

## 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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1872E
<b>Insured/Policyholder</b>	
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
Date Of Birth	30/01/1964
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
EEmail 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	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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 N.P.C
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b>
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	SJM118H
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**

Vehicle Registration Number	SJR8290M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NASRI BIN MOHAMED KASSIM
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?	NO
Address	
Postcode	

Accident Sketch Plan

Describe Circumstance of the Accident

On the 27/03/2019 at about 0740hrs, I was driving my vehicle, 5LD18170 along AYE going towards Tuas Road between exit 13A and B.

At the point of time, there was a lot of vehicles on the road and there was traffic jam.

I was driving on the first lane when I noticed the vehicle ahead of me, S1R82401 with driver namely, "Hazi Bin Mohamed Kasim, 579218412" stopping 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 exited 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 rear collision.

After the collision, I went out of my vehicle and made a check. I then discovered that driver which had collided against my rear had blood flowing out from his head.

I am lodging this report for insurance purposes.

POLICE REPORT T/2019/0327/2153

Declaration

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



Policyholder's Signature

\* *Janich-Abingay* 28-03-2019  
Driver's Signature (if driver is not the policyholder) / Date & Time

*aw* 29/03/2019  
Witnessed by Reporting Centre Personnel

# Accident Sketch Plan

## SKETCH PLAN


### IMPORTANT NOTICE

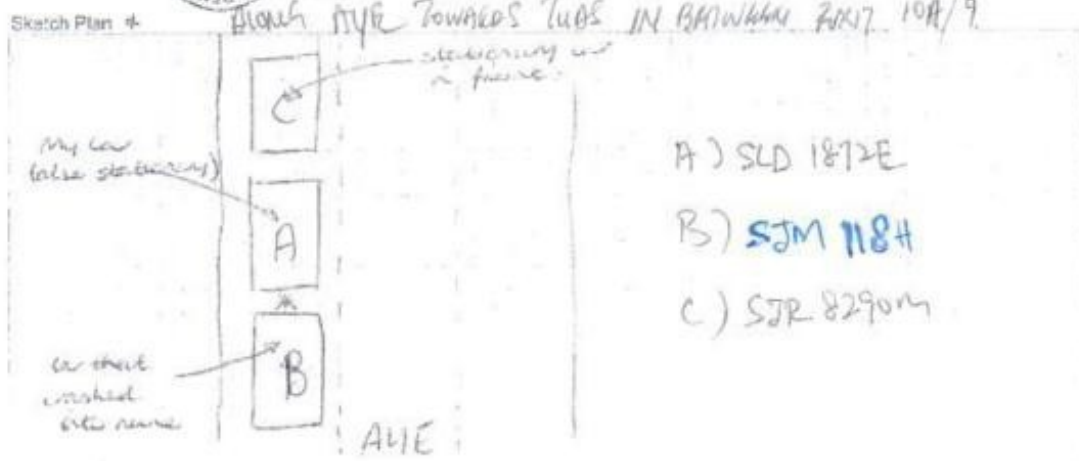
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to 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 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.

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my work(s) and the General Insurance Association of Singapore ("GIA") may be 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 firm/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claim(s) and any necessary investigations relating to the claim(s);
  - (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 correspondence 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 be 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 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 based outside of Singapore, for one or more of the above Purposes.


27.05.19 10:55
9/03/2019  
 Policyholder's Signature \_\_\_\_\_ Driver's Signature (if driver is not the policyholder) \_\_\_\_\_  
 & Time \_\_\_\_\_ Date \_\_\_\_\_ Witnessed by Reporting Officer (Required) \_\_\_\_\_



**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190327/2153

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/20190327/2153

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/03/2019 18:30		Vide Report No.:		Station Diary No.: 106	
<b>Informant's Particulars</b>					
Name of Informant: SHIMIZU JUNICHI			Address: APT BLK 2 KIM SENG WALK #11-02 SINGAPORE 239404		
ID Type / ID No.: FIN NO / G3809413R			Contact No.: Home/Office: 68689233      Mobile: 98599040		
Nationality: JAPANESE			Email:		
Sex: Male	Age: 55	Date of Birth: 30/01/1964	Type of Informant: Driver		
Race: Others		Language:		Institution / School Name:	
Occupation: PRINTING MANAGER			Driving Licence Information: Class:      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2019 07:40	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY  Along AYE going towards Tuas Rd, in between exit 10A and 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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
SJR8290M	Car				Slightly Damaged	0
SLD1872E	Car				Seriously Damaged	0

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190327/2153

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/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



SINGAPORE  
POLICE FORCE



T/20190327/2153

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 Officer Recording The Report: J/ Sgt 2 MUHAMMAD 'AMMAR AMSYAR BIN RAHMAT	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2019 18:30
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:

Authentication Stamp  
NP168

Signature :   
SN-127  
Singapore Police Force



Accident Photo

3/28/2019

Behind\_car1.jpg



*car 29/03/2019*

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



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Driving License



Accident Photo





Accident Photo



Identification Card



Identification Card

**WEST PASS**  
Immigration Population

Name: **SHARON JAMES**

DOB: **01-01-1958**

Sex: **M**

Employer: **MSL HILL HARBOR HOLDINGS**

Download the WEST PASS App to create a QR code



FOR USE TO SUPPORT THE CARD WHEN IT IS CALLED BY THE EMPLOYER, OR WITH A NEW CARD IN ORDER TO USE



Driving License

1/16/2018

All\_license\_card.jpg



DRIVING License

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
8 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S665500200 / GST Reg. No: M400017738

**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 : MMA419040982 Vehicle Registration No: SLD B72E  
Name (as shown in NRIC) : SHIMIZU JUNICHI NRIC/FIN/Passport No : G2809413R  
 Vehicle Driver /  Vehicle Owner (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 98599040  
Email Address : \_\_\_\_\_  
Date of Accident : 27/03/08 Time of Accident : 07:40  
Place of Accident : DUKE ROADWAY TRUSS RD W BAYVIEW FORH 10A/9.  
Insurance Company: ACER

(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:

INSURANCE T/P VEHICLE NUMBER S3M118H  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

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