

19418027402

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Environ Biol Fish (2015) 98:1031–1042

Not Charged

### References



## 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 ability.
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	26/02/2018 16:20
Date Of Accident	21/02/2018 17:30
Exact Location Of Accident	ALONG AYE TOWARDS MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM26L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEN QIU LAN @ERIKA SAGITA
NRIC No	S6982870A
Email Address	GBATUHANGUVEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84820888
Alternative Phone No	OTHERS-87860088

### Vehicle Particulars

Manufacturer	PORSCHE
Model	MACAN 2.0
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V07869/VPZ/R02
Cover Note Number	

### Driver

Name of Driver	GUVEN BATUHAN
NRIC No	G3409400X
Date Of Birth	04/07/1994
Occupation	INDOOR
Date Of Driving Pass	05/04/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87860088
Fax Number	
Contact Number	OTHERS-84820888
E-Mail Address	GBATUHANGUVEN@GMAIL.COM

Address	5 CUSCADEN WALK CUSCADEN ROYALE
Postcode	249696
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180221/2189 (COLLISION TYPE IS HEAD TO SIDE)

#### 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	FBB7958G
Vehicle Make/Model/Colour	HONDA 400CC
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ADI SUDARMAN BIN KASRONI
NRIC/Passport Number	S9516232J
Contact Number	93218657
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



## SKETCH PLAN


### 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. 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:

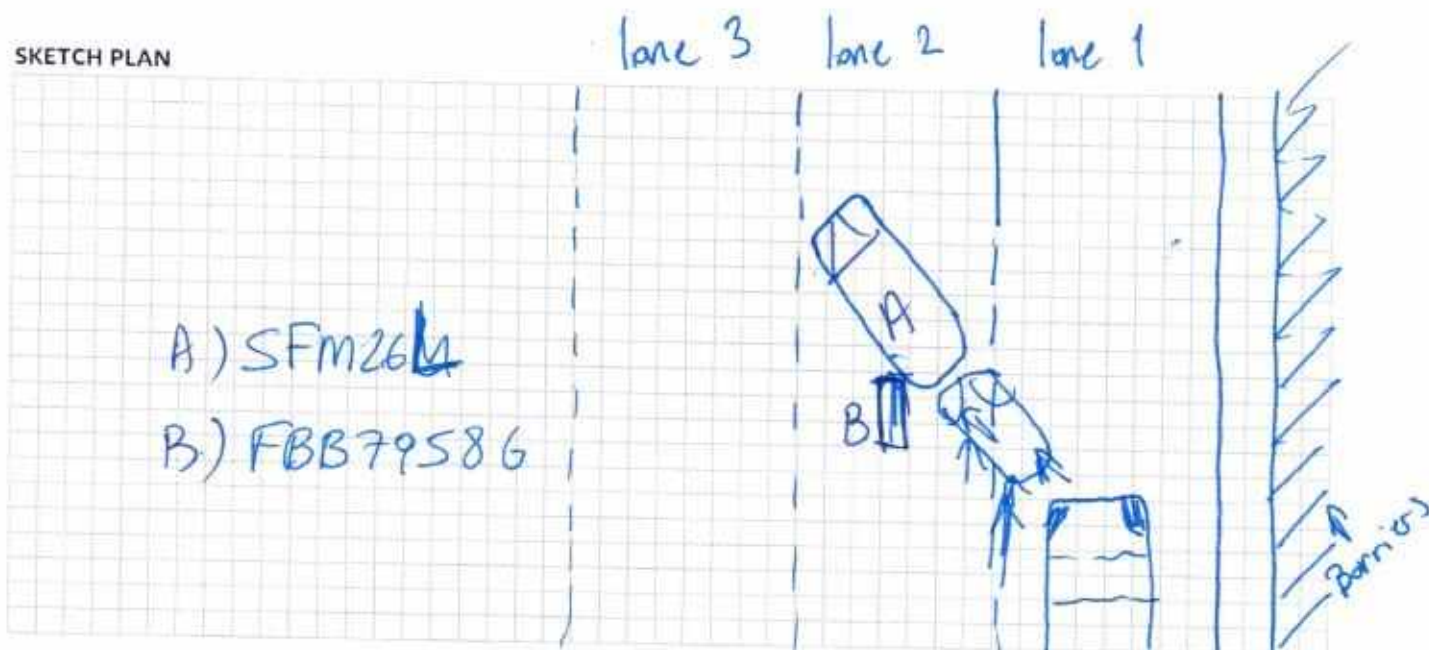
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (d) 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.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*P/S REFER TO POLICE REPORT  
7/20180221/2189*

DECLARATION

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

Policyholder's Signature  
Date & Time:

*B. [Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature] 26/4/2018*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20180221/2189

1 of 4

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20180221/2189

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/02/2018 21:48		Vide Report No.: D/20180221/0110		Station Diary No.: 46	
<b>Informant's Particulars</b>					
Name of Informant: GUVEN BATUHAN			Address: 5 CUSCADEN WALK CUSCADEN ROYALE SINGAPORE 249696		
ID Type / ID No.: FIN NO / G3409400X			Contact No.: Home/Office: Mobile: 87860088		
Nationality: TURK			Email:		
Sex: Male	Age: 23	Date of Birth: 04/07/1994	Type of Informant: Driver		
Race: Others		Language:		Institution / School Name:	
Occupation: BUSINESS DEVELOPMENT EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/02/2018 17:30	Type of Location: Expressway
Location: Along Road 1 AYER RAJAH EXPRESSWAY  Along Ayer Rajah Expressway toward Marina Coastal Expressway				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB7958G	Motorcycle					0
SFM26L	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# SINGAPORE POLICE FORCE



T/20180221/2189

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

2 of 4

Report No. T/20180221/2189

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	GUVEN BATUHAN		ID No. G3409400X
Related Vehicle	NIL		Contact No. 87860088
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
<b>Rider</b>			
Name	ADI SUDRAMAN BIN KASONI		ID No. S9516232J
Related Vehicle	NIL		Contact No. 93218657
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

### Brief Details.

On 21/02/2018, at 1730hrs I was driving my Porsche Macan 2.0, SFM26L along Ayer Rajah Expressway toward Marina Coastal Expressway on a three lane road and I am at the right lane, I make a check on the left rear mirror and I ensure on the middle lane of the road was clear as such I performed a lane change. Suddenly a Red Honda 400CC, FBB7958G came straight and his bike collided with my vehicle. After the collision I went down the vehicle and make a check on him. He informed that has some burn mark on his right leg which causes by the bike fell on his leg. Subsequently me and other driver who was the road help to carry the injured party bike up to the side. However I do not have any detail of the other driver, After the incident I wanted to fetch the injured party to hospital however an ambulance came and brought him to hospital. After a while a traffic police at scene. I did not sustain any injured after the incident. There is CCTV along the highway however I not sure where does it focus.

Traffic police also issued me a case card Vide report as mention above.

Damages my vehicle  
Left side bayonet slight damages.

Damages to the bike  
No damages



**SINGAPORE  
POLICE FORCE**



T/20180221/2189

Police Station Of Origin:

River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

3 of 4

Report No. T/20180221/2189

CONTINUATION OF REPORT







**SINGAPORE  
POLICE FORCE**



T/20180221/2189

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

4 of 4

Report No. T/20180221/2189

**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:

E /

Sgt 2 LUI CHONGLU

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Signature Of Informant:

Date/Time:

21/02/2018 21:48

Classification Of Case:

Contact No.: SINGAPORE POLICE FORCE Authentication Stamp NP168	SN 069
SIGNATURE	

# ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 02 / 2017 (DD/MM/YYYY), TIME: 17:30 (HH:MM)

LOCATION: Along Ayer Rajah Expressway toward Marina Coastal expressway

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFM26L  
 b) INSURANCE COMPANY: Liberty Insurance  
 c) POLICY NUMBER: S17V07869/VPS/R02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Porsche Macan 2.0S  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Travelling from work to home  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: Wen Que lan @ Erika Sapta (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S6982870A CONTACT: 84820888  
 c) ADDRESS: 26 Nassim Road, 254454

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger  
(including driver)  
(1)

- DRIVER  
 a) NAME: Wen Que lan @ Erika Sapta (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 63609400X CONTACT: 87860088  
 c) ADDRESS: 5 Cascades Walk, 06-01, 249696

\* d) DATE OF BIRTH: 04/07/1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 3/4/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Relative

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: River Valley NPP

## 8. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
(1)

- a) VEHICLE NUMBER: FB87958G MODEL: Honda 400cc  
 b) DRIVER'S NAME: Adi Sudarman Bin Kasroni  
 c) NRIC/FIN/PASSPORT: S9516232J CONTACT: 9321 8657

## 9. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_

email =

fax =

VIDEO





### EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
SEN FOODS (S) PTE LTD



Name:  
GUVEN BATUHAN  
Occupation:  
BUSINESS DEVELOPMENT EXECUTIVE

FIN:  
G3409400X  
Date of Application:  
24-08-2017  
Date of Issue:  
12-09-2017  
Date of Expiry:  
12-09-2019



L8309984



### MASSACHUSETTS

### DRIVER'S LICENSE



DOB: 07/04/1994  
EXP: 07/04/2021  
CLASS: D  
REST: NONE

NUMBER: S45716612  
DOB: 07/04/1994  
REST: NONE

GUVEN  
BATUHAN  
160 BOYLSTON ST  
APT 2135  
CHESTNT HL NWTH, MA 02457

SEX: M HGT: 5'-06"  
DOB: 05/05/2017 Rev 02/22/2016

07/04/94

*B. Batuhan*

### VISIT PASS Immigration Regulations

Name:  
GUVEN BATUHAN

Date of Birth: 04-07-1994 Sex: M Nationality: TURK  
FIN: G3409400X Date of Issue: 12-09-2017 Date of Expiry: 12-09-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



17/25457  
16672621

www.massrmv.com  
MA 0222016  
07/04/1994  
CLASS -  
D: Small vehicle less than  
26,001 lbs, except school  
bus.

ENDORSEMENTS -  
NONE

RESTRICTIONS -  
NONE

CHANGE OF ADDRESS: PRINT BELOW, PERMANENT INK



LIBERTY  
INSURANCE



Liberty Insurance Pte Ltd  
Incorporated in Singapore  
10, South Bridge Road  
#05-01 Liberty House  
Singapore 069400  
Tel: 6543 6221 8811 Fax: 6573 3375  
Website: <http://www.libertyinsurance.com.sg>

# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 187)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 187)  
ROAD TRANSPORT ACT, 1967 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT, 1988 (MALAYSIA)

Certificate No: **SH17VST888 VPS JN02**  
Form: **1003**  
Date of Issue: **09-May-2017**  
1 Index Mark and Registration No. of Vehicle: **SFM29L**  
2 Chassis Number of Vehicle: **WP12ZZ95ZFLB10113**  
3 Name of Policyholder: **WEN QIU LAN @ ERIKA SAGITA**  
4 Effective Date of Commencement of Insurance for the Purpose of the Act: **22-MAY-2017 00:00**  
5 Date of Expiry of Insurance: **21-MAY-2018 23:59**  
6 Particulars of Classes of Persons entitled to drive: **WEN QIU LAN @ ERIKA SAGITA**

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations 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 from driving the Motor Vehicle.  
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7 Limitations as to Use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

8 The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

\*Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (Malaysia) are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1967 (Malaysia).

For and on behalf of  
**LIBERTY INSURANCE PTE LTD**  
Approved Insurers

Authorised Signature

## For information only:

COVERAGE	Comprehensive, Unlimited Windscreen
SUM INSURED (S\$)	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$)	Section 1 - Singapore - S\$4000 / Outside Singapore \$8,000.00, Windscreen Excess \$500.00
FINANCE COMPANY	OVERSEA-CHINESE BANKING CORPORATION LTD
PRODUCER NAME	THIS MARKETING INSURANCE AGENCY