

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 Submission 16/02/2021 17:59 (SGT)
Date of Accident 10/02/2021 15:00 (SGT)
Exact Location of Accident 333A Orchard Rd, Singapore 238897
Additional Location Information MANDARIN GALLERY ORCHARD LOADING UNLOADING AREA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ4450G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 198104531H
Company Reg No 198104531H
Email Address suhelmi@ethozgroup.com
Mobile Phone No (Phone) +65-66547777
Alternative Phone No +65-66547777

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Sompo
Type of Coverage ThirdParty
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver KITAZAWA SHINGO
Passport No/FIN G6305845P
Date Of Birth 02/02/1979
Occupation Outdoor

Date Of Driving Pass	20/03/2018
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96700138
Alt. Phone Number	-
Email Address	kitazawa@saikaitoki.com.sg
Address	5 JURONG LAKE LINK
Address complement	11-19
Postcode	648162
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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	SMQ7349E
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	OH JIE XIANG
NRIC No	S8844009I

Contact Number	(Phone) +65-87215632
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OH JIE XIANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMQ7349E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 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. The 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 lodgment 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.
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.

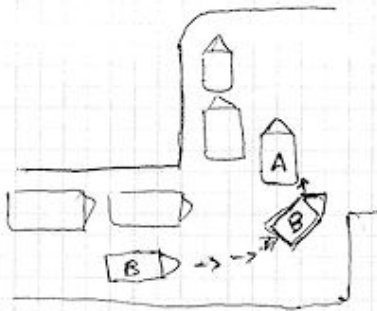


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A: GBJ 4450G

B: CMQ 7349E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

I/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:

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

























SINGAPORE POLICE FORCE

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



T/20210211/2082

1 of 3

Report No. T/20210211/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
11/02/2021 14:38

Vide Report No.:

Station Diary No.:
100

Informant's Particulars

Name of Informant: KITAZAWA SHINGO			Address: APT BLK 5 JURONG LAKE LINK #11-19 LAKEVILLE SINGAPORE 648162		
ID Type / ID No.: FIN NO / G6305845P			Contact No.: Home/Office: Mobile: 96700138		
Nationality: JAPANESE			Email:		
Sex: Male	Age: 42	Date of Birth: 02/02/1979	Type of Informant: Driver		
Race: Japanese			Language:		Institution / School Name:
Occupation: SALES MAN			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2021 15:00	Type of Location: LOADING BAY
Location: ORCHARD LINK				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: REAR TO SIDE			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ4450G	Van	NISSAN	NV200 1.5 MT	White	No Damage	0
SMQ7349E	Car	HONDA	FIT HYBRID 1.5 AUTO	Yellow	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210211/2082

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

2 of 3

Report No. T/20210211/2082

CONTINUATION OF REPORT

Driver			
Name	KITAZAWA SHINGO		ID No. G6305845P
Related Vehicle	GBJ4450G (Van)		Contact No. 96700138
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
Driver			
Name	OH JIE XIANG		ID No. S8844009I
Related Vehicle	SMQ7349E (Car)		Contact No. 87215632
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	03	Degree of Injury	Slight

Brief Details.

On 10/02/2021 at about 1500hrs, I was driving my company vehicle GBJ4450G along Mandarin Gallery Orchard. At the point of time, I was at the loading bay waiting for parking lots in order to park my vehicle and do delivery services. Subsequently, I checked my all my mirrors before I did a reverse however, I could not see there was a vehicle SMQ7349E behind me and I collided onto his left side of his vehicle. I alighted and made a checked and discovered there were slight scratches on his vehicle. We exchange particulars and left the place. On 11/02/2021 at about 1130hrs, my colleague received a message from the other party informing that the other party went to took 3 days MC and was advised to lodge a police report pertaining to the accident.



**SINGAPORE
POLICE FORCE**



T/20210211/2082

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

3 of 3

Report No. T/20210211/2082

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 1 LIM FANG JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/02/2021 14:38

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

SN 126

Classification Of Case:



Authentication Stamp

Signature :

Singapore Police Force