

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	13/08/2020 15:56
Date Of Accident	12/08/2020 18:00
Exact Location Of Accident	PIE TWDS TUAS BEFORE KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ES3818D
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	1XXXXX399N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 AMG LINE AUTO
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ20-000279
Cover Note Number	

Driver

Name of Driver	WONG SOU CHUN
NRIC No	SXXXX486C
Date Of Birth	21/03/1971
Occupation	INDOOR
Date Of Driving Pass	08/10/2010
Driving Experience	9 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91800051
Fax Number	
Contact Number	OFFICE-91800051
EEmail Address	NOEMAIL

Address	BLK 228 SERANGOON AVENUE 4 #11-51
Postcode	550228
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?	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?	
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

REFER TO STATEMENT.

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	FBG8640P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHENNA KRISHNASAMY RAMASUBBAIYA
NRIC/Passport Number	SXXXX609Z
Contact Number	93625634
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

[illegible]

MATTHEW LEE (MR)
Senior Manager
Vehicle Solutions
Total Vehicle Solutions Department

1. $\alpha = 0$, $\beta = 0$, $\gamma = 0$
 2. $\alpha = 0$, $\beta = 0$, $\gamma = 1$
 3. $\alpha = 0$, $\beta = 1$, $\gamma = 0$

10. $\frac{1}{2} \times 100 = 50\%$ (Average) \rightarrow 50% weight
 Answer:
 April - 15, 2004

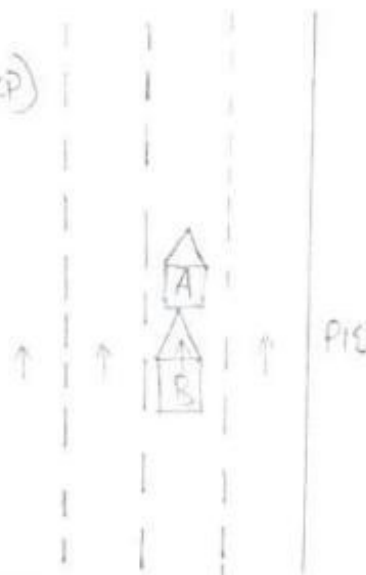
Accident Sketch Plan

SKETCH PLAN

Vehicle A: SS 381RD

Vehicle B: FBG 864CD

KPE (ECP)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12 AUGUST 2020, AT 17:49 I WAS TRAVELING ON PIE TOWARDS
TJAS BEFORE KPE EXIT. ME TO PEAK HOUR THE CAR INFRONT OF ME
SLOW DOWN AND I SLOW DOWN AND CAME TO A STOP. SUDDENLY
VEHICLE B HIT ME ON MY REAR.

DECLARATION

I/We declare the foregoing particulars are true in every respect

☒ MITACHI CAPITAL ASIA PACIFIC PTE. LTD.

Signature: MATTHEW LEE (MR)

Date & Time: Senior Manager

Total Vehicle Solutions Department

Driver's Signature

Date & Time

Reporting Officer's Signature

Name

NRIC/IN ID

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

