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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/03/2019 14:21
Date Of Accident	27/03/2019 07:40
Exact Location Of Accident	AYE TOWARDS TUAS RD IN BETWEEN EXIT 10A AND 9
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD1872E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	JSHIMI43432@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98599040
Alternative Phone No	OFFICE-98599040
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
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 SHIMIZU JUNICHI NRIC No G3809413R 30/01/1964 Date Of Birth Occupation **INDOOR Date Of Driving Pass** 09/09/1983 **Driving Experience** 35 YEARS AND 6 MONTHS Gender MALE Mobile Number (LOCAL) +65-98599040

Fax Number

Contact Number OTHERS-98599040

EMail Address JSHIMI43432@GMAIL.COM

Address G11-02 KIM SENG WALK

GREAT WORLD SERVICE APARTMENTS

Postcode 239404

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

insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name NANYANG N.P.C

Police Station Address ROAD: 2 JURONG WEST AVE 5, POSTCODE: 649482, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190327/2153

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 UNKNOWN

Vehicle Make/Model/Colour MERCEDES BENZ (WHITE)

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LAW WEI KWANG ERIC (LIU WEIGUANG ERIC)

NRIC/Passport Number S7433688D

Contact Number

Address Postcode

Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

SJR8290M Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

NASRI BIN MOHAMED KASSIM Name of Driver

NRIC/Passport Number S7821841Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SHIMIZU JUNICHI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLD1872E

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report parrectly 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.
- Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to regulate policy fabrilly.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on this 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 CIA Records Mangement Centre establised 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.
- 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.
- 6. 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 ("CIA") 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 shall be collectively referred to as the "Insurera", the Insurera' taw yors/low firms, the Monetary Authority of Singapore and any relevant government agencylouthority (such as the pulser), for the purpose(s) of

(i) processing, handling ensite dealing with my claims including the selflement of the claims and any necessary invostigations relating to the claims.

(ii) investigating the accident and/or my daims.

(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, reparts 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 chyclopesimal packages), and/or

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

(collectively the "Purposes")

My car

(also statisticy

into new

(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

(d) my Personal Information mayican be disclosed by any of the insurers and/or SIA to their that party service providers or agent

(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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B) unknown c) SJR 8290m

A) SLD 1872E

a that B

Accident Sketch Plan

scribe Circumstance of the Acci	stant *		
On the 27/03/2019 at about 07#9Otys,	I was driving my version. SLD18725; along AYE go	ong xowants Tisas Rodin between eur	10A arts 16.
At the point of line, there were a lot of a	valvoles on the road and there were traffic jam.		
I was driving on the first lane when I not	iced the vehicle ahead of the SJR6255W with dry	er namely. 'Nisuri Bin Wohamoyi Kassi	m: 578216412" stepping on the trakes.
and econtually puring his vehicle to a co	matters along that to this traffic year. Upon sealing this	is , I then slowly elepted my brakes so	s and exertically porting my vehicle in a surryfule six
Wilk it stationary position, on unknown	white coloured "Morcardes" vehicle elsonely collida	ed against the rear of my vehicle.	
	collising against the max bumper of the vehicle ab-		
white the party of the last terms of the party of the last terms o	ie and made a sheck, I then discovered that driver	which had collided against my rear ha	ad Mound Nowing our troin NS head.
I am ladging the report for municipal purp	1000		
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POLICE RAPA	en 1/2018632	7/2153	
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		2	
	ire true in every respect.		
	ine thus in every respect.		/11 -
declare the foregoing particulars a	ire true in every respect.	28-02-2019	29/08/2019
	* guich- Aling	28-03-2019	29/08/2019
declare the foregoing particulars a	* gan Ch- Aling Order Stages & Time		9 29 03 2019

POLICE REPORT





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 1 of 3 Report No. T/20190327/2153

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 019 18:30	Made:	Vide Report No.:	Station Diary No. 106	
Informa	nt's Partic	ulars		医	
Name of Informant: SHIMIZU JUNICHI			Address: APT BLK 2 KIM SENG WALK #11-02 SINGAPORE 239		
ID Type / ID No.: FIN NO / G3809413R		3R	Contact No.: Home/Office: 68689233 Mobile: 98599040		
National JAPANE			Email:		
Sex: Male	Age: 55	Date of Birth; 30/01/1964	Type of Informant:		
Race: Others			Language:	Institution / School Name:	
Occupation: PRINTING MANAGER		ER	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2019 07:40	Type of Location Straight Road	
Along AYE go	EXPRESSWAY		nd 9		
Weather; Clear		Road Surface: Dry		Road Speed Limit:	
45 444		Traffic Control: Not Controlled		Traffic Volume: Heavy	
		Not Controlled	H		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJR8290M	Car				Slightly Damaged	0
SLD1872E	Car				Seriously Damaged	0

POLICE REPORT



T/20190327/2153

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

Report No. T/20190327/2153

CONTINUATION OF REPORT

Brief Details.

On the 27/03/2019 at about 0740hrs, I was driving my vehicle, SLD1872E along AYE going towards Tuas Rd (In between exit 10A and 9). At the point of time, there were a lot of vehicles on the road and there was a traffic jam. I was driving on the first lane when I noticed the vehicle ahead of me, SJR8290M with driver namely, "Nasri Bin Mohamed Kassim, S7821841Z" stepping on the brakes and eventually putting his vehicle to a complete stop due to the traffic jam. Upon seeing this, I then slowly stepped my brakes too and eventually putting my vehicle to a complete stop.

While in stationary position, an unknown white coloured "Mercedes" vehicle suddenly collided against the rear of my vehicle. Due to the impact, my front bumper had collided against the rear bumper of the vehicle ahead of me causing a chain collision. After the collision, I went out of my vehicle and made a check. I then discovered that the driver which had collided against my rear had blood flowing out from his head. His front bumper was badly damaged.

I am lodging this report for insurance purposes.

POLICE REPORT





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/20190327/2153

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 Informant

Date/Time:

27/03/2019 18:30

Classification Of Case:

Signature Of Officer Recording The Report. Sgt 2 MUHAMMAD 'AMMAR AMSYAR BIT RAHMAT Signature Of Interpreter:

Not applicable

Officer In Charge Of Case: TP/GIT/ Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200

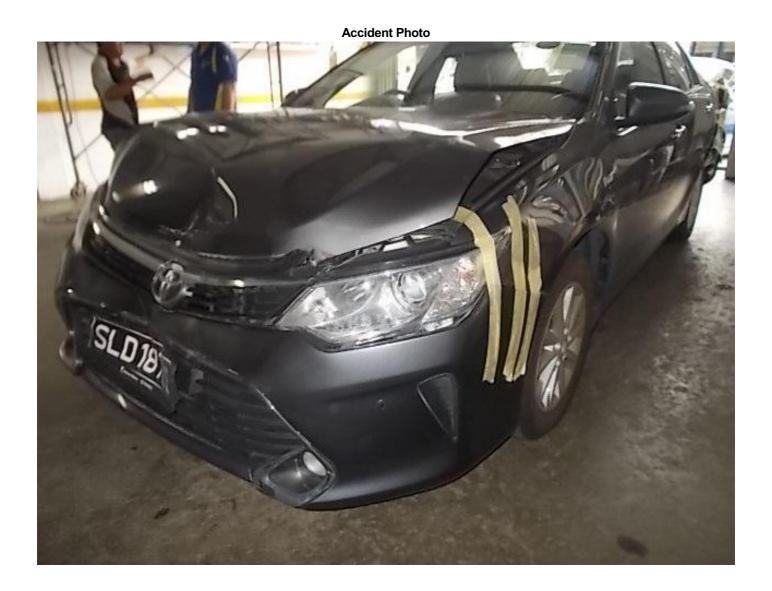
Authentication Stamp NP168

Signature: gapore Police Force

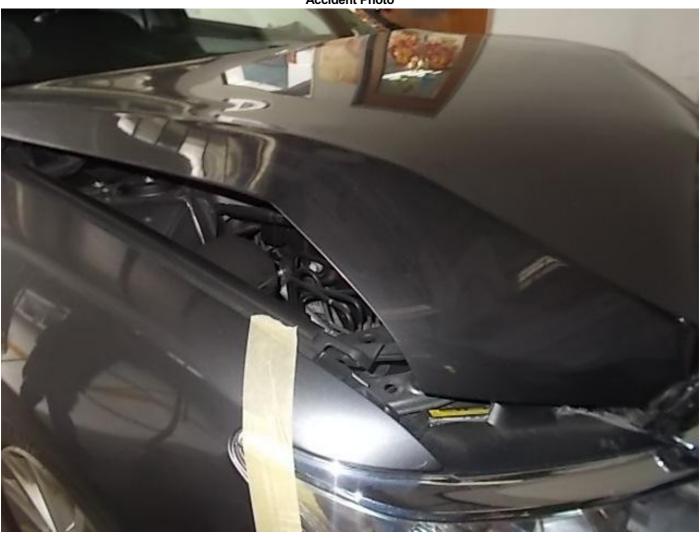


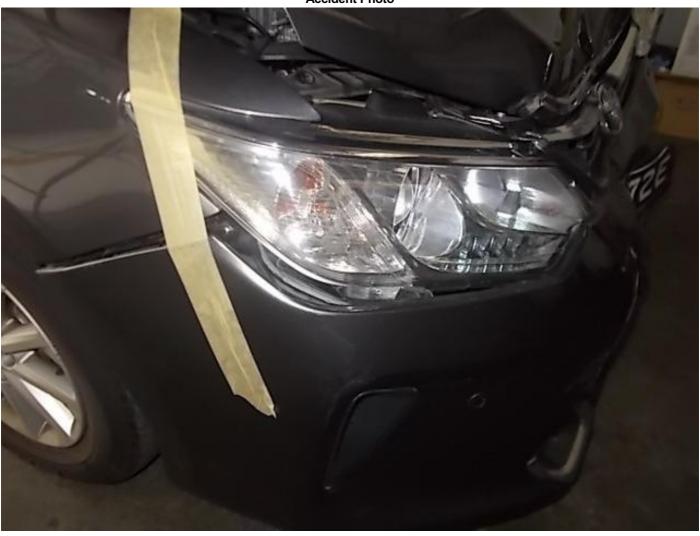
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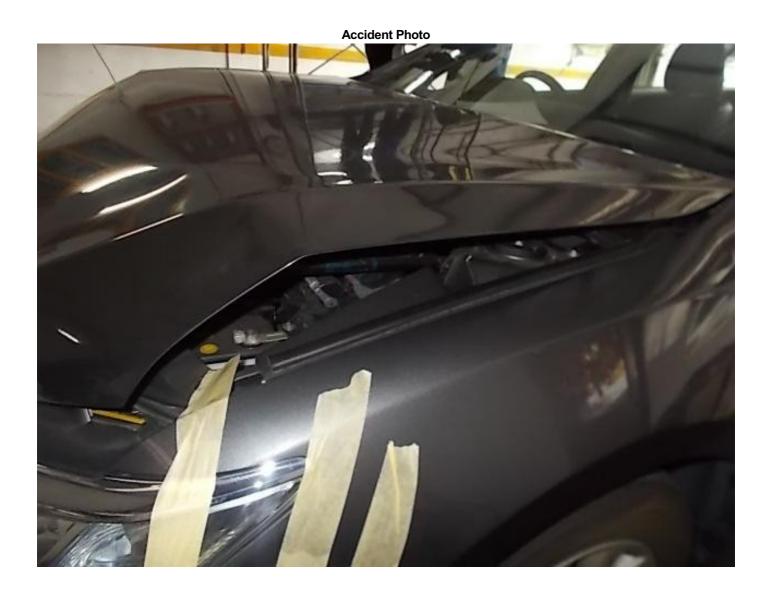




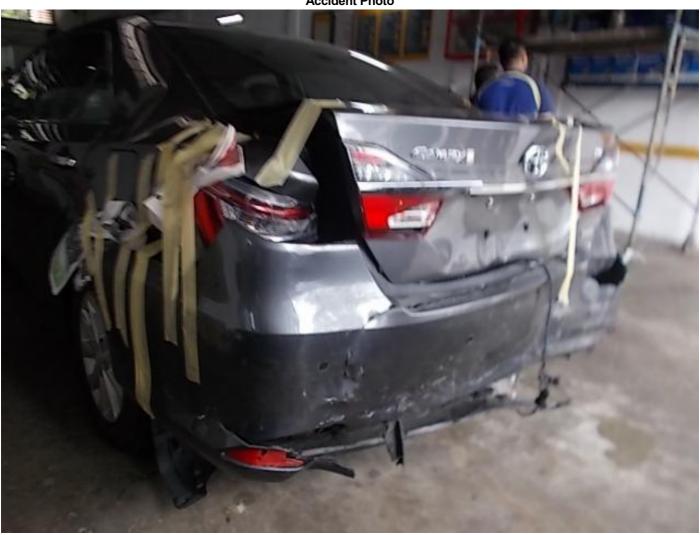


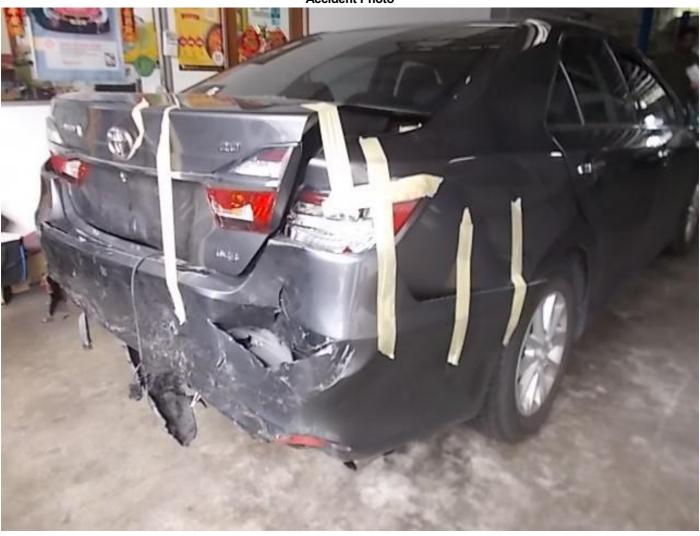














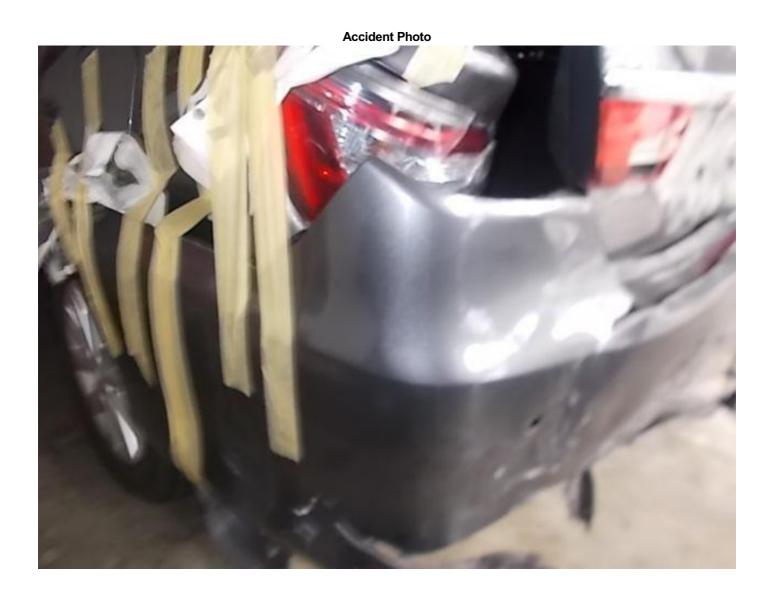




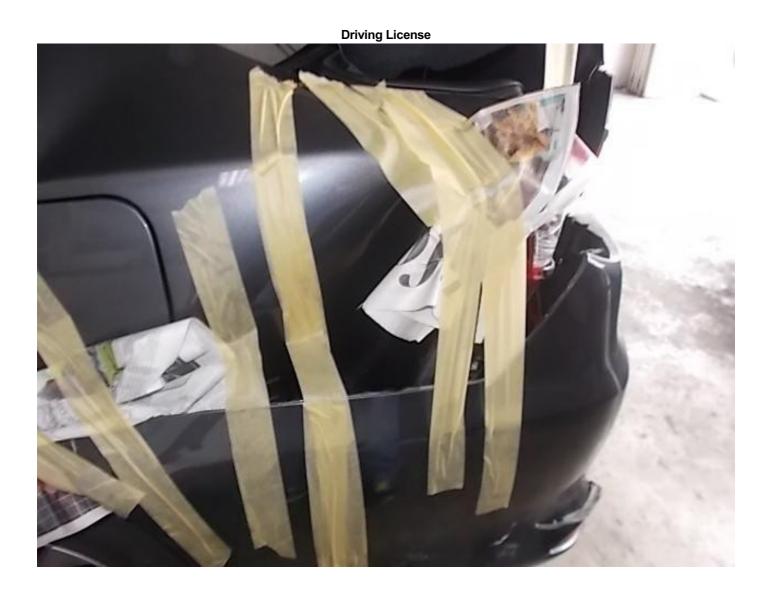








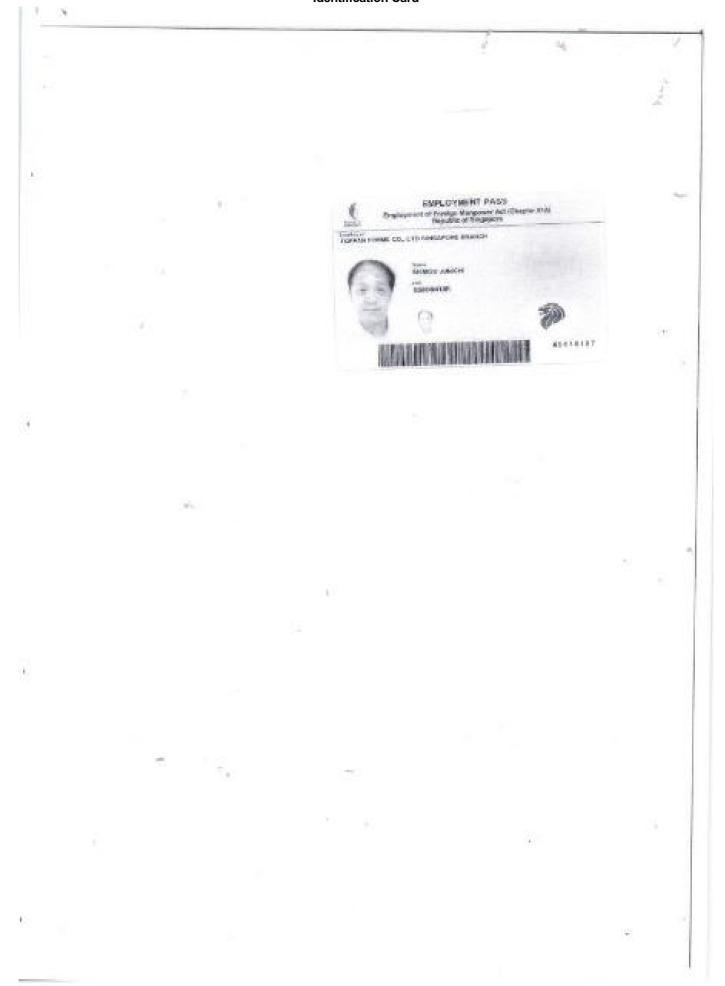




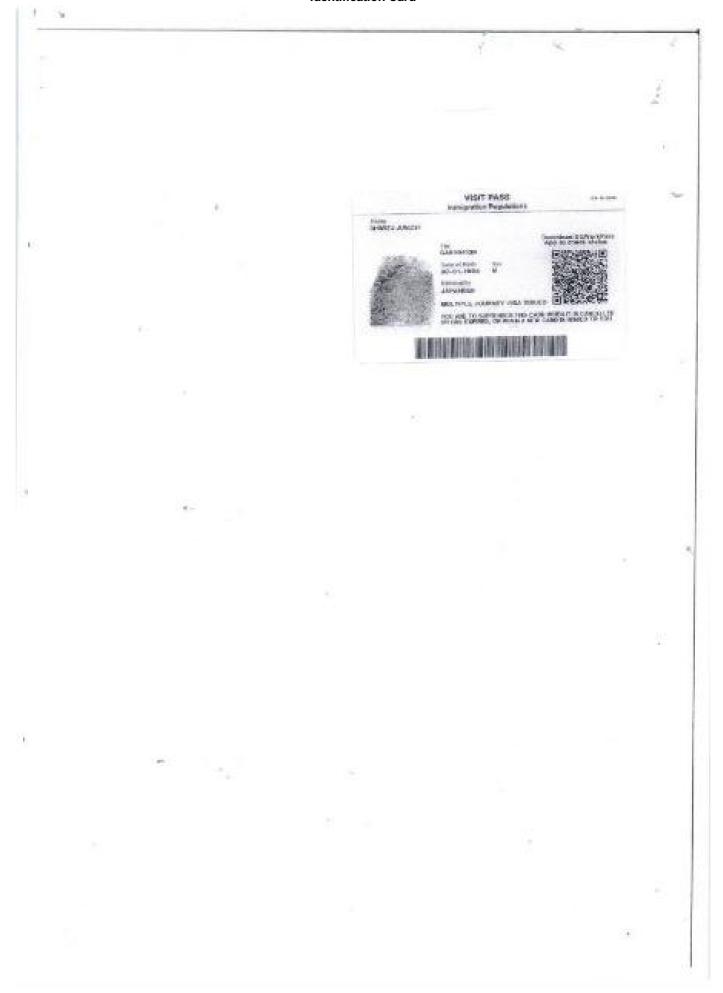




Identification Card



Identification Card



Driving License

3/28/2018

All Journal and po-



DRIVING License