

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 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. 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	17/10/2018 14:59
Date Of Accident	17/10/2018 09:30
Exact Location Of Accident	ONE SHENTON (PARKING)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5009H
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	A4 SEDAN 1.4 TFSI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPX/P1929357
Cover Note Number	

Driver

Name of Driver	SHARMISTHA SEN
NRIC No	S8067622J
Date Of Birth	20/11/1980
Occupation	INDOOR
Date Of Driving Pass	11/05/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90219096
Fax Number	
Contact Number	
Email Address	SHARNISTHA2011@GMAIL.COM

Address	80 KIM SENG ROAD #29-07
Postcode	239426
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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 ON 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	
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

17TH OCT 2018@9:24AM APPROX:- I WAS COMING DOWN FROM THE PARKING AT ONE SHENTON. I WAS AT LEVEL 3. WHILE DURING DOWN, I WAS INSIDE MY LANE (YELLOW LINE). CAR CAME FROM THE OPPOSITE DIRECTION, WHICH WAS GOING UP INSTEAD OF TAKING A WIDE TURN, THE CAR TOOK A SHARP TURN COMING IN TO MY LANE AND THE ACCIDENT HAPPENED. THE LANES AT ONE SHENTON PARKING IS QUITE "OK" AND THE ACCIDENT WOULD NOT HAVE HAPPENED IF THE CAR WOULD HAVE TAKEN A TURN IN THE APPRECIATE DIRECTION AND NOT COMING INTO MY CAR.

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	SMA7398Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG BEE CHI
NRIC/Passport Number	S7633427G
Contact Number	97600463
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

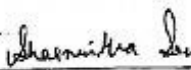
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Person.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to revoke 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.

NTACHI CAPITAL ASIA PACIFIC PTE. LTD.


TAKASHI SEKIMOTO (MR)
Manager
Corporate Policyholders Signature
Local Vehicle Sales & Service Department
Date & Time

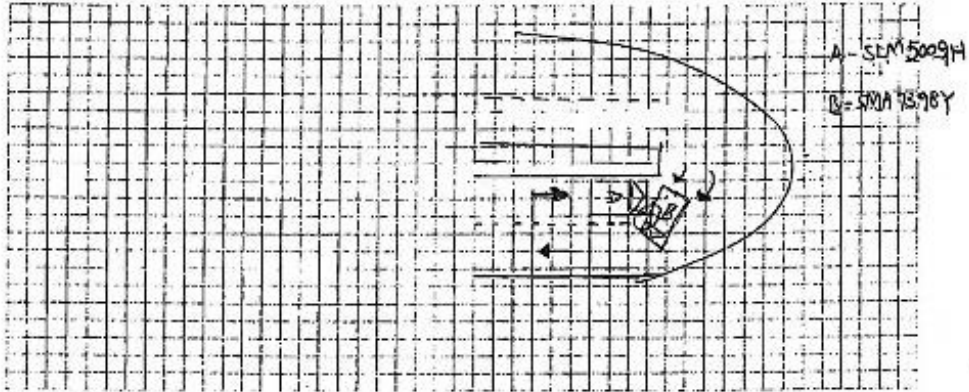

Driver's Signature
(If driver is not the policyholder)
Date & Time:
17/10/19
SLM 5009 H


Reporting Centre Personnel's Signature
Name: Wong Kian Seng, Boyd
NAK/TIN No: 629271051



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

17 Oct 18 @ 9:24am approx :-

I was coming down from the parking at One Shenton. I was ~~at~~ at level 3. While driving down, I was inside my lane (yellow line).

Car came from the opposite direction which was going up. Instead of taking a wide turn, the car took a sharp turn coming into my lane and the accident happened.

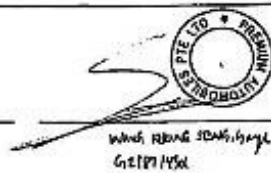
The lanes at One Shenton parking is quite OK and the accident would not have happened if the car would have taken a turn in the appropriate direction and not coming into my car.

DECLARATION

We declare the foregoing particulars are true in every respect.

Takashi Shimoto
TAKASHI SHIMOTO (MR)
Manager
Corporate Auto Lease
and Vehicle Solutions Department

Sharmila Sen
17/10/18
SLM5009H



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

