## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**EMail Address** 

- 1. Please report  $\underline{\text{correctly}}$  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 <u>truthful</u> and <u>accurate</u> 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   | 19/08/2019 17:24                     |
| Date Of Accident   | 17/08/2019 08:15                     |
| Exact Location Of Accident   | YISHUN AVE 2 / YISHUN IND PK A       |
| Country/State of Loss  | SINGAPORE                            |
|  | DETAILS OF OWN VEHICLE               |
| Vehicle Registration Number  | SJW3248T                             |
| Insured/Policyholder   |                                      |
| Name Of Registered Owner   | HITACHI CAPITAL ASIA PACIFIC PTE LTD |
| Co Reg No  | 199400399N                           |
| Email Address  | DANIELCH.LIM@HCSPL.COM.SG            |
| Mobile Phone No  | (LOCAL) +65-96467477                 |
| Alternative Phone No   | OFFICE-68336271                      |
| Vehicle Particulars  |                                      |
| Manufacturer   | CHEVROLET                            |
| Model  | CRUZE-1.6 (A)                        |
| 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                                       | REPORTING ONLY                       |
| Vehicle Category   | PRIVATE CAR                          |
| Insurance Company  |                                      |
| Name of Insurance Company  | AXA INSURANCE PTE LTD                |
| Type Of Coverage   | COMPREHENSIVE                        |
| Fleet Policy   | NO                                   |
| Policy Number  | P2300937                             |
| Cover Note Number  | 23/06/2019 - 22/06/2020              |
| Driver   |                                      |
| Name of Driver   | RAHIM BIN ALI                        |
| NRIC No  | S8014061D                            |
| Date Of Birth  | 17/05/1980                           |
| Occupation   | INDOOR                               |
| Date Of Driving Pass   | 01/12/2008                           |
| Driving Experience   | 10 YEARS AND 8 MONTHS                |
| Gender   | MALE                                 |
| Mobile Number  | (LOCAL) +65-96467477                 |
| Fax Number   |                                      |
| Contact Number   | OFFICE-68336271                      |

**NOEMAIL** 

Address 348A YISHUN AVE 11

#08-541

Postcode 761348

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 TO REAR

Weather Conditions CLEAR
Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

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.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

### **Details of Police Action**

Was the accident reported to the police?

NO

NO

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

.

If Yes, against whom?

### Circumstances of Accident

### REFER TO THE SKETCH PLAN BY DRIVER

### Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLW3072S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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#### SKETCH PLAN

### **IMPORTANT NOTICE**

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  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.
- 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.

HITACHI CAPITAL ASIA PACIFIC PTE, LTD.

wanager Vehicle Solutions 1 deal Communications (Vepartment Policyhorder S Zighature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Prosonnel's Signature

NRIC/FIN No.

Name:

| Date of acciden                                | 17/8/19                                     | Time: 08:15   | _Location:   | Yishun A                    | luc 2 / Yis  | shun lad  |
|--|---|---|--|-----------------------------|--|---|
| my vernete At                                  | <u>55W32487</u>                             | Vehicle B: SLU  | W 3072 S   | Vehicle C                   |  | ( )   |
| KETCH PLAN                                     |   |   |  |                             |  | -   |
|  |   |   | Andrew Control of the | YISHUN I                    | ND PKA   |   |
|  | 4   | © (A)   | 4  |                             | Protection and protection of the state of th |   |
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| a black  | avol 5L                                     | w 3072 5.   | 1 then   | Jan 5/2                     | m the  |   |
| the a  | bove car                                    | was too   | late a   | 2-01 60                     | h hit  |   |
|  | <u> </u>                                    | in the  | rear.  |                             |  |   |
|  |   |   |  |                             |  |   |
|  |   |   |  |                             |  |   |
|  |   |   |  |                             |  |   |
| (GV B- )                                       | l-woo V                                     |   |  |                             |  |   |
|  | J9077839E                                   |   |  |                             |  |   |
|  |   |   |  |                             |  |   |
| Claim OD/TP<br>Remarks: Please<br>My workshop: | at Ah Lim Motor<br>forward a copy of m      | Claim OD/TP at  | t other worksh   | пор 🗌 Кер                   | oorting Only   |   |
| Email address : & myself : Email address :     | danieluhlim e                               | nesh owill  |  |                             |  |   |
|  | note that your insu<br>indly check with you | rer have 14 days timefra<br>Ir own insurer for more     | ame for you to s<br>information.   | submit own dam              | age claim under  | THE PARTY NAMED AND ADDRESS OF |
| ECLARATION                                     | PAGIEIQ: DTC 1TD                            |   |  |                             |  |   |
| n a Abuntandarage                              | Birigifilai Rites Lieuru                    | in every respect.                                       |  | (3)                         | MO   |   |
| IN CHANG (MR)                                  | <u> </u>                                    | (M.   |  | 14                          | A Jo   |   |
| Ae Malingolntious De<br>Je Malingolntious De   | partment (If driv                           | 's Signature<br>/er is not the policyholder)<br>& Time: |  | eporting Centre Per<br>ame: | onnel's Signature  |   |

ARTHMANOTOR COMPANY

AXA INSURANCE PTE LTD 8'Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 Tel:1800 8804888 Fax:-Website:www.axa.com.sg GST Registration Number: 199903512M customer.care@axa.com.sg



### CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VPX/P2300937

Account No.: 13075

Coverage : Comprehensive

Sum Insured : Market Value At The Time Of Loss

: HITACHI CAPITAL ASIA PACIFIC PTE LTD 1964 00 399 H Name of Policy Holder

Vehicle Registration No. : SJW3248T

Period of Insurance : From 23/06/2019 To 22/06/2020 (Both Dates Inclusive)

#### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person who is driving on the Hirer's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

#### LIMITATIONS AS TO USE\*

- (a) Use for the carriage of passengers or goods in connection with the hirer's business

- hirer's business
  (b) Use for social, domestic and pleasure purposes and business purpose of any person to whom the vehicle is hired
  The Policy does not cover
  (a) Use for racing, pace making, reliability trial or speed-testing
  (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle
  (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired

(04)

#### EXCESS :

Sect I - Any Authorised Driver : SGD 600.00 Windscreen Excess : SGD 100.00

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGIFASE2 on 27/06/2019

TMPOPTANT .

IMPURIANT:

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 100)

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.



|   | To Whom It May Concern,   |
|---|---|
|   | Accident involving my vehicle no. JJW3248T on IF18119 (date) with   |
|   | (other vehicle no) along Vishin Ave 2/ Vishin Irol P  |
|   |   |
|   | 1, Hitachi lapital Atia Rusa Pec (Id Nric No. 199400399   |
|   | Owner of vehicle noSJW3W8T_ am aware of the accident of my vehicle on   |
|   |   |
|   | (Date) while car was driven by Rhim Bin Mi.   |
| 1 | Nric No. ९८०। ५०७। ए<br>HTACHI CA <del>PITAL ASIA PACIFIC PTE</del> , Libereby, authorise him / her to make the report. |
|   |   |
| 1 | KELVIN CHANG (MR) Manager Vehicle Solutions   |
|   | Total Vehicle Solutions Department<br>Name  |
|   | Date:   |
|   |   |
|   |   |
|   |   |
|   |   |
|   | T [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
|   | To fill in if there is a OD claim   |
|   |   |
|   | I am aware of the circumstances and agreeable to claim my own insurance for the   |
|   | above accident.<br>HIACH CAPITAL ASIA PACIFIC PTE, LTD.   |
|   | WILLIAM CAFTIAL ASIA PACIFIC PTE, ETD.  |
| 1 | KELVIN CHANG (MR)   |
|   | Vehicle Solutions Total Vehicle Solutions Department  |
|   | Name  |
|   | Date:   |

























