

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	12/06/2019 17:50
Date Of Accident	06/06/2019 06:35
Exact Location Of Accident	CROSS JUNCTION OF TUAS WEST ROAD/TUAS LINK 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2959J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90290732
Alternative Phone No	OFFICE-90290732

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA AERAS 2.4 CVT MR
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	REPORTING ONLY
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	999994188/100874642-00002
Cover Note Number	

Driver

Name of Driver	AFFANDI BIN SAPUAN
NRIC No	S1114828Z
Date Of Birth	18/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1987
Driving Experience	31 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90290732
Fax Number	
Contact Number	OTHERS-90290732
EEmail Address	NOEMAIL

Address	BLK 12 BEBOK SOUTH AVENUE 2 #06-600
Postcode	460012
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRK6929 (MOTORCYCLE)
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)	2
Passenger 1	NAME: : MR TAKAHASI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190606/2039

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	JRK6929
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)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. This report explains the truth of the accident to speed up the claim process.
- 2. The Form to be completed by the Policyholder and the Authorized Driver
- 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may result in the insurer being able to repudiate or deny liability.
- 4. The true and accurate completion of this Form by insurance companies is an essential part of the policy on the part of the insurance companies.
- 5. Any false representation may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the Civil Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application to interested parties.
- 7. By the assignment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to the use of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

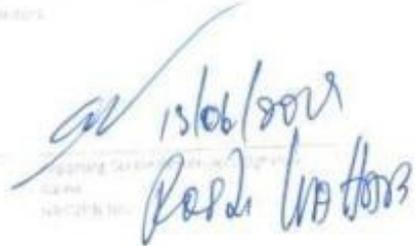
I understand, acknowledge, agree and consent that:

- (a) My name, my workshop and the General Insurance Association of Singapore ("GIAS") may be permitted to collect, use, disclose and for purposes of personal data protection information contained in the Form and provide or disclose information provided by us or procured by my insurer (collectively the "Personal Information") used in the course of underwriting, risk assessment for motor vehicle insurance (including but not limited to the "Insurers' Use System" (including but not limited to the "Insurers' Use System") supplied from 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 claims and any necessary investigation relating to the claims;
 - (ii) investigating the accident and/or claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims including the making of an expenditure, settlement, payment, refund, return or return of premium, which could involve disclosure of certain personal data about me to bring about delivery of the same, as well as to the external cover of a motor vehicle accident, and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (including the "purpose").
- (b) My name (which has been insured which is involved in the accident and the insurers' coverage from my insurer) may be used to collect, use, disclose and/or process the Personal Information for one or more of the above purposes, and
- (c) my Personal Information may not be disclosed by any of the entities which seek to trade their goods or services or agents including their representatives, which may be used outside of Singapore, for one or more of the above purposes;
- (d) my Personal Information will not be collected or used to conduct or carry out any activity for the purpose of fraud detection, investigation and/or prevention; and
- (e) the information collected under this Form may be shared with:
 - (i) any relevant and/or any other third parties that exist in conducting, investigating, processing or handling of my claims, settlement or government or government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any applicable law or regulations.



Policyholder's Signature
K. S. Tan

Driver's Signature
(If driver is not the policyholder)
Tan S. Y.

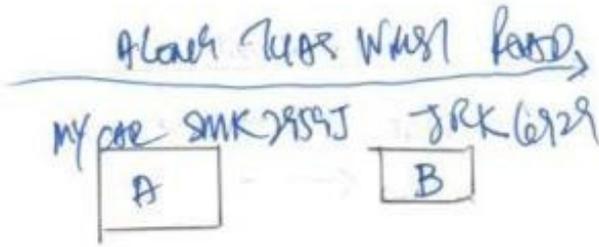


15/06/2018
Peter Watson

Agent's Signature
(Name)
No. 0196 1000

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT 7/20/2006/2029



Police Officer's Signature
Name & Title

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

13/06/2009
Paul [Signature]

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190606/2039

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190606/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2019 10:10	Vide Report No.: J/20190606/0043	Station Diary No.: 45
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Informant's Particulars

Name of Informant: AFFANDI BIN SAPUAN		Address: APT BLK 12 BEDOK SOUTH AVENUE 2 #06-600 SINGAPORE 460012	
ID Type / ID No.: NRIC NO / S1114828Z		Contact No.:	Mobile: 90290732
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 18/06/1955	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 06/06/2019 06:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TUAS WEST ROAD TUAS LINK 4 AT THE CROSS JUNCTION OF TUAS WEST ROAD AND TUAS LINK 4.				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRK6929	Motorcycle					0
SMK2959J	Car	TOYOTA			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/20190606/2039

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190606/2039

CONTINUATION OF REPORT

Driver			
Name	AFFANDI BIN SAPUAN		ID No. S1114828Z
Related Vehicle	SMK2959J (Car)		Contact No. 90290732
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 06/06/2019 at about 0637hrs, I was driving my car SMK2959J along lane 3 of Tuas West Road. There was one other passenger (Mr Takahasi HP: 97110015) inside the car with me.

There was a motorcycle right in front of me JRK6929 on the same lane. The traffic light was amber and I thought that the said motorcycle would proceed straight and maintain the same speed. However, the said motorcycle stopped, which caused me to brake suddenly to avoid colliding onto him.

As a result, I hit onto the rear of the motorcycle, causing the rider to fall and the motorcycle to topple over. I made a check on him and he was not injured. The front part of my bumper and the plate number were damaged. TP Sgt Alan Chong arrived at scene and seized my SD card. Neither myself nor my passenger is injured.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190606/2039

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190606/2039

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/ Insp MUHAMMAD ASRUL BIN ABDUL RAHIM
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151
Authentication Stamp NP158 Singapore Police

Signature Of Informant:
Date/Time: 06/06/2019 10:10
Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



TOYOTA MOTOR CORPORATION JAPAN
MODEL AC350P-GFXSK
ENGINE 2AZ-FE 2362 cc
VIN JTEGD56M507165992
CLASS TRUCK CLASS OPTION
220 ED20 C25
RELEASE RT12 -03A 975

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. 511148282



Name
AFFANDI BIN BAPUAN

Race
MALAY

Date of Birth
18 08 - 1955

Country/Place of Birth
SINGAPORE

Sex
M



For LKY/NAC Use Only

5366830



511148282



Issue Date
04-10-2014

Address
APT BLK 12 BRIDGE SOUTH AVENUE 7
#08-800
SINGAPORE 438012

For LKY/NAC Use Only

Driving License

