

## 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	21/01/2020 11:45
Date Of Accident	13/01/2020 09:10
Exact Location Of Accident	JALAN BAHAR TOWARDS BOON LAY WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9887L
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#### Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	ZAHARYAHAYA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92474477
Alternative Phone No	OFFICE-92474477

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA
Exact Purpose for which vehicle was being used at time of accident	SEND OKAMOTO SAN TO SHIMANO HQ IN BENOI
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	YES
Policy Number	999994316
Cover Note Number	

#### Driver

Name of Driver	ZAHAR BIN YAHAYA
NRIC No	SXXXX378A
Date Of Birth	25/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	24/03/2000
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92474477
Fax Number	
Contact Number	OTHERS-92474477
Email Address	ZAHARYAHAYA@YAHOO.COM.SG

Address	BLK 131 SIMEI STREET 1 #2-202
Postcode	520131
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)	2
Passenger 1	NAME: : OKAMOTO SAN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200113/2197

#### 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	SJC246Z
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHUN HWA DESMOND
NRIC/Passport Number	SXXXX801B

Contact Number	92474822
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

# 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 a for 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.

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

I understand, acknowledge, agree and consent that:

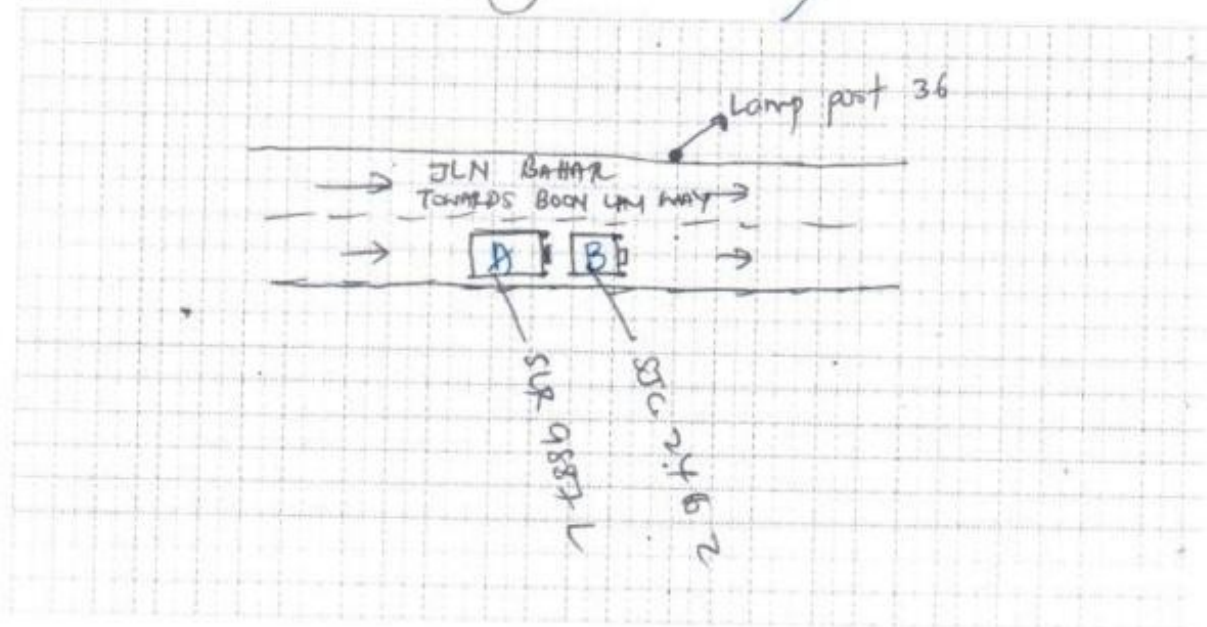
- (a) My insurer, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurer (collectively the "Personal Information") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(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 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 being 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 insurer's lawyer/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.

  
 Insured's Signature (Policyholder) Date: 21/6/2020

  
 Insurer's Signature (for use by the Policyholder) Date: 21/6/2020

Witnessed by Insuring's representative

Sketch Plan



## Accident Sketch Plan

Describe the Circumstances of the Accident \*

Pls. refer to police report attached statement.  
T/20200113/297.

Declaration

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

  
Driver's Signature (to be signed by the driver)  


  
Witness's Signature (to be signed by the witness)  
Date: \_\_\_\_\_

  
Requested by Requesting Police Personnel

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200113/2197

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20200113/2197

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2020 22:32		Vide Report No.:		Station Diary No.: 53
<b>Informant's Particulars</b>				
Name of Informant: ZAHAR BIN YAHAYA		Address: APT BLK 131 SIMEI STREET 1 #02-202 SINGAPORE 520131		
ID Type / ID No.: NRIC NO / S6919378A		Contact No.: Home/Office: Mobile: 92474471		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 50	Date of Birth: 25/05/1969	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: COMPANY DRIVER		Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2020 09:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BAHAR BOON LAY WAY				
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	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC246Z	Car	HONDA	FIT	Black	Slightly Damaged	0
SLR9887L	Car	TOYOTA	PREVIA	Silver	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/20200113/2197

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Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20200113/2197

## CONTINUATION OF REPORT

Driver			
Name	TAN CHUN HWA DESMOND		ID No. S7413801B
Related Vehicle	SJC246Z (Car)		Contact No. 92474822
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	ZAHAR BIN YAHAYA		ID No. S6919378A
Related Vehicle	SLR9887L (Car)		Contact No. 92474471
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 13/01/2020 at about 0910hrs, I was travelling along Jalan Bahar, heading towards Boon Lay Way. I was on the right lane of the 2 lane road and was behind the vehicle SJC246Z. The vehicle in front of him jammed brake and he managed to stop in time. However, I did not manage to brake in time and my front bumper collided with his rear bumper. My license plate was slightly dented while the other vehicle had some dents to its rear bumper. We both alighted and exchanged particulars.

There were no injuries at the point of accident and after exchanging our particulars we left the area. On the same day at about 1330hrs, the other party messaged me and told me he experienced neck pains and will be heading to see a doctor.

I do have CCTV in my vehicle.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200113/2197

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20200113/2197

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:

G/

Staff Sgt WONG XINGYI, SEAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/01/2020 22:32

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE  
POLICE FORCE

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

