

## 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	03/06/2019 20:07
Date Of Accident	02/06/2019 20:00
Exact Location Of Accident	XILIN AVENUE TOWARDS UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4648M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98320725
Alternative Phone No	OFFICE-98320725

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	NAKASHIMA SHINYA
Passport No/FIN	G3249093Q
Date Of Birth	18/09/1984
Occupation	INDOOR
Date Of Driving Pass	23/12/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98320725
Fax Number	
Contact Number	OTHERS-98320725
EEmail Address	NOEMAIL

Address	21D SIMEI STREET 4 #10-56 DOUBLE BAY RESIDENCES
Postcode	528721
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?	NO
Number of vehicles (including own vehicle) 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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : SON GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG9155L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JIM SON
NRIC/Passport Number	

Contact Number	93372979
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

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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.

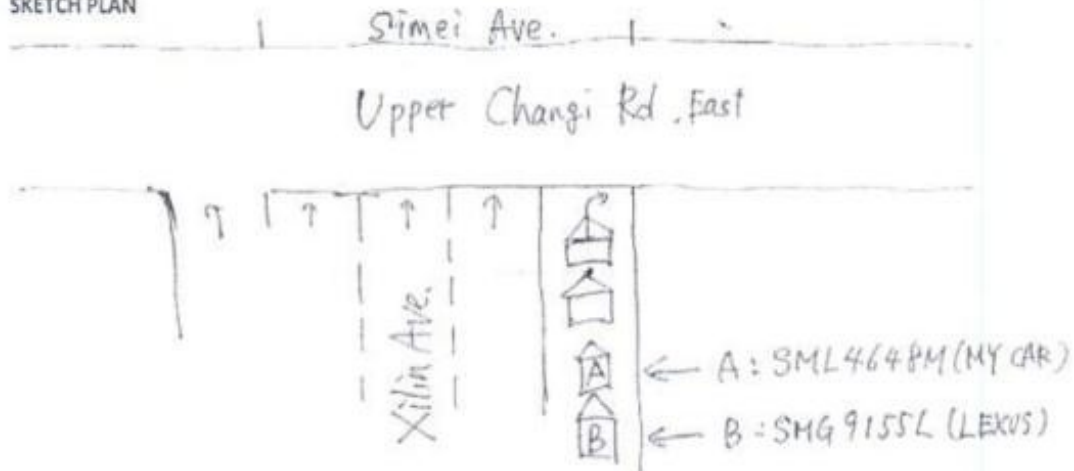
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 03, JUNE, 2019, 12:00

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2nd June 2019, around 8:00PM, My car was waiting traffic signal change to Green at in the turn right lane at Kilin Ave. towards Upper Changi Rd. East. When the signal changed to Green, the car behind LEXUS SMG9155L hit my car behind.

## DECLARATION

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: 03/JUNE/2019  
15:00

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No:

Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## Identification Card

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

Employer  
**BROTHER INTERNATIONAL SINGAPORE PTE LTD**


Name  
**NAKASHIMA SHINYA**  
Occupation  
**PRODUCT MARKETING MANAGER**

PRN  
**84440030**

Date of Application  
**10-01-2019**

Date of Issue  
**10-02-2019**

Date of Expiry  
**10-04-2021**

 **18401001**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Vehicle Class  
**G32490930**

Name  
**NAKASHIMA SHINYA**

Date of Birth  
**18 Sep 1984**

Issue Date  
**23 Dec 2018**

Valid Till  
**22/12/2021**



**VISIT PASS**  
Immigration Regulations

Name  
**NAKASHIMA SHINYA**



Date of Birth  
**18-09-1984**

Sex  
**M**

Nationality  
**JAPANESE**

PRN  
**84440030**

Date of Issue  
**10-02-2019**

Date of Expiry  
**10-04-2021**

**MULTIPLE JOURNEY PASS ISSUED**

YOU ARE TO ALTERNATE THIS CARD WITH IT IF CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

**EFFECTIVE DATE**

Class 1 Motor cars with unladen weight <= 3000kg with or without passengers, exclusive of delivery and other motor vehicles with unladen weight <= 2500kg

**23 Dec 2018**



License No: 02490930

NP 4204

*For LKK/NAC Use Only*