

## 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 Report	14/12/2018 10:26
Date Of Accident	30/11/2018 17:00
Exact Location Of Accident	ALONG TEBAN FLYOVER TOWARDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9220C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91188359
Alternative Phone No	OFFICE-91188359

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING BACK HOME FROM JOB
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	SD18V00034/VPZ/R03
Cover Note Number	

### Driver

Name of Driver	PANTELIC PREGRAG
Passport No/FIN	G3453367P
Date Of Birth	06/07/1960
Occupation	INDOOR
Date Of Driving Pass	15/09/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91188359
Fax Number	
Contact Number	OTHERS-91188359
EEmail Address	NOEMAIL

Address	32 KEPPEL BAY DRIVE #07-60 CARIBBEAN AT KEPPEL BAY
Postcode	098651
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSB2630 (PRIVATE CAR)
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20181211/2106

### 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	JSB2630
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAKAMARO SASAKI
NRIC/Passport Number	TK9581240JPN
Contact Number	+601121710279
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT PLAN

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 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 the copies of this report will be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, hereby consent to the archiving of this report at the centre and the copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that:

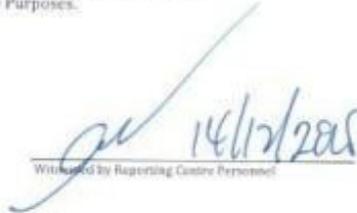
- (a) My insurer, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurer (collectively the "Personal Information") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurer 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 or 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 Insurer's lawyer/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 & Stamp



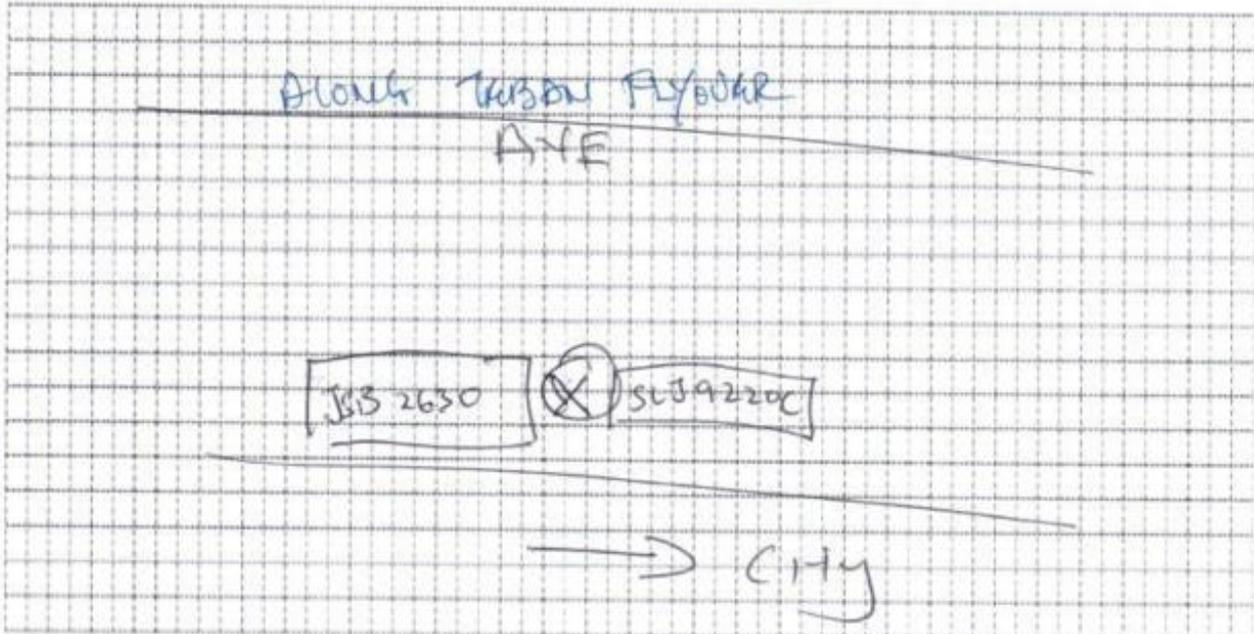
Driver's Signature (if driver is not the Policyholder) Date & Time



14/12/2015

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstance of the Accident

DURING DRIVING IN LANE 1, FRONT GEAR  
STARTED BREAKING, I ENGAGED BRAKES OF  
MY CAR AND BEEN HIT FROM BEHIND.  
SINCE KEPT DISTANCE FROM FRONT CAR  
NO FRONT CONTACT / DAMAGE OCCURE.

NO PERSONS INJURED, CHECK PASSENGER OF  
OTHER CAR, (DRIVER BAG WAS OPEN), AND  
CONTINUE TO DRIVE TO SAFE LOCATION / OFFICE  
WITHOUT PROBLEM.

CONTACTED COMPANY RENTAL + INVOL.

POLICE REPORT T/2018/11/2106

Declaration

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

Policyholder's Signature / Date & Stamp

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

2018-11-30

Witnessed by Reporting Centre Personnel

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20181211/2106

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20181211/2106

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/12/2018 17:22		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Pantelic Predrag			Address: 32 KEPPEL BAY DRIVE #07-60 CARIBBEAN AT KEPPEL BAY SINGAPORE 098651		
ID Type / ID No.:			Contact No.:		
FIN NO / G3453367P			Home/Office:		Mobile: 91188359
Nationality: SERBIAN			Email:		
Sex: Male	Age: 58	Date of Birth: 06/07/1960	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: Building and construction project manager			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 30/11/2018 17:00	Type of Location: Flyover
Location: Along Road 1 AYER RAJAH EXPRESSWAY  Along Teban Flyover towards AYE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSB2630	Car				Seriously Damaged	3
SLJ9220C	Car				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181211/2106

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 4  
Report No. T/20181211/2106

CONTINUATION OF REPORT

DRIVER			
Name	Takamaro Sasaki		ID No. TK9581240JPN
Related Vehicle	JSB2630 (Car)		Contact No. +601121710279
Hospital/Clinic	NIL		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	NIL
DRIVER			
Name	Pantelic Predrag		ID No. G3453367P
Related Vehicle	SLJ9220C (Car)		Contact No. 91188359
Hospital/Clinic	NIL		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	NIL

**Brief Details.**

On 30/11/2018 at about 1700hrs I was travelling on the most right lane of Teban Flyover along AYE in a rented car SLJ9220C from Goldbell Car Rental located at 10 Raeburn Park #02-01 S (088702). I noticed that the traffic was abruptly slowing in front of me.

Subsequently I heard a loud bang and noticed that my rear side of the vehicle was hit by a vehicle JSB2630. My rear bumper was badly damaged, whilst the other vehicle had its front bumper damaged and both airbags deployed. Both of my vehicle and the other driver managed to exchange particulars.

There were a total of 3 passengers in the foreign vehicle. The said driver informed that his wife was injured. No ambulance nor police attended to us. No government property damaged. I wish to state I am currently holding a international driving license from Serbia which expires 15/09/2020.

I am lodging this report as I was instructed to do so by the rental company.

Particulars as follows for the driver.

Name: Takamaro Sasaki

Malaysian ID Number: TK9581240JPN

Contact Number: +601121710279

Address: No 21-06 Block B Pangsapuri Jentayu Jln Jentayu 81200 Johor Bahru Johor

Company: Hirose Financial My Limited

**POLICE REPORT**



**POLICE FORCE**



T/20181211/2106

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20181211/2106

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181211/2106

4 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20181211/2106

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 MUHAMMAD KHAIRUDIN BIN KASSIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/12/2018 17:22

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID

Contact No.: 65476172

Classification Of Case:

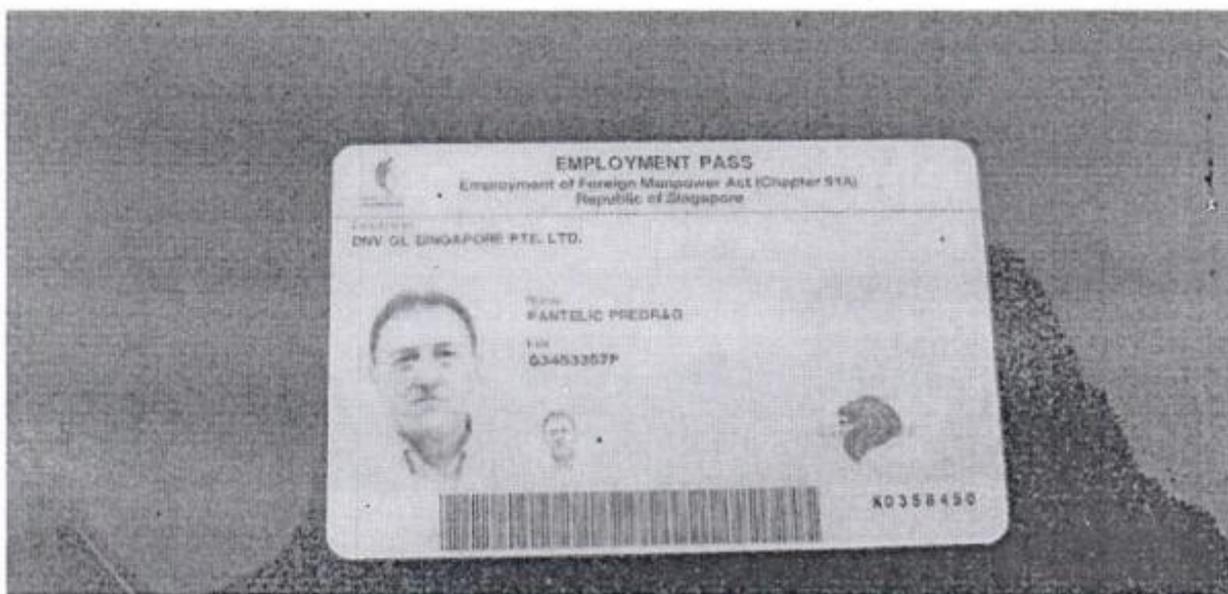


Authentication Stamp

NP168

DL\_Front.jpg

12/14/2018



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12/14/2018



https://mail.google.com/mail/u/0/#ui/iframe/FM6:pvvzMBnxwCq/Nmb-H7wPpMGwccTTP?projector=1&messagePartId=0.3

ID

REPUBLIKA SRBIJA  
LA REPUBLIQUE DE SERBIE

**SRB**

MEDUNARODNI AUTOMOBILSKI SAOBRAĆAJ  
CIRCULATION AUTOMOBILE INTERNATIONALE

**MEDUNARODNA  
VOZAČKA DOZVOLA**  
PERMIS INTERNATIONAL DE CONDUIRE

**E N° 098851**

KONVENCIJA O SAOBRAĆAJU NA PUTEVIMA  
OD 8. NOVEMBRA 1968. GODINE  
CONVENTION SUR LA CIRCULATION ROUTIERE DU HUIT NOVEMBRE 1968

Važi do / Valable jusqu'au: 15.09.2020.  
Izdata od / Délivrée par: AMK VRAČAR / 0342  
U / A: BEOGRAD  
Na dan / Le: 15.09.2017.  
Broj nacionalne vozačke dozvole / Numéro du permis de conduire national: 000015331

Pečat  
Cachet

Président de l'AMSS  
*Milica Bujinac*

**SRB**

REPUBLIKA SRBIJA  
REPUBLIC OF SERBIA  
VOZAČKA DOZVOLA  
DRIVING LICENCE

1. PANELIĆ  
2. PREDRAG  
3. 06.07.1960. BEOGRAD  
4a. 31.01.2014. 4b. 31.01.2024.  
4c. PS VRAČAR  
5. 000015331

6. BEOGRAD  
7. AMB B1 E FM



PARTICULARS CONCERNING THE DRIVER

Surname  
Other names  
Place of birth  
Date of birth  
Home address

1  
2  
3  
4  
5

CATEGORIES OF VEHICLES FOR WHICH THE PERMIT IS VALID

CATEGORIES AND SUBCATEGORIES OF VEHICLES, WITH THE CORRESPONDING CODES, FOR WHICH THE PERMIT IS VALID

Code of category - program	Code of subcategory - program
<b>A</b> Over 125cc	<b>A1</b> Up to 125 cc, 12 horse power
<b>B</b> 2-A, 3-A, 3-B, 3-C, 3-D, 3-E, 3-F, 3-G, 3-H, 3-I, 3-J, 3-K, 3-L, 3-M, 3-N, 3-O, 3-P, 3-Q, 3-R, 3-S, 3-T, 3-U, 3-V, 3-W, 3-X, 3-Y, 3-Z	<b>A2</b> Up to 250 cc, 19 horse power
<b>BE</b> 2-A, 3-A, 3-B, 3-C, 3-D, 3-E, 3-F, 3-G, 3-H, 3-I, 3-J, 3-K, 3-L, 3-M, 3-N, 3-O, 3-P, 3-Q, 3-R, 3-S, 3-T, 3-U, 3-V, 3-W, 3-X, 3-Y, 3-Z	<b>B1</b> Over 125 cc, 19 horse power
<b>C</b> Over 3500 kg	<b>C1</b> Over 3500 kg to 7500 kg
<b>CE</b> Over 7500 kg	<b>C1E</b> Over 7500 kg to 12000 kg
<b>D</b> Over 16 seats + 1 for the driver	<b>D1</b> Up to 16 seats + 1 for the driver
<b>DE</b> Over 16 seats	<b>D1E</b> Over 16 seats

RESTRICTIVE CONDITIONS OF USE\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Father's or husband's name may be inserted here.  
 \* If the place of birth is unknown, leave blank.  
 \* If date of birth is unknown, state approximate age on date of issue of permit.  
 \* For example, "Must wear corrective lenses", "Valid only for driving vehicle No. \_\_\_\_\_"  
 \* Vehicle must be equipped in its own right by a one-legged person.

1 DRAFT 145  
 2 DRAFT 145  
 3 BECGRAD  
 4 BE 17-1-1960  
 5 BECGRAD

CACHET	CACHET
A	A1
B	A2
BE	B1
C	C1
CE	C1E
D	D1
DE	D1E

Signature du titulaire  
*[Signature]*

EXCLUSIONS  
 Le titulaire est déclaré apte de conduire sur les véhicules  
 de \_\_\_\_\_ jusqu'à \_\_\_\_\_

EXCLUSIONS  
 Le titulaire est déclaré apte de conduire sur les véhicules  
 de \_\_\_\_\_ jusqu'à \_\_\_\_\_



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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