

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	14/09/2019 11:55
Date Of Accident	06/08/2019 20:45
Exact Location Of Accident	KEPPEL BAY VIEW BESIDE BLK 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK2363B
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Insured/Policyholder

Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	199400399N
Email Address	KELVINCM.CHANG@HCSPL.COM.SG
Mobile Phone No	(LOCAL) +65-92983192
Alternative Phone No	OFFICE-67341222

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	P1745322
Cover Note Number	

Driver

Name of Driver	JOHN NG KIAN BOON
NRIC No	S7916484D
Date Of Birth	08/06/1979
Occupation	INDOOR
Date Of Driving Pass	10/02/2000
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93624495
Fax Number	
Contact Number	
EEmail Address	JOHNJOHN79@LIVE.COM

Address	31 KEPPEL BAY VIEW #05-89
Postcode	098418
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 - HEAD ON COLLISION
Weather Conditions	NIGHT
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

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	SHD9840S
Vehicle Make/Model/Colour	RENAULT/TRANS TAXI/RED
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	EIO HYORK MING
NRIC/Passport Number	S1740593D
Contact Number	96645222
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

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.


KELVIN CHANG (MR)
Manager
Vehicle Solutions
Policyholders Services Department
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/9/2019 1050

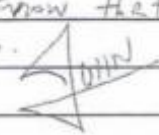


Reporting Centre Personnel's Signature
Name: Susan Tan
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report (no. 0/20190807/7020) dated 7/8/19 14:58.
Didn't know that have to make an accident report at authorised
workshop. 

DECLARATION

I/We declare the facts as stated above to be true in every respect.


KELVIN CHANG (MR)
Manager
Policyholder's Signature
Total Vehicle Solutions Department
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/9/19


Reporting Centre Personnel's Signature
Name: Susan
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



D/20180807/7020

1 of 1

POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-7740000

Report No. D/20180807/7020

Date/Time Report Made 07/08/2019 14:58		Vide Report No.		Station Diary No.	
Name Of Informant JOHN NG KIAN BOON		Address 31 KEPPEL BAY VIEW #05-89 SINGAPORE 098418			
ID Type / ID No. NRIC NO / S7916484D		Contact No. Home/Office: Mobile: 93624495			
Nationality SINGAPORE CITIZEN		Email Address johnjohn79@live.com			
Occupation Electrical engineer (general)		Sex Male	Age 40	Date of Birth 08/06/1979	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 06/08/2019 20:40		Location Of Incident 31 KEPPEL BAY VIEW REFLECTIONS AT KEPPEL BAY SINGAPORE 098410			

Brief details.

Car accident between skk2363 private car and sh29840s taxi along keppel bay view on 6 AUG19 8.40PM. taxi driver s1740593d EIO HYORK MING mentioned he is a little giddy. private car driver john ng s7916484d advised taxi driver eio hyork ming to call for ambulance. eio hyork ming insisted he can drive and will see a doctor himself. we exchanged contact and agreed to make our own police report and i will inform my car insurance to sort the claims out.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
07/08/2019 14:58

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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