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.

By the lodgement of this report to the insurers, you here aforesaid.	by consent to the archiving of this report at the centre and to copies of the report being made available			
	ACCIDENT STATEMENT			
Date Of Report	11/02/2019 18:32			
Date Of Accident	09/02/2019 18:00			
Exact Location Of Accident	MSIA TOWARDS GELANG PATAH BEFORE EXIT 3			
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SKX4323K			
Insured/Policyholder				
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD			
Co Reg No	199400399N			
Email Address	JUNTAIYO@HCSPL.COM.SG			
Mobile Phone No				
Alternative Phone No	OFFICE-64663022			
Vehicle Particulars				
Manufacturer	HONDA			

Exact Purpose for which vehicle was being used at

time of accident

Model

Are you claiming under your own insurance policy

for repair to your vehicle?

VEZEL-1.5 X (A)

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number VPX/P1893983

Cover Note Number

Driver

Name of Driver LAN BIN CHE HASSAN

NRIC No S2682548B Date Of Birth 13/04/1964 Occupation **INDOOR** Date Of Driving Pass 17/02/2000

Driving Experience 18 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97814191

Fax Number

Contact Number

EMail Address LAN.HASSAN@MAUSER-SG.COM

BLK 441 JURONG WEST AVENUE 1 Address

#06-710

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - LESSEE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **RAINING** WET Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : WIFE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE

NO

YES

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 1800-2689999 - FAX NO: 62672438

Circumstances of Accident

PLEASE REFER TO ATTACHMENT

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 **SLL2968P**

Vehicle Make/Model/Colour MAZDA 3 SEDAN

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LIM YI HAO NRIC/Passport Number S8726489J **Contact Number** 91459882

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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:
 - 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.

Policyholde#3151gHature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Sketch Plan Pg. 2

SKETCH PLAN		
		& Sugarere
	(SKX V3331) (Sex	<u> </u>
To Gelang Puta	L	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
exit 3. I felt and a vehic body was of	high way to ward G an impact for my le SLL 2968P hit and enjoured and dent. The offen	my back vehicle . No
DECLARATION I/We declare the foregoing particular the foregoing partic	Alug- 11/2/201	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time:

NRIC/FIN No.:





Report No. J/20190210/2014

POLICE REPORT (NP299)

Police Station Of Origin

Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Date/Time Report Made 10/02/2019 02:09	Vide Re	Vide Report No.		Station Diary No.
Name Of Informant	Address	Address		
LAN BIN CHE HASSAN	APT BLI	APT BLK 441 JURONG WEST AVENUE 1 #06-710		
	SINGAPORE 640441			
ID Type / ID No.	Contact	Contact No.		
NRIC NO / S2682548B	Home/O	Home/Office		
	18		97814191	
Nationality	Email Ad	Email Address		
MALAYSIAN				
Occupation	Sex	Age	Date of Birth	Race
PRODUCTION SUPERVISOR	Male	54	13/04/1964	Malay
Institution/School Name	Languag	Language		
Date/Time Of Incident	Location	Location Of Incident		
09/02/2019 18:00	Along M	Along Malaysia-Singapore Second Link		
*4	MALAYS	SIA		

Brief details.

On 09/02/2019 at around 1800hrs, I was driving my car(registration number:SKX4323K)on Malaysia-Singapore Second Link towards Gelang Patah before Exit 3 on the most right lane. I felt an impact from the rear. I made a check and a vehicle(registration number:SLL2968P) hit the rear of my vehicle. Nobody was found injured. The rear bumper of my vehicle sustained scratches and a dent. The front bumper and headlight of the other vehicle was damaged. I am lodging this report for insurance purposes.

Signature Of Officer Recording The Report:	Signature Of Informant:
J / Insp SITI NUR NAZIHAH BINTE AHMAD NIZAM	Juj
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2019 02:09
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 2 BALJIT SINGH GREWAL Contact No.: 67910000	Classification Of Case:
Authentication Stamp	

SN 126

























