

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 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 commonwealth 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.sg
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 Axa
Type of Coverage Comprehensive
Fleet Policy No
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	Male
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?	No
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	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FOOH WEN JUN RON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
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	S7414389Z

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)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:

When I moved toward Jurong East direction at the intersection the car, crossed before I could cross. I suddenly stop in front of traffic light. Due to the rain and the road was wet, even emergency brake triggered, but I still hit the back of the car.

DECLARATION
I/We declare the foregoing particulars are true to my knowledge.

[Signature] 15/1/21
08:31 am

SKETCH PLAN

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6. The report will be forwarded by the Insurer of the GSA Roadside Management Centre established by the General Insurance Association of Singapore (GIA) for parking and that copies of the report will for a fee be made available upon application by interested parties.
7. By the submission of this report to the insurers, you hereby consent to the archiving of this report at the Insurer and to the use of the report being made available to the relevant authorities.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my employer and the General Insurance Association of Singapore ("GIA") may be permitted to collect, process, disclose and/or process my personal data/processed information or act in this regard and any other personal information, provided by me or generated by my insurer/employer/ the "Personal Information" and also may transfer such Personal Information to all insurers who have received my claim/processed information, all insurers who may be involved in the accident, all insurers who may be involved in the accident that be collectively referred to as the "Insurers", the Insurers' Association of Singapore, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 required to do so on my behalf; (iv) administering my claims including the making of correspondence, statements, 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 the extent of cover of my policy/claim payment; and/or (v) complying with applicable law or administering, processing, handling and/or dealing with my claim/claim activity for "Purposes";
 - (b) all insurers who have issued a policy to me in this accident and the Insurers' Association of Singapore, may have access to my personal data, including 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 third parties, including providers or representatives of these bodies who may be involved in the accident, for one or more of the above Purposes.
9. My Personal Information will also be collected and used to compile claims history for the purpose of fraud prevention, investigation and management in present and all future claims.
10. The information or collection, either in whole or in part, shall be shared / disclosed:
 - (a) to all insurers and/or any other third parties that assist in conducting, investigating, conducting or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (b) for complying with requirements under any regulations, law or court orders.

Policyholder's Signature: _____ Date: & Time: _____

Insurer's Signature: _____ (If above is not the policyholder)

Reporting Centre Personnel's Signature: _____ Name: _____

AXA INSURANCE PTE LTD
 10 Raffles Quay, #24-01
 AXA Tower, Singapore 048611
 Customer Contact Centre
 Tel: 65 6500 8888 Fax: 65 6500 8889
 Email: axa@axa.com.sg
 GST Registration Number: 999030312M
 website: axa.com.sg

AXA

CERTIFICATE OF INSURANCE

Motor Vehicle (Third-Party Claims and Compensation) Act: (Chapter 188) Motor Vehicle (Third-Party Claims and Compensation) Rules: 1987 Road Transport Act: 1987 (Malaysia) Motor Vehicle (Third-Party Claims and Compensation) Act: (Chapter 188) Motor Vehicle (Third-Party Claims and Compensation) Rules: 1987 Road Transport Act: 1987 (Malaysia)

CERTIFICATE NO. : VXA/P1815388 Account No. : 19148

Coverage : Comprehensive

Sum Insured : Market Value At The Time Of Loss

Name of Policyholder : HITACHI CAPITAL ASIA PACIFIC PTE LTD

Vehicle Registration No. : 81KX3700

Period of Insurance : From 26/07/2020 To 22/07/2021 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the motor vehicle with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws of regulation 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 relating to the Motor Vehicle.

LIMITATIONS AS TO USE*

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

(b) Use for service, domestic and pleasure purposes and business purpose of any person to whom the vehicle is hired.

(c) Use for racing, pace making, reliability trial or speed-testing.

(d) Use while towing a trailer except the towing shall not be for (i) use for the carriage of passengers for hire or reward or any person to whom the vehicle is hired.

(e) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

EXCESS :

All Claims-Key Author'd Driver : SGD 3,000.00

Windscreen Excess : SGD 500.00

* Limitations mentioned hereunder by Section 3 of the Motor Vehicle (Third-Party Claims and Compensation) Act: (Chapter 188) and Section 36 of the Road Transport Act: 1987 (Malaysia), are not to be included under these headings.

I hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third-Party Claims and Compensation) Act: (Chapter 188) and Part IV of the Road Transport Act: 1987 (Malaysia).

AXA INSURANCE PTE LTD

Issued By - SSGHWT on 16/07/2020

Authorized Signature

IMPORTANT :
 Policyholders are advised 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 issued to a person, it is not valid unless the person to whom it was issued is the owner of the vehicle. Policy to which this Certificate relates is issued under the Motor Vehicle (Third-Party Claims and Compensation) Act: (Chapter 188).

The Premium Payment Clause requires the premium to be paid in full within a specific period following which there would be no liability under the policy, namely, Certificate, Certificate and













