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 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.

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 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 Submission 13/01/2021 11:27 (SGT) Date of Accident 13/01/2021 07:20 (SGT) Exact Location of Accident Near 202 Clementi Rd, Block 202, Singapore 129783 Additional Location Information commanwealth ave west toward jurong Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE5276U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HITACHI CAPITAL ASIA PACIFIC PTE LTD Company Reg No 199400399N **Email Address** matthewwl.lee@hcspl.com.sq Mobile Phone No (Phone) +65-68336266 Alternative Phone No (Office) +65-68336266

VEHICLE PARTICULARS

Manufacturer Hyundai Model Sonata Variant 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? Yes Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number VPX/P1815988 Cover Note Number

DRIVER

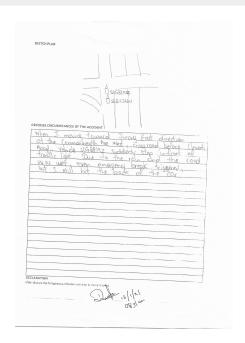
Name of Driver **FOOH CHOON HOCK** NRIC No S7578666B Date Of Birth 07/01/1975 Occupation Indoor

Date Of Driving Pass 10/02/2003 Driving experience 17 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-96566045 Alt. Phone Number Email Address dannyfch@gmail.com Address BLK 425 CLEMENTI AVE 1 #34-295 Address complement Postcode 120425 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name FOOH WEN JUN RON Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER SKETCH PLAN & 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	SLG8819Z
Vehicle Manufacturer	Subaru
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	TEO YUEN SAN (ZHANG WANSHAN)
NRIC No	\$7/1/3897

Contact Number	-
Address	BLK 830A JURONG WEST ST81 #07-266
Address complement	-
Postcode	641830
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_



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