

## 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	11/09/2019 16:24
Date Of Accident	08/09/2019 05:45
Exact Location Of Accident	ALONG PIE TOWARDS TUAS AT 22.1KM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8724X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	KBJI@SSYCNC.COM
Mobile Phone No	(LOCAL) +65-91351009
Alternative Phone No	OFFICE-91351009

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (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	999994188/100871092
Cover Note Number	

### Driver

Name of Driver	JI KWANGBAE
NRIC No	G3848085K
Date Of Birth	30/01/1986
Occupation	INDOOR
Date Of Driving Pass	19/07/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91351009
Fax Number	
Contact Number	OTHERS-91351009
Email Address	KBJI@SSYCNC.COM

Address	180 BENCOOLEN STREET #18-07
Postcode	189646
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190908/2020

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ5315E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

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 PLAN

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 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 the copies of this report will be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, hereby consent to the archiving of this report at the centre and the copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that:

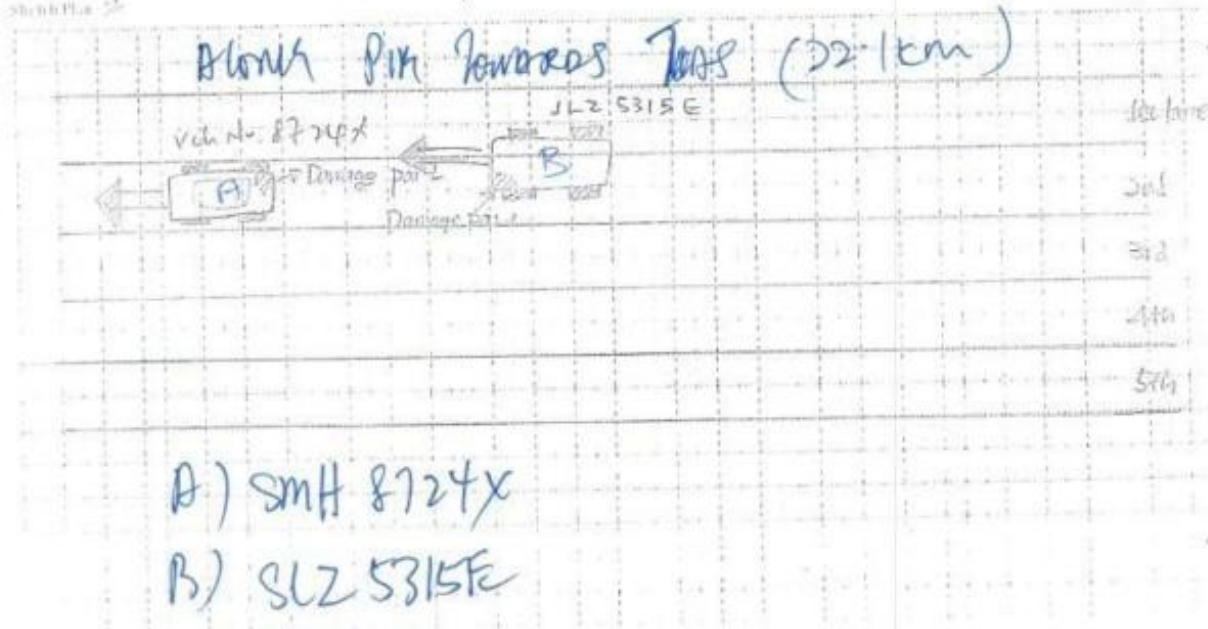
- (a) My insurers, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by me (collectively the "Personal Information") and any other personal information provided by me or who have insured which (s) involved in the accident (all insurers (s) who have insured which (s) involved in this accident shall be collectively referred to as the "Insurers"), the insurer 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 duties in or responding to any inquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, notices, 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.
- (b) all the insurers who have insured which (s) involved in the 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 Purpose(s); and
- (c) my Personal Information may/ can be disclosed by any of the insurers and/or GIA to the third party service providers or agents including their lawyers / law firms, which may be used outside of Singapore, for one or more of the above Purpose(s).



*[Signature]*  
 Driver's Signature (Driver is not the Insurable Person)  
 Date: \_\_\_\_\_

*[Signature]* 11/09/2019  
 Witnessed by Insuring or the Insured

Sketch Plan



# Accident Sketch Plan

Describe the Circumstances of the Accident:

kindly refer to Report No. T/20190908/220 dtd 08/09/2019  
at 09:35 hrs. (2 pages)

Declaration:

I/We declare that the information furnished is true and correct to the best of my/our knowledge.



*[Signature]*  
Director, Transport Department, Government of India

*[Signature]* 11/09/2019  
Date: 11/09/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20190908/2020

1 of 3

Report No. T/20190908/2020

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2019 09:35		Vide Report No.: E/20190908/0061		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JI KWANGBAE			Address: 180 BENCOOLEN STREET #18-07 THE BENCOOLEN SINGAPORE 189646		
ID Type / ID No.: FIN NO / G3848085K			Contact No.: Home/Office: 90666110      Mobile: 91351009		
Nationality: KOREAN, SOUTH			Email:		
Sex: Male	Age: 33	Date of Birth: 08/09/1986	Type of Informant: Driver		
Race: Korean			Language: English		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/09/2019 05:45	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE(TUAS) 22.1KM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ5315E	Car					0
SMH8724X	Car					0

## Details of Person Involved

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20190908/2020

2 of 3

Report No. T/20190908/2020

## CONTINUATION OF REPORT

Driver			
Name	JI KWANGBAE	ID No.	G3848085K
Related Vehicle	SMH8724X (Car)	Contact No.	91351009
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 ABOVE MENTIONED DATE TIME AND LOCATION,  
I WAS TRAVELLING ALONG PIE TOWARDS TUAS, ON THE EXTREME RIGHT LANE. OUT OF A  
SUDDEN, A VEHICLE COLLIDED INTO ME ON MY REAR RIGHT SIDE. BOTH OF US STOPPED THE  
VEHICLE AND BEGIN TO SETTLE THINGS OUT. THE OTHER DRIVER ADMITTED THAT HE WAS  
DRUNK AND TOLD ME NOT TO CALL THE POLICE. MY PASSANGER, CALLED THE POLICE FOR  
ME. WHEN THE POLICE WERE APPROACHING, HE QUICKLY DROVE AWAY. NO ONE WAS  
INJURED.

I HAVE AN IN-CAM CAMERA FOOTAGE THAT I WOULD LIKE TO PROVIDE TO AID WITH THE  
INVESTIGATION. THAT'S ALL.



POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20190908/2020

3 of 3

Report No. T/20190908/2020

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: *lu*  
TP /  
MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt CHONG GUAN FATT  
Contact No.: 65476083

Authentication Stamp  
NP188

Signature Of Informant:

*J. Kwan Bee*

Date/Time:  
08/09/2019 09:35

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: *lu*



POLICE REPORT



TRAFFIC INVESTIGATION BRANCH  
TRAFFIC POLICE  
10 UBI AVENUE 3  
SINGAPORE 408865  
Fax: 65474749

CASE CARD

REPORT NO. : E/20190908/0061

Traffic Accident along PUECTUAS) 22.1 km

involving vehicles: 8MH8724X & 8LBS315E

on 08/09/19 at about 5.44 am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

POLICE REPORT

You are required to be present at Traffic Police on \_\_\_\_\_  
at about \_\_\_\_\_ am/pm to see the Investigation Officer to assist in the  
investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: \_\_\_\_\_

D/O to Philip Lee

Contact: \_\_\_\_\_

6547 6380



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo





Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo





Accident Photo

