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 witholding 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
Insured/Policyholder	
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
EMail 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	
Was any body injured in the Accident?	YES
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

DETAILS OF INJURED PERSON 1

Name	LI SHUJUAN

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLD1431U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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:

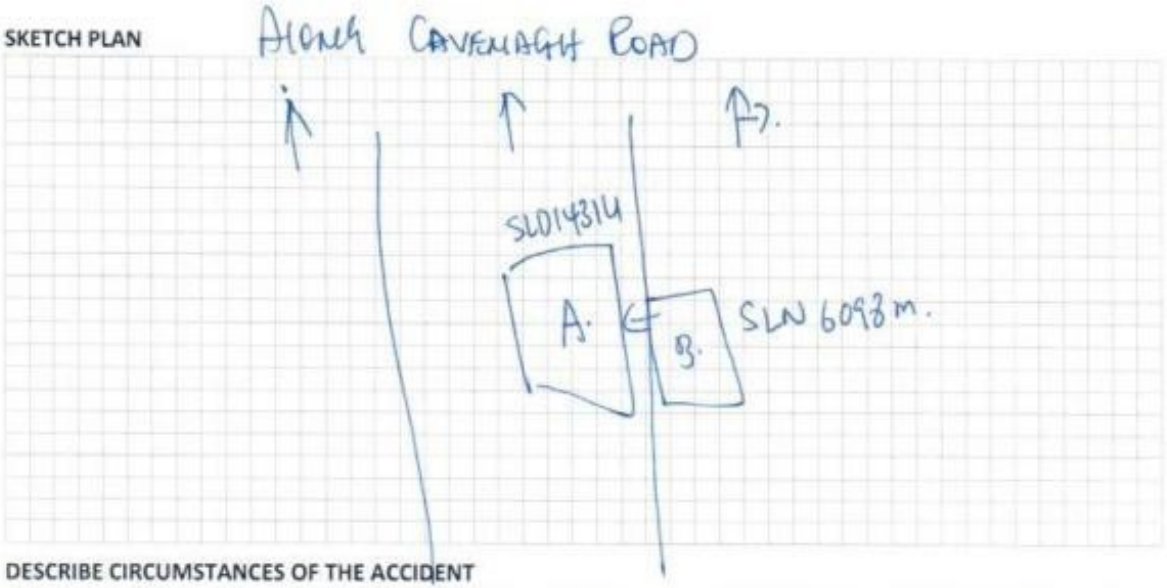
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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: 10/12/17	Reporting Centre Personnel's Signature Name: NRIC/FIN No. 10/12/2017

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:	Driver's Signature (If driver is not the policyholder) Date & Time: 10/12/19	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 10/12/2019

HITACHI
Inspire the Next

10th 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 02nd 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

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


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8331385D

Name
LI SHUJUAN
李 淑 娟
Race
CHINESE
Date of birth
29-09-1983
Sex
F
Country/Place of birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number S8331385D
Name
LI SHUJUAN
Birth Date 29 Sep 1983
Issue Date 16 Feb 2009


5254350
NRIC No. S8331385D
Date of issue
08-01-2014
Address
APT BLK 897C WOODLANDS DRIVE 50
#08-156
SINGAPORE 732897


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
CLASS DATE
Class 3 Motor Cars (< 3000kg with =<7 passengers, exclusive of the driver) and other motor vehicles (< 2000kg) 16 Feb 2009
NP 428A
Licence No: S8331385D

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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Accident Photo

Accident Photo

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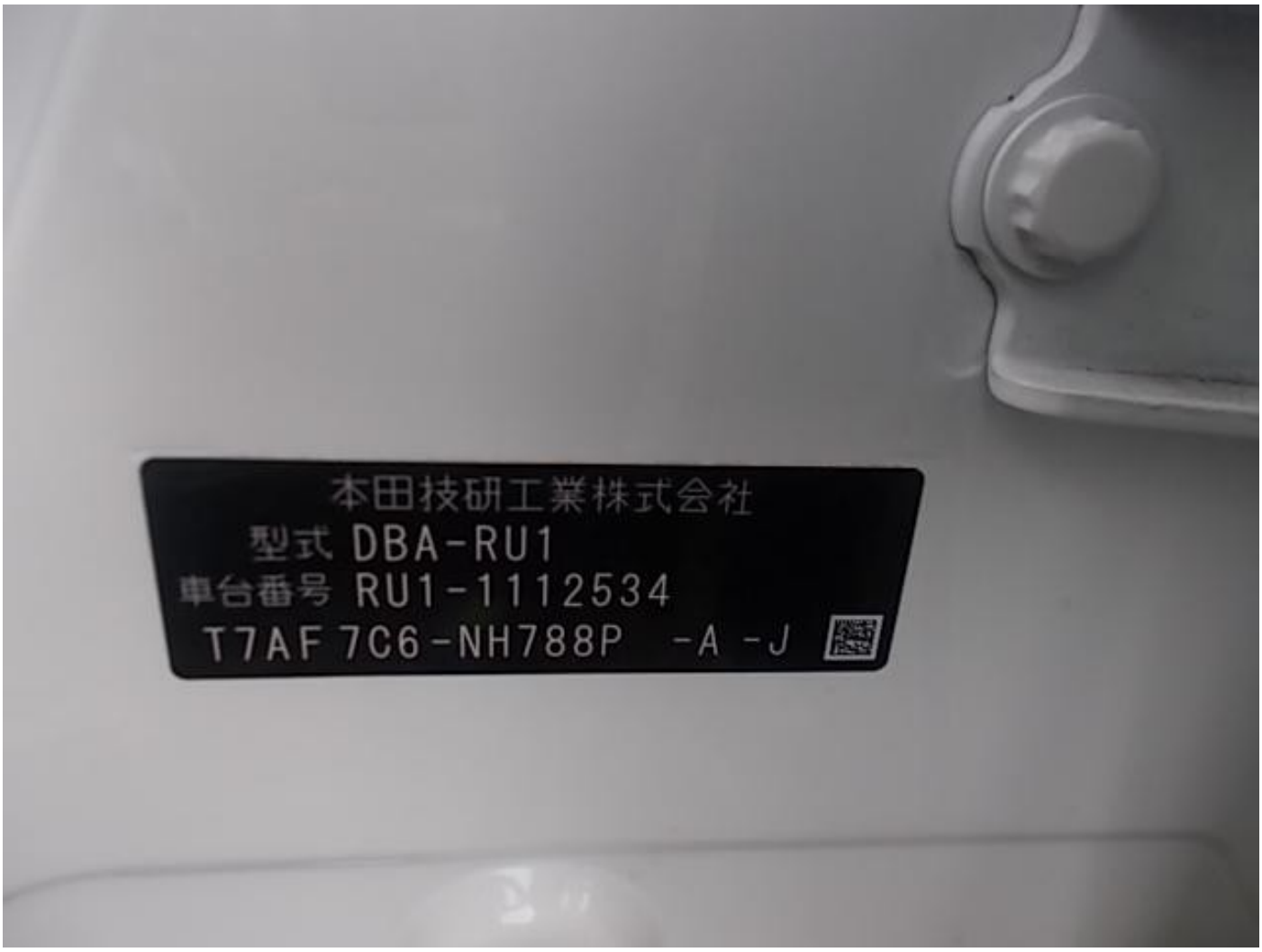
Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 5665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MVA4087599369 Vehicle Registration No: SLO 14314

Name(as shown in NRIC) : Li Shu Yuan NRIC/FIN/Passport No :

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No.: 92978770

Email Address :

Date of Accident : 14/12/2014 Time of Accident : 12.30

Place of Accident : Kallang Bahru Road

Insurance Company : NIL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To upload Caution ID & Driving Licence

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 11/12/2014

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MVIAC/815936901 Vehicle Registration No: SLD1431H

Name(as shown in NRIC) : LI SHUJUAN NRIC/FIN/Passport No : S8331385D

(Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 92978770

Email Address : _____

Date of Accident : 10/12/2018 Time of Accident : 12:50

Place of Accident : Bishan Commonwealth Road

Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Driver GOT 2 DAYS M/C

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: KOH YUNTAO
NRIC/FIN No:
Date: 11/12/2018