

# 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 .....	14/12/2021 16:52 (SGT)
Date of Accident .....	13/12/2021 09:06 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PUNGGOL WAY ENTRANCE TO TPE(PIE)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLH7723S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Company Reg No .....	1XXXXX399N
Email Address .....	tommy@esseng.com.sg
Mobile Phone No .....	(Phone) +65-68336152
Alternative Phone No .....	(Office) +65-68336152

### VEHICLE PARTICULARS

Manufacturer .....	Mini
Model .....	COOPER S HATCHBACK 1.6 HID D/AB DSC SR
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? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPPHQ21-002621
Cover Note Number .....	-

### DRIVER

Name of Driver .....	HENG AIK CHUAN
NRIC No .....	SXXXX724B

Date Of Birth .....	26/07/1980
Occupation .....	Indoor
Date Of Driving Pass .....	24/11/2011
Driving experience .....	10 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98381744
Alt. Phone Number .....	-
Email Address .....	tommy@esseng.com.sg
Address .....	BLK 518B TAMPINES CENTRAL 7
Address complement .....	#16-64
Postcode .....	522518
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 .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	Yes

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	PASSENGER
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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	SD CARD CORRUPTED
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBK1921D
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	TAN CHWEE THIAN
Contact Number .....	(Phone) +65-96366543
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBF6602T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SDH400P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	HENG AIK CHUAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SLH7723S
Were seat belts worn? .....	Yes

Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN****IMPORTANT NOTICE**

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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.
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.

MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

K  
Kavin Chang (Mr)  
Manager  
Total Vehicle Solutions Department

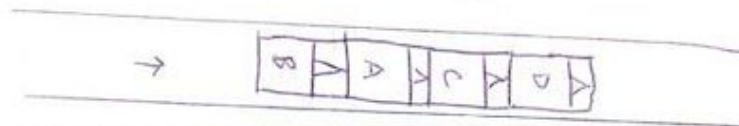
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Slip road from physical way entering TPE (Changi) <sup>PZE</sup>



→ (TPE (PZE) Changi)

A-SLH7723S  
B-GBK 1921B  
C-GBF 6602T  
D-SOH 400P.

**Describe Circumstances of the Accident**


As per above date and time, I was driving my vehicle (SLH77235) along slip road from panyat way. Somewhere before entering TPE (PTE), vehicles in front of me slowed down and stopped due to heavy traffic ahead. As such, I applied brake and stopped accordingly behind veh (C). Out of sudden, veh (C) collided into my vehicle rear portion. Due to the impact, my vehicle surged forward and collided into veh (A) rear portion. I alighted and found out I was involved in a 4-vehicles chain collision accident.


Veh A - SLH 77235  
 B - GBK 1921D  
 C - GBF 6602T  
 D - SDH 4408P

**Declaration**

We declare the foregoing particulars are true in every respect.

  
 MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.  
 Kelvin Cheong (RM)  
 Manager  
 Total Vehicle Solutions Department  
 Policyholder's Signature / Date & Time

  
 Driver's Signature (if driver is not the policyholder) / Date & Time

  
 Witnessed by Reporting Centre Personnel









