

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	23/08/2018 10:43
Date Of Accident	21/08/2018 07:40
Exact Location Of Accident	ALONG DEVONSHIRE ROAD BETWEEN LAMP POST 4 & 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX4374B
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SAWAFUJI.TAKAYUKI@TOYOTA-ASIA.COM
Mobile Phone No	(LOCAL) +65-96354239
Alternative Phone No	OFFICE-96354239

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO OFFICE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00033/VPZ/R03
Cover Note Number	

Driver

Name of Driver	SAWAFUJI TAKAYUKI
Passport No/FIN	G5746626Q
Date Of Birth	24/08/1969
Occupation	INDOOR
Date Of Driving Pass	22/06/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96354239
Fax Number	
Contact Number	OTHERS-96354239
Email Address	SAWAFUJI.TAKAYUKI@TOYOTA-ASIA.COM

Address	57B DEVONSHIRE ROAD #05-06 THE SUITES AT CENTRAL
Postcode	239899
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	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180821/2015

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	HASLINDA BTE MUHAMAD
NRIC/Passport Number	
Contact Number	
Address	712 JURONG WEST STREET 71 #02-169
Postcode	640712
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	HASLINDA BTE MUHAMAD
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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 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 information may be referred to the Traffic Police Department for investigation.
 6. This report will be forwarded by the Insurers to 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.
3. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

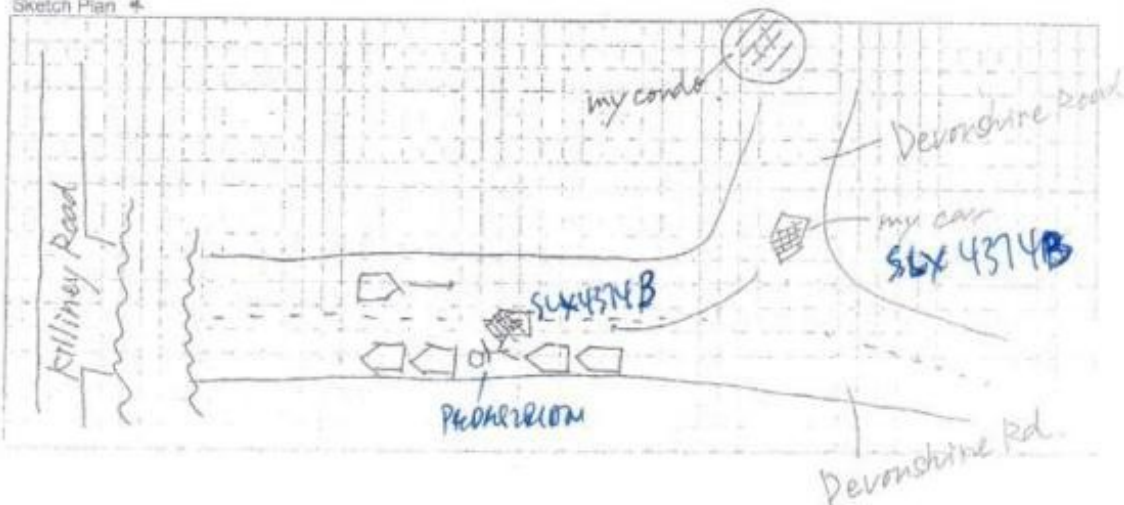
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


Policyholder's Signature / Date & Time


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


Verified by Reporting Claims Personnel

Sketch Plan *



Accident Sketch Plan

Describe Circumstance of the Accident *

On 21/08/2018 at around 3:40am. I was driving my car and turning right from Devonshire Road heading towards Killiney Head.

After I completed my right turn, I knocked onto a pedestrian as she was crossing the road. She was walking out from between 2 cars parked along the left side of the road, and as such I did not see her while I was making the right turn.

POLICE REPORT T120180821/2015

Declaration

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


Policyholder's Signature Date & Time


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


Witnessed by Reporting Centre Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180821/2015

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No: T/20180821/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/08/2018 09:45		Vide Report No.: E/20180821/0048		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: SAWAFUJI TAKAYUKI			Address: APT BLK 57B DEVONSHIRE ROAD #05-06 THE SUITES A1 CENTRAL SINGAPORE 239899		
ID Type / ID No.: FIN NO / G5746626Q			Contact No.: Home/Office: Mobile: 96354237		
Nationality: JAPANESE			Email:		
Sex: Male	Age: 48	Date of Birth: 24/08/1969	Type of Informant: Driver		
Race: Japanese			Language:		Institution / School Name:
Occupation: OFFICE WORKER			Driving Licence Information: Class: 3 Date of Expiry: 21/06/2023		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/08/2018 07:40	Type of Location: Straight Road
Location: Along Road 1 DEVONSHIRE ROAD				
Between Lamp Post 4 and 5 Lamp Post Number: 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLX4374B	Car	TOYOTA	Camry	Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available

POLICE REPORT



**SINGAPORE
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T/20180821/2015

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Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20180821/2015

CONTINUATION OF REPORT

Driver			
Name	SAWAFUJI TAKAYUKI		ID No. G5746626Q
Related Vehicle	SLX4374B (Car)		Contact No. 96354237
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 21/06/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pedestrian			
Name	Haslinda		ID No. NIL
Related Vehicle	NIL		Contact No. 92034414
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 21/08/2018 at around 7.40am, I was driving my vehicle SLX4374B, and was turning right from Devonshire Rd onto Devonshire Rd heading towards Killiney Road. After I had completed my right turn, I knocked onto a pedestrian by the name of Haslinda (H/P: 92034414) as she was crossing the road. She was walking out from between 2 vehicles parked along the left side of the road, and as such I did not see her while I was making the right turn. I then called for police assistance. A passerby also called for an ambulance. The ambulance arrived shortly after, and attended to the injured pedestrian. Two traffic police officers also arrived after. They informed me that she would be conveyed to Singapore General Hospital. I am lodging a police report for record and insurance purposes.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180821/2015

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20180821/2015

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 / ASP LIM JIAN XIONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/08/2018 09:45
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:
Authentication Stamp NP168 	SN 172

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



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 048560
Tel (65) 6224 0010 Fax (65) 6224 0090
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66500102 / GST Reg. No. NP42001739

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 : MAH18108827 Vehicle Registration No : 3LX4374B
Name(s) shown in NRIC : SAWA FUJI TAKAYUKI NRIC/FIN/Passport No : 95746626Q
(Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore
Contact (Tel) : _____ Mobile No. : 96354239
Email Address : _____
Date of Accident : 21/08/2015 Time of Accident : 07:40
Place of Accident : ALONG DEVENISHIRE ROAD BETWEEN CAMP POST 485
Insurance Company : LIBERTY INSURANCE

(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 further Police Report 1/20180821/2015



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: