Of Accident	22/08/2018 11:45
Exact Location Of Accident	UPP SERANGOON RD MERGE LANE B4 JUNC TO VEERAGOO CL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA7506P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68336168

### Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VPCP/18-000491-00
Cover Note Number	-

### Driver

Name of Driver	MIDAH BINTE JOHARI
NRIC No	S7034117D
Date Of Birth	05/10/1970
Occupation	INDOOR
Date Of Driving Pass	08/08/1996
Driving Experience	22 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97531061
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	92 EDGEDALE PLAINS #04-27
Postcode	828686
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	<b>ROAD:</b> 21A TEBING LANE , <b>POSTCODE:</b> 828837 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM3550U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

  
.....  
HIROYUKI WASHISHITA (MR)  
Manager  
Corporate & Insurance  
Total Vehicle Solutions Department  
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

Please Refer to Sketch

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

### DECLARATION

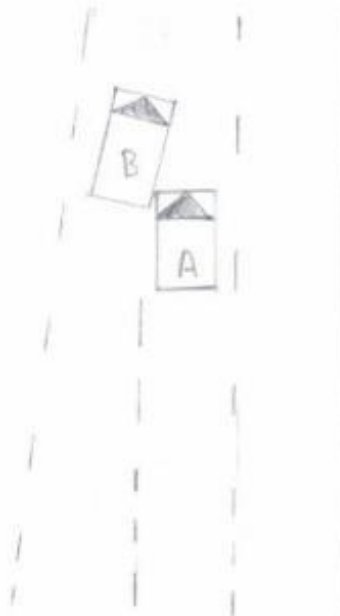
HITACHI CAPITAL ASIA PACIFIC PTE. LTD. We declare the foregoing particulars are true in every respect.

HIROYUKI WASHISHITA (MR)  
Manager  
Corporate Insurance  
Total Vehicle Solutions Department  
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



A = SLA 7506 P

B = YM 3550 U

Upper Serangoon Rd merging Lane B4 Junction to  
Veeragoo close.



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180822/2114

Police Station Of Origin:  
Punggol N.P.C  
21 Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

1 of 4

Report No. T/20180822/2114

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2018 23:02	Vide Report No.:	Station Diary No.: 103
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### Informant's Particulars

Name of Informant: MDAH BINTE JOHARI	Address: 92 EDGEDALE PLAINS #04-27 SINGAPORE 828686		
ID Type / ID No.: NRIC NO / S7034117D	Contact No.: Home/Office: Mobile: 97531061		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 47	Date of Birth: 05/10/1970	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: NETWORK SPECIALIST	Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/08/2018 11:45	Type of Location: Merging lane
Location: Along Road 1 UPPER SERANGOON ROAD				
Merging lanes before the junction to Veeragoo Close				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.:	Type	Make	Model	Color	Condition	No of Passenger
SLA7506P	Car				Slightly Damaged	1
YM3550U	Garbage Truck				Slightly Damaged	1

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# POLICE REPORT



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T/20180822/2114

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20180822/2114

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MIDAH BINTE JOHARI	ID No.	S7034117D
Related Vehicle	SLA7506P (Car)	Contact No.	97531061
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	Nur Dianah	ID No.	T0136580G
Related Vehicle	SLA7506P (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 22/08/2018 at about 1144hrs, I was driving along Upper Serangoon Road towards CTE on the second lane in my vehicle bearing registration plate SLA7506P. My daughter namely Nur Dianah binte Muhammad Fauzi Teo T0136580G was sitting on the left side of my passenger seat. I could see ahead that the 2nd lane where I was driving at and the 3rd lane of Upper Serangoon road were merging to form a single lane. The lanes indicating the merging lanes started close to the junction indicating Veeragoo Close to my left side. There was a Garbage Truck bearing registration plate YM3550U on the 3rd lane beside me and we were approaching the end of the merging lane. I then slowed down my vehicle in order to allow the Garbage Truck to enter the lane first as I spotted that the truck was accelerating to my left. The next moment, I felt an impact on the front left side of my vehicle. The rear right side of the garbage truck had collided upon the front left side of my car while trying to enter the lane through the merging lanes. The impact cause my daughter to hit on the left side door of the passenger seat while I felt a jerking motion on my back.

We then took down each other particulars. The following is the particulars of the driver of the garbage truck:

Siva Kumar S/O Manoker  
S8006726G  
DOB: 10/02/1980  
Blk 861 Yishun Avenue 4 #04-99

Subsequently, my daughter and I paid a visit to Mount Alvernia Hospital where I was given 5 days of Medical leave due to pain around the back of the neck and the right side of my back. My daughter received 3 days of Medical Leave. I would like to mentioned that I have a in-car camera installed to the



POLICE REPORT



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POLICE FORCE



T/20180822/2114

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Report No. T/20180822/2114

CONTINUATION OF REPORT

front and back of my vehicle and they captured the moment the incident took place.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180822/2114

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Report No. T/20180822/2114

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:

F /  
Sgt 2 WANG SHILING, ELVIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/08/2018 23:02

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Classification Of Case:

SN 085

Authentication Stamp  
NP168



Signature

Singapore Police Force

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



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**Accident Photo**



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