

## 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	10/12/2018 15:40
Date Of Accident	10/12/2018 12:50
Exact Location Of Accident	ALONG CAVENAGH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1431U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	-
Email Address	JANEYGER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92978770
Alternative Phone No	OFFICE-92978770

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	G 300037966 MCY
Cover Note Number	

### Driver

Name of Driver	LI SHUJUAN
NRIC No	S8331385D
Date Of Birth	29/09/1983
Occupation	INDOOR
Date Of Driving Pass	16/02/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92978770
Fax Number	
Contact Number	OTHERS-92978770
EEmail Address	JANEYGER@GMAIL.COM

Address	BLK 897C WOODLANDS DRIVE 50 #08-196
Postcode	732897
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	SIDE SWIPE
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	SLN6098M
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHNG ENG CHIA, ZHUANG YONG JIA
NRIC/Passport Number	S8607988G
Contact Number	93694995
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

# Accident Sketch Plan

## SKETCH PLAN

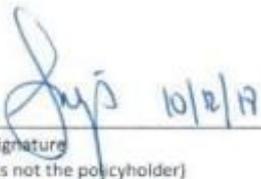
### IMPORTANT NOTICE

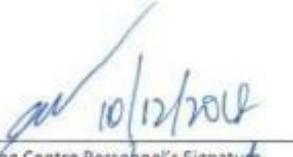
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

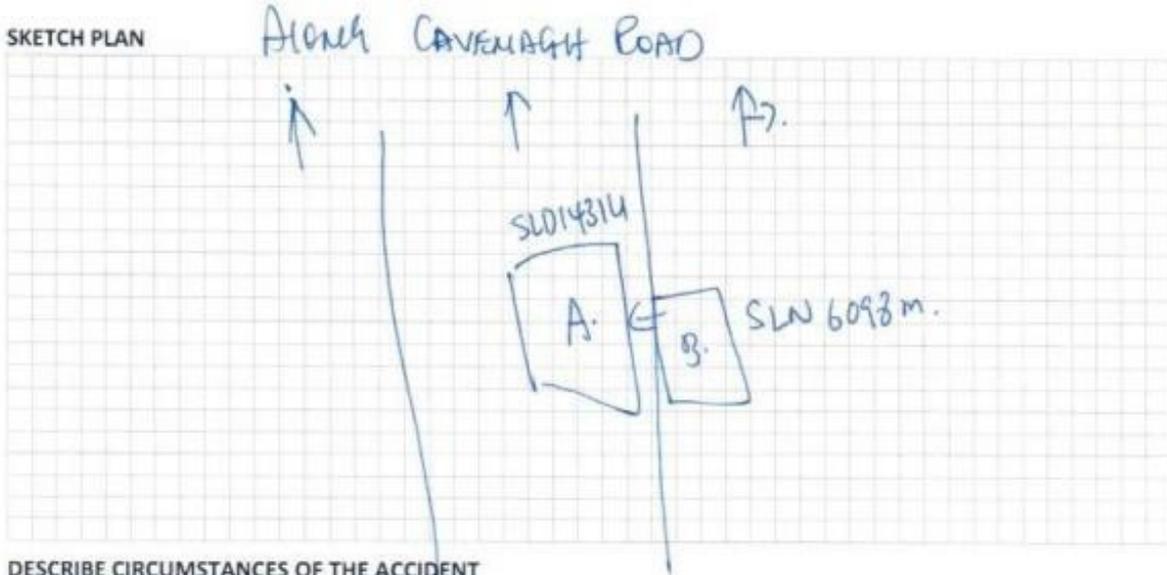
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Rishi Anand  
NRIC/FIN No. \_\_\_\_\_

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Going straight and car B suddenly came out from my right & hit my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

10/12/19 [Signature]  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

10/12/2018 [Signature]  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

LETTER

**HITACHI**  
Inspire the Next

10<sup>th</sup> December 2018

To: Whom-It-May-Concern

Dear Sir/Madam,

**Vehicle No. SLD1431U**

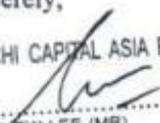
Hitachi Capital Asia Pacific Pte. Ltd., is the Registered Owner of the above mentioned vehicle. The vehicle is currently leased to Mr Edwin Yeo (Yao Ying), NRIC: S8318817J from 02<sup>nd</sup> June 2016.

Please do not hesitate to contact our Relationship Manager, Mr Daniel Lim at +65 6833 6271 should you need any further assistance.

Thank you.

Yours sincerely,

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

  
.....  
MATTHEW LEE (MR)  
Senior Manager  
Vehicle Solutions  
Total Vehicle Solutions Department

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**Total Vehicle Solutions**  
**Hitachi Capital Asia Pacific Pte Ltd**

Hitachi Capital Asia Pacific Pte. Ltd. (Main Office) Co. Reg. No. 199400399N  
111 Somerset Road #14-05 Singapore 238164 Tel: (65) 6734 1222 Fax : 6734 8835  
www.hitachi-capital.com.sg

Jun Taiyo Service Centre (Automobile Workshop)  
8 Fourth Lok Yang Road Singapore 629705 Tel: (65) 6466 3022 Fax: (65) 6896 6591

ID



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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