

## 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	28/09/2020 17:36
Date Of Accident	25/09/2020 18:00
Exact Location Of Accident	ALONG CTE TOWARDS PIE (AFTER AMK AVE 1 EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9987H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	1XXXXX399N
Email Address	LUCASJ.ZHAN@HCSPL.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67348685
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	DM SANTA FE-2.4 L GDI ABS/AB SR 4WD 5DR (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	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/P1670376
Cover Note Number	

### Driver

Name of Driver	SAMIRR S/O DALPATRAM DEVMURARI
NRIC No	SXXXX692E
Date Of Birth	20/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/03/1982
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96886822
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	43 SIMEI RISE #01-25
Postcode	528785
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?	YES
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

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	SMD1489S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZEE YEW MENG, JEREMY
NRIC/Passport Number	SXXXX382I
Contact Number	92968812
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	SAMIRR S/O DALPATRAM DEVMURARI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKT9987H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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/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 (a) 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.

111 Somerset Road #14-05

Singapore 238164

Tel: 6734 1222

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the Policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



Vehicle A SKT 9887H

Vehicle B SMD 1489S

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Reports No.

T/2 0200 926 / 2099

I am the leading driver of this vehicle and private use at the time of accident.

TP Claim at Fong motors, please email GIA report to them. [claims.fongmotors@gmail.com](mailto:claims.fongmotors@gmail.com)

## DECLARATION

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

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

111 Somerset Road #14-06

Singapore 238164

Polymotor Tel: 6734 1222

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/30

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20200926/2099

1 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20200926/2099

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2020 16:41		Vide Report No.:		Station Diary No.: 21	
<b>Informant's Particulars</b>					
Name of Informant: SAMIRR S/O DALPATRAM DEVMURARI			Address: 43 SIMEI RISE #01-25 SINGAPORE 528785		
ID Type / ID No.: NRIC NO / S1573692E			Contact No.: Home/Office: Mobile: 96886822		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 20/01/1963	Type of Informant: Driver		
Race: Gujarati			Language:		Institution / School Name:
Occupation: Facility Manager			Driving Licence Information: Class: 3 Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2020 18:00	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT9987H		HYUNDAI	DM SANTA FE 2.4L GDI ABS D/AB SR 4WD 5DR	White	Seriously Damaged	0
SMD1489S		MERCEDES BENZ	GLC250 AUTO	Grey	Seriously Damaged	1



## Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20200926/2099

2 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20200926/2099

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT9987H	AXA INSURANCE SINGAPORE PTE LTD	VPX/P1670376	24/07/2020	26/06/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	SAMIRR S/O DALPATRAM DEVMURARI		ID No.	S1573692E
Related Vehicle	SKT9987H		Contact No.	96886822
Hospital/Clinic	FAITH CLINIC (SIMEI)		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/09/2020	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	
<b>Driver</b>				
Name	Zee Yew Meng, Jeremy		ID No.	S9127382I
Related Vehicle	NIL		Contact No.	92968812
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

I was traveling in my vehicle (SKT9987H) along CTE towards PIE along Lane 1. The vehicle that I was traveling behind suddenly braked therefore I braked my vehicle in time and avoided hitting the vehicle Infront. Right after I felt a bang from the back of my vehicle. I came out and saw a vehicle (SMD1489S). Both drivers and passenger were not injured and we assessed the damages, exchanged particulars then left scene. I am lodging this report for insurance purposes.

## Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



T/20200926/2099

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Report No. T/20200926/2099

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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:

G /

Sgt 2 UTHAMAN S/O BATU MALEK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

26/09/2020 16:41

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

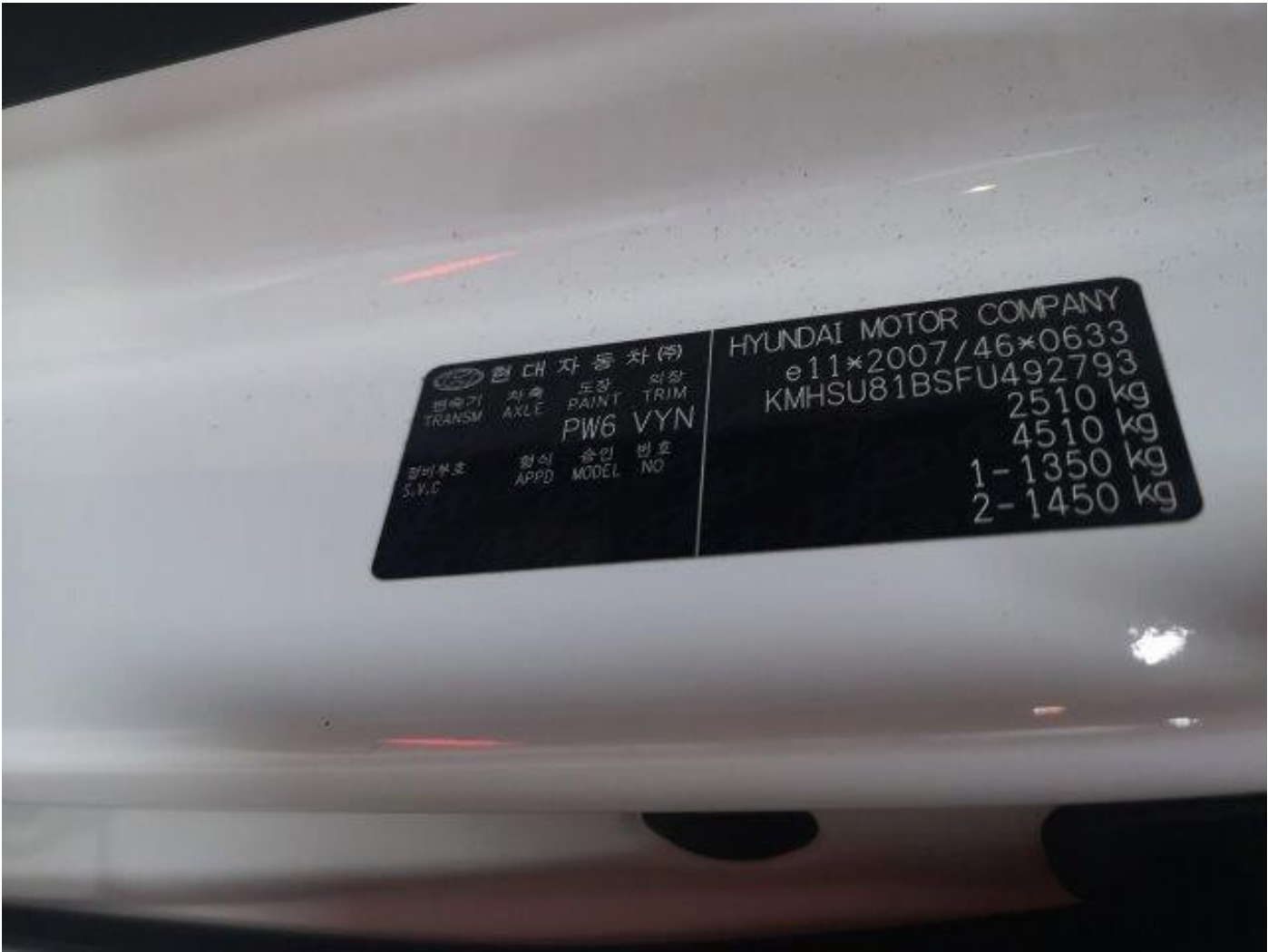




Accident Photo



Accident Photo



Accident Photo

