

## 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             | 25/07/2018 17:57                  |
| Date Of Accident           | 15/05/2018 19:00                  |
| Exact Location Of Accident | JURONG ISLAND HIGHWAY ,CHECKPOINT |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SLF5672D                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No                   | 200710651D                  |
| Email Address               | K.KONDO@ZEON.CO.JP          |
| Mobile Phone No             | (LOCAL) +65-85111317        |
| Alternative Phone No        | OFFICE-85111317             |

### Vehicle Particulars

|  |                       |
|--|-----------------------|
| Manufacturer   | TOYOTA                |
| Model  | COROLLA ALTIS-1.6 (A) |
| Exact Purpose for which vehicle was being used at time of accident           | COMMUTING HOME        |
| 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   | COMMERCIAL VEHICLE    |

### Insurance Company

|                           |                           |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE             |
| Fleet Policy              | NO                        |
| Policy Number             | SD18V00034/VPZ/R03        |
| Cover Note Number         |                           |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | KONDO KATSUHITO      |
| Passport No/FIN      | G5376504T            |
| Date Of Birth        | 29/10/1967           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 24/09/2013           |
| Driving Experience   | 4 YEARS AND 7 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-85111317 |
| Fax Number           |                      |
| Contact Number       | OTHERS-85111317      |
| EEmail Address       | K.KONDO@ZEON.CO.JP   |

|   |                                      |
|---|--------------------------------------|
| Address   | 5 WEST COAST WALK<br>#18-11 THE PARC |
| Postcode  | 127146                               |
| 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 | -<br>-<br>-                          |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                          |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLOUDY                   |
| Road Surface       | DRY                      |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   |     |
| 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                       | NANYANG NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b> 67912972                                     |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180516/2107

#### 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 | FX3301P     |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              | CHONG       |
| NRIC/Passport Number        |             |
| Contact Number              | 81095393    |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |
| Nature Of Damage            |             |

No. Of Passenger (Including Driver)

# Accident Sketch Plan

## IMPORTANT NOTICE

1. Please read carefully the details of the accident to speed up the claims process.
2. The Form must be completed by the Insured or Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to invalidate policy liability.
4. The name and address of the firm of 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the Civil Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the signature of this report to the insurers, you hereby consent to the archiving of this report in this centre and to copies of the report being made available elsewhere.

## Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that my insurer, my attorney and the General Insurance Association of Singapore (GIAS) may be permitted to collect, store, process and/or process my Personal Data (as defined in the PDPA) and any other personal information provided by me or accessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in this accident (all insurers who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:

- (a) investigating the accident and/or my claims;
- (b) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (c) administering my claims including the making of correspondence, statements, motions, reports or notices to me, which could involve disclosure of certain personal data about me to third parties about details of the same as well as on the national cases of inter-personal or inter-group; and/or

(d) complying with applicable law in administering, processing, handling and/or dealing with my claims.

Collectively, the "Purposes".

In all instances, who have insured vehicles involved in this accident and the Insurers' law firms, may be permitted to collect, store, process and/or process my Personal Information for one or more of the above Purposes, and

all my Personal Information may be transferred by any of the Insurers and/or GIA to their third party service providers or agents, including their foreign law firms which may be based outside of Singapore, for one or more of the above purposes.



# Accident Sketch Plan

Describe Circumstances of the Accident

On 15/May/2018 19:00 hrs, the company car (which I drove, car number SLF 5672 D) was hit by motor bike (FX 3301E).

I drove my company car along to Jurong Island Highway from ZEN Chemicals Singapore to Check point.

At the gateway of Check point (exit gate), I drove on the second lane from left. A taxi driving in front of my car braked. I braked to reduce car speed.

At that time, my car was hit from back-sweep (right) by motor bike.

Caror for tail lamp was damaged and back right side body was scratched.

Police Report T120180516/2107

Declaration

I hereby declare the foregoing details are true in every respect.

  
Driver's Signature



 近藤 晴仁  
Driver's Signature of Driver is not an assignment. Date  
& Title

 25/07/2018  
Raffi Watan

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180516/2107

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3  
Report No. T/20180516/2107

## REPORT OF A TRAFFIC ACCIDENT

|  |                   |                           |
|--|-------------------|---------------------------|
| Date/Time Report Made:<br>16/05/2018 15:15 | Video Report No.: | Station Diary No.:<br>130 |
|--|-------------------|---------------------------|

### Informant's Particulars

|  |  |                              |                              |
|--|--|------------------------------|------------------------------|
| Name of Informant:<br>KONDO KATSUHITO    | Address:<br>APT BLK 5 WEST COAST WALK #18-11 PARC<br>CONDOMINIUM, THE SINGAPORE 127146 |                              |                              |
| ID Type / ID No.:<br>NRIC NO / G5378504T | Contact No.:<br>Home/Office: Mobile: 85111317  |                              |                              |
| Nationality:<br>JAPANESE                 | Email:   |                              |                              |
| Sex:<br>Male                             | Age:<br>50   | Date of Birth:<br>29/10/1967 | Type of Informant:<br>Driver |
| Race:<br>Others                          | Language:  |                              | Institution / School Name:   |
| Occupation:<br>GENERAL MANAGER           | Driving Licence Information:<br>Class: 3 Date of Expiry:                               |                              |                              |

### General Information of the Accident

|  |            |                                    |  |                                    |
|--|------------|------------------------------------|--|------------------------------------|
| Type of Accident:  | Non-Injury | Drink Drive:<br>No                 | Date/Time of Accident:<br>15/05/2018 19:00 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>JURONG ISLAND HIGHWAY<br><br>heading towards Jurong Pier Rd |            |                                    |  |                                    |
| Weather:<br>Cloudy   |            | Road Surface:<br>Dry               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way   |            | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                             |            |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

### Details of Vehicle Involved

| Vehicle No. | Type       | Make | Model | Color | Condition        | No. of Passenger |
|-------------|------------|------|-------|-------|------------------|------------------|
| FX3301P     | Motorcycle |      |       |       |                  | 0                |
| SLF5672D    | Car        |      |       |       | Slightly Damaged | 0                |

### Details of Person Involved

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

## POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180516/2107

Police Station Of Origin:  
Nanyang N.P.C.  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 3

Report No. T/20180516/2107

### CONTINUATION OF REPORT

|                                   |                  |  |                                 |
|-----------------------------------|------------------|--|---------------------------------|
| Driver                            |                  |  |                                 |
| Name                              | KONDO KATSUHIITO | ID No.                                 | G5376504T                       |
| Related Vehicle                   | SLF5672D (Car)   | Contact No.                            | 85111317                        |
| Hospital/Clinic                   | NIL              | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL              | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL              | Degree of Injury                       | NIL                             |

#### Brief Details.

On 15/05/2018, at 1900hrs, I was driving a rental vehicle (Gold Bell Car Rental Pte Ltd) bearing the registration plate number SLF5672D along Jurong Highway heading towards Jurong Pier Rd. I slowed down as I was approaching the Jurong Island Gentries. Subsequently, a vehicle bearing the registration plate number FX3301P hit the rear right side of my vehicle. I came out of my vehicle and exchange particulars with the rider namely "Chong", Hp no 81095393.

No one was injured from the accident. No police or ambulance was called upon the scene. My vehicle's right rear light was cracked and suffer small scratches at the right rear bumper.

I am lodging this report for insurance purposes.

# POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180516/2107

Police Station Of Origin:  
Nanyang N.P.C.  
2 Jurong West Avenue 5 SINGAPORE  
649462  
Tel No. 1800-7929999

2 of 2

Report No. T/20180516/2107

## 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:

J/

Sgt 2 GOH MING LI

*(Signature)*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 85476430

Signature Of Informant:

*(Signature)*

Date/Time:

16/05/2018 15:15

Classification Of Case:

Authentication Stamp

SN 127



Signature:

Singapore Police Force



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo





# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel: (65) 6224 0010 Fax: (65) 6224 0030  
 Operating Hours: Monday to Friday, 09.00 - 17.00  
 LEN: S66500220 / GST Reg. No: M400117738

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: MNA118096331 Vehicle Registration No: SLP 5672D  
 Name (as shown in NRIC): KONG KATSUHIRO NRIC/FIN/Passport No: G5376504T  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 15/05/2018 Time of Accident: 19:00  
 Place of Accident: JURONG ISLAND HIGHWAY, CHECKPOINT  
 Insurance Company: LIBERTY

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To change from TLP CLAIM To REPORTING ONLY

  
 Policyholder / Driver's Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

  
 Reporting Centre Personnel's Signature  
 Name: Roshni W P HARRIS  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 27/07/2018