

23/08/19

ASS. REC. BY:

REF: CS/CTI/19014865/d3

Special Instruction:

Assigner: Steve

ASSIGNMENT (Office)

From (Person): Chong Boon Sen of CTI

Date/Time: 23/8/19 @ 1:15pm

Estimated Cost:

Bill to:

OD/TP/WS/TP RES / OD RES / EVA / INV / MV / CS

To inspect Vehicle No: SME 7876M

Insured: CBG 7477B

at Workshop in/s Car Pro Auto Shini

Tel: 9338 2854

of Blk 6, Woodlands Road 399J - Yew Tee Ind. Est.

Policy No: DMCVSN 308 1291801

Claim No: SNM19D202493 C02

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A 1/6/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 2:24pm @ 23/8/19

Person Contacted:

Ms. Sini

Vehicle-IN/OUT

Date/Time	Action/Instruction
	Schedule ✓
	SME 7876M - X
	CBG 7477B - CS/CTI/19014865/Agds
	-cancel case - double reference - CS/CTI/19014865/Agds. Colin 9/9/19

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 willful 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	03/08/2019 15:27
Date Of Accident	01/06/2019 11:25
Exact Location Of Accident	LEMBU ROAD CAR-PARK L0002
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME7876M
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PTE LTD
Co Reg No	199400389N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67341222

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SPORTSBACK 1.4
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPX/P2197566
Cover Note Number	

Driver

Name of Driver	GUNASEELAN S/O KRISHNASAMY
NRIC No	S81700411
Date Of Birth	03/03/1981
Occupation	INDOOR
Date Of Driving Pass	31/12/2001
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82007723
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	622 SENJA ROAD #12-90
Postcode	670622
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - AUTHORISED DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7477B
Vehicle Make/Model/Colour	TOYOTA/HIACE 3.0/SILVER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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. 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/are 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
Taka Insurance Solutions Department
Policyholder's Signature
Date & Time:

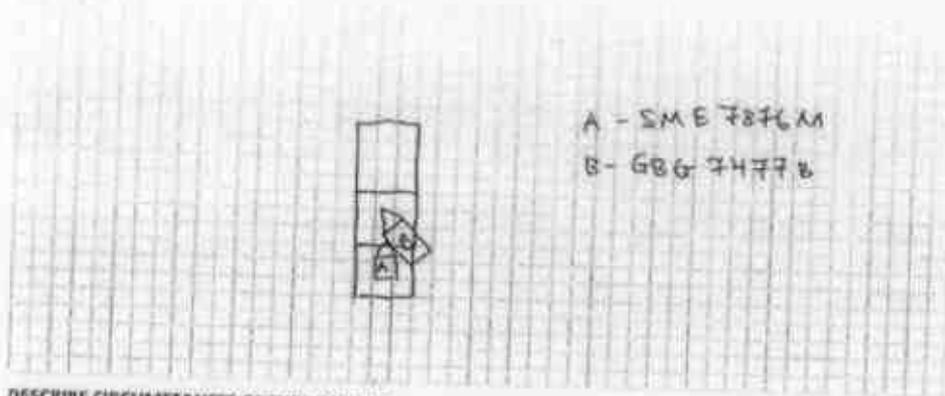
.....
Driver's Signature
(If driver is not the policyholder)
Date & Time:

.....
Reporting Centre Personnel's Signature
Name: Kelvin Wong
ABC/ID No.: 68112903



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report.

DECLARATION
NIPON CAPITAL ASIA PACIFIC PTE. LTD.
I/we declare the foregoing particulars are true in every respect.

.....
NELSON CHANG (MR)
Manager
Claims Services
Total/Workmen's/Non-Workmen's
Date & Time:

N. Chang
.....
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Whe
.....
Reporting Centre Personnel's Signature
Name: Kelvin Wai
NIC/TA No: 6776292



**SINGAPORE
POLICE FORCE**



T/20190601/2089

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3
Report No. T/20190601/2089

Ref: TP IP37675/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
01/06/2019 15:05

Vide Report No.:

Station Diary No.:
80

Informant's Particulars

Name of Informant: GUNASEELAN S/O KRISHNASAMY		Address: APT BLK 622 SENJA ROAD #12-90 SINGAPORE 670622	
ID Type / ID No.: NRIC NO / S81700411		Contact No.: Home/Office: Mobile: 82007723	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 03/03/1981	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Retail/Shop sales manager		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/06/2019 11:25	Type of Location: Carpark
Location: Along Road 1 LEMBU ROAD Carpark L0002			
Weather: Clear		Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic
Type of Collision: Side swipe same direction between moving and stationary vehicle.			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG7477B	Van	TOYOTA	HIACE 3.0 DX DIESEL TURBO AT 2WD LGV	Silver		0
SME7876M	Car	AUDI	A3 SB 1.4 TFSI COD S TRONIC	Red		0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20190601/2089

2 of 3

Report No. T/20190601/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GUNASEELAN S/O KRISHNASAMY	ID No.	S81700411
Related Vehicle	NIL	Contact No.	82007723
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 01/06/2019 at around 1012hrs, I parked my vehicle SME7876M at LEMBU ROAD Carpark L0002. At around 1324hrs when I came back to my vehicle I noticed a scratch and dent on my vehicle then I noticed a note of a witness of a "hit and run" I rewind my vehicle camera I noticed earlier at around 1125hrs, a van GBG7477B drove past my vehicle and could hear a scratching sound from the recording. The driver of the vehicle did not come out of his vehicle and make a check on my vehicle and went off.

I wish to add my in-car camera recorded the whole incident.

I am lodging this report for insurance claim purpose.



**SINGAPORE
POLICE FORCE**



T/20190601/2089

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3
Report No: T/20190601/2089

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D/
Sgt 1 HENG BOONCHAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/06/2019 15:05

Officer In Charge Of Case:

TP / HRT /

6547 6145

Staff Sgt IRMAN BIN MOHAMAD SAID

6547 6145

SINGAPORE POLICE FORCE

Classification Of Case:

Authentication Stamp

IP188

SIGNATURE