

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	14/02/2019 10:54
Date Of Accident	29/01/2019 21:30
Exact Location Of Accident	YUNG HO ROAD TOWARDS CORPORATION ROAD L/P NO:5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6345R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	HIROYUKI.SUGAWARA@SEP.EPSON.COM.SG
Mobile Phone No	(LOCAL) +65-96435298
Alternative Phone No	OFFICE-96435298

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	SUGAWARA HIROYUKI
Passport No/FIN	G3494521M
Date Of Birth	11/05/1974
Occupation	INDOOR
Date Of Driving Pass	24/07/1992
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96435298
Fax Number	
Contact Number	OTHERS-96435298
Email Address	HIROYUKI.SUGAWARA@SEP.EPSON.COM.SG

Address	9 ALEXANDRA VIEW #27-14 ECHELON
Postcode	158742
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : KOIZUMI NORIHISA GENDER: : MALE

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	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF7949L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

2
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name UNKNOWN RIDER
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBF7949L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN PILLION
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBF7949L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

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:

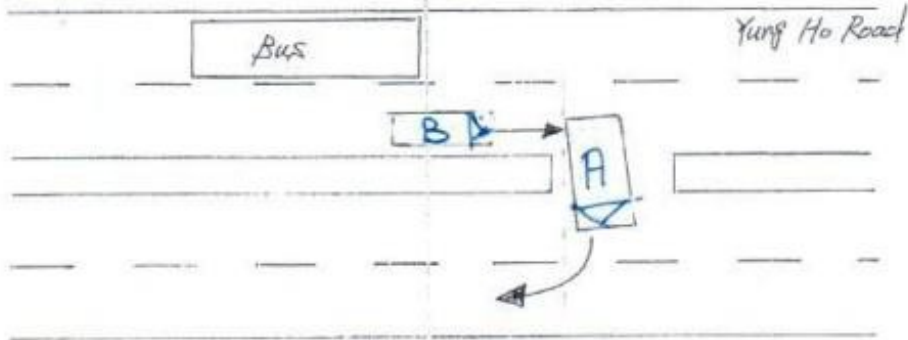

Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:

Accident Sketch Plan

A) SMD 6345R

B) FBF 7949L

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a U-turn and my car was slightly turned to its right, and was ready to make a U-turn.

Suddenly, one motorcycle collided onto my rear right side bumper. The rider and his pillion fell to the ground.

Ambulance was also at scene and conveyed both the rider and pillion to hospital.

I wish to state that there was a passenger in my car.

Both my passenger and I were not injured in the accident.

Police Report T/20190129/2684

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:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190129/2184

1 of 3

Report No. T/20190129/2184

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2019 23:36	Vide Report No.: J/20190129/0126	Station Diary No.: 220
--	-------------------------------------	---------------------------

Informant's Particulars

Name of Informant: SUGAWARA HIROYUKI			Address: APT BLK 9 ALEXANDRA VIEW #27-14 ECHELON SINGAPORE 158742	
ID Type / ID No.: FIN NO / G3494521M			Contact No.: Home/Office: Mobile: 96435298	
Nationality: JAPANESE			Email:	
Sex: Male	Age: 44	Date of Birth: 11/05/1974	Type of Informant: Driver	
Race: Others			Language: English	Institution / School Name:
Occupation: Product Engineer			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/01/2019 21:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 YUNG HO ROAD CORPORATION ROAD Lamp Post Number: 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF7949L	Motorcycle				Slightly Damaged	1
SMD6345R	Car				Slightly Damaged	1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190129/2184

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/20190129/2184

CONTINUATION OF REPORT

Driver			
Name	SUGAWARA HIROYUKI	ID No.	G3494521M
Related Vehicle	SMD6345R (Car)	Contact No.	96435298
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 29/01/2019 at about 9:30pm, I was driving my car, bearing registration plate number SMD6345R, and was travelling along Yung Ho Road. Thereafter, I was making a U-turn and my car was slightly turned to its right, and was ready to make a U-turn. Suddenly, one motorcycle, bearing registration plate number FBF7949L, collided onto my rear right side bumper. The rider and his pillion fell to the ground.

Subsequently, traffic police were at scene. Ambulance was also at scene and conveyed both the rider and pillion to hospital. My car was equipped with camera. Thus, the traffic police took the SD card from me and provided with an 'Acknowledgement Slip' stating the report number J/20190129/0126. The investigation officer in-charge is IO Farhan, Tel: 65476224.

I wish to state that there is a passenger in my car. The passenger is only in Singapore for visiting and his name is Koizumi Norihisa, HP: +81 80 4403 0381. Both my passenger and I were not injured in the accident.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190129/2184

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

3 of 3
Report No. T/20190129/2184

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 / Staff Sgt MUHAMMAD SAIFUL LIZAM BIN MASTOR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/01/2019 23:36
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168	SN 127
 Signature : Singapore Police Force	

ID



EMPLOYMENT PASS

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

Employer

SINGAPORE EPSON INDUSTRIAL PTE. LTD.



Name
SUGAWARA HIROYUKI
FIN
Q3494521M



K0678953

VISIT PASS Immigration Regulations

13-08-2019

Name

SUGAWARA HIROYUKI

FIN

Q3494521M

Date of Birth

11-05-1974

Sex

M

Nationality

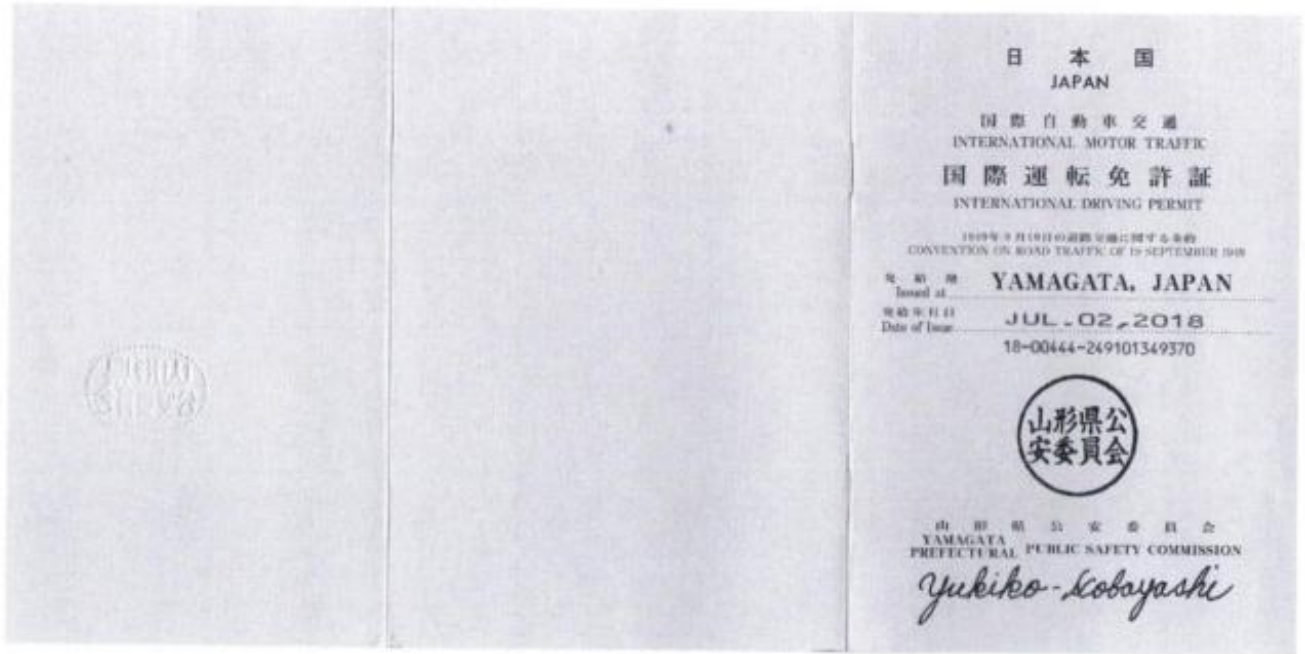
JAPANESE

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.

Download SGWorkPass
App to check status





この運転免許証は、すべての締約国の領域（これを発給する締約国の領域を除く）において、発給の日から一年間、この運転免許証の最終ページにおいて特定する種類の車両の運転について有効とする。

This permit is valid in the territory of all the Contracting States with the exception of the territory of the Contracting State where issued, for the period of one year from the date of issue, for the driving of vehicles included in the category or categories mentioned on the last page of this permit.

この運転免許証は、その所持者が自己の旅行する各締約国において施行されている別任又は職業に関する法令を遵守する義務にいかんが影響を及ぼさないものとする。

It is understood that this permit shall in no way affect the obligation of the holder to conform strictly to the laws and regulations relating to residence or to the exercise of a profession which are force in each country through which he travels.

運転者に関する事項：

姓 1
名 2
出生地 3
出生年月日 4
性別 5

この運転免許証で運転することが出来る車両：

「軽自動車（最高速度が40km/h以下）及び、身体障害者用自動車（最高速度が40km/h以下）の運転」	A
軽自動車、最高速度が40km/h以下でない車両を運転する自動車又は自動二輪車の運転、最高速度が40km/h以下でない車両を運転する自動車又は自動二輪車の運転、最高速度が40km/h以下でない車両を運転する自動車又は自動二輪車の運転、最高速度が40km/h以下でない車両を運転する自動車又は自動二輪車の運転	B
自動二輪車の運転、最高速度が40km/h以下でない車両を運転する自動車又は自動二輪車の運転、最高速度が40km/h以下でない車両を運転する自動車又は自動二輪車の運転	C
乗用車の運転、最高速度が40km/h以下でない車両を運転する自動車又は自動二輪車の運転、最高速度が40km/h以下でない車両を運転する自動車又は自動二輪車の運転	D
運転免許証に記された、最高速度が40km/h以下でない車両を運転する自動車又は自動二輪車の運転、最高速度が40km/h以下でない車両を運転する自動車又は自動二輪車の運転	E

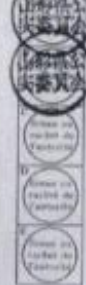
車両の「運転最大重量」は、施行することができる状態にある車両の重量及びその重量と積載物の重量をいふ。
「最高速度」は、車両の最高速度の表示値をいふ。
「最高速度」は、最高速度が40km/h以下でない車両の最高速度をいふ。

この運転免許証の持主は、この運転免許証の持主が運転する車両の運転に必要とする他の免許証を所持しているものとする。

姓 名 1
出生地 2
出生年月日 3
性別 4

この運転免許証の持主は、この運転免許証の持主が運転する車両の運転に必要とする他の免許証を所持しているものとする。

1. SUGAWARA
2. HIROYUKI
3. YAMAGATA, JAPAN
4. MAY 11, 1974
5. 5-41 NIIGATAMACHI TSURUOKA-SHI
YAMAGATA, JAPAN



Signature of the holder
Hiroyuki Sugawara

ENCLUSIONS
(pays)

I Y
II VI
III VII
IV VIII

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

