

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 Actual 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	29/09/2022 16:38 (SGT)
Reported by	Driver
Date of Accident	28/09/2022 17:10 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE TOWARDS MCE 13.8KM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1198U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Mitsubishi HC Capital Asia Pacific Pte. Ltd.
Company Reg No	199400399N
Email Address	automotiveworkshop@mitsubishi-hc-capital.com.sg
Mobile Phone No	(Phone) +65-68336274
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTRENT000394

DRIVER

Name of Driver	HISAYUKI KOGA
Passport No/FIN	F2585815T
Date Of Birth	01/07/1957
Occupation	Outdoor

Date Of Driving Pass	17/02/2017
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98286477
Alt. Phone Number	-
Email Address	h3.koga@sankyu.co.jp
Address	11 Clementi Loop
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	LESSEE
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 - Change/cross lane
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?	Yes
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-1800899999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FW6816G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
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	RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FW6816G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 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.

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.



Policyholder's Signature / Date & Time

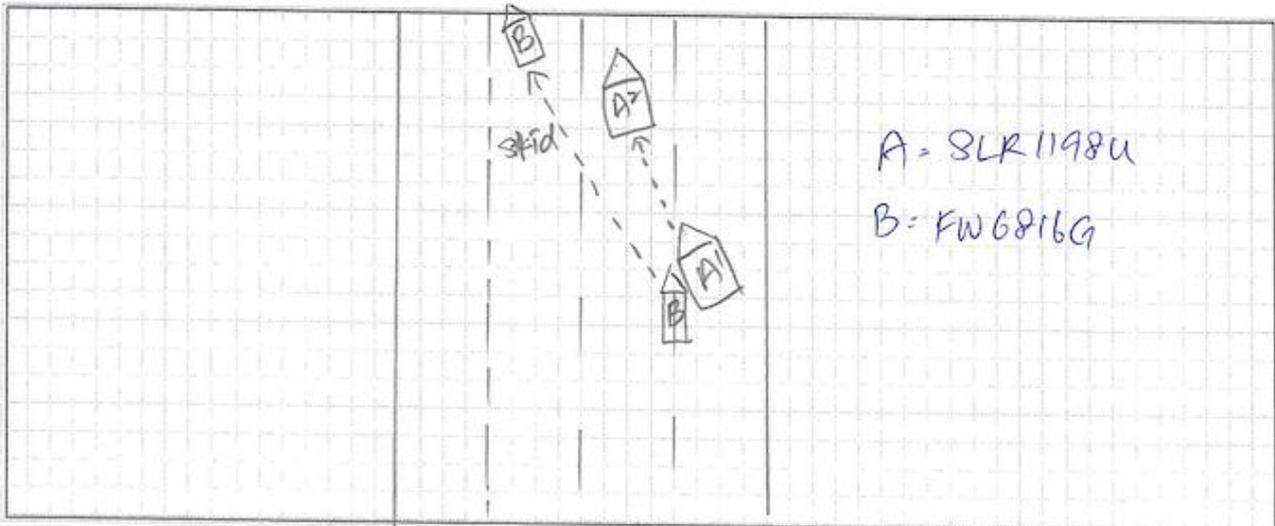
[Handwritten Signature]

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



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

Refer to police report.

Declaration

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



Policyholder's Signature / Date & Time

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

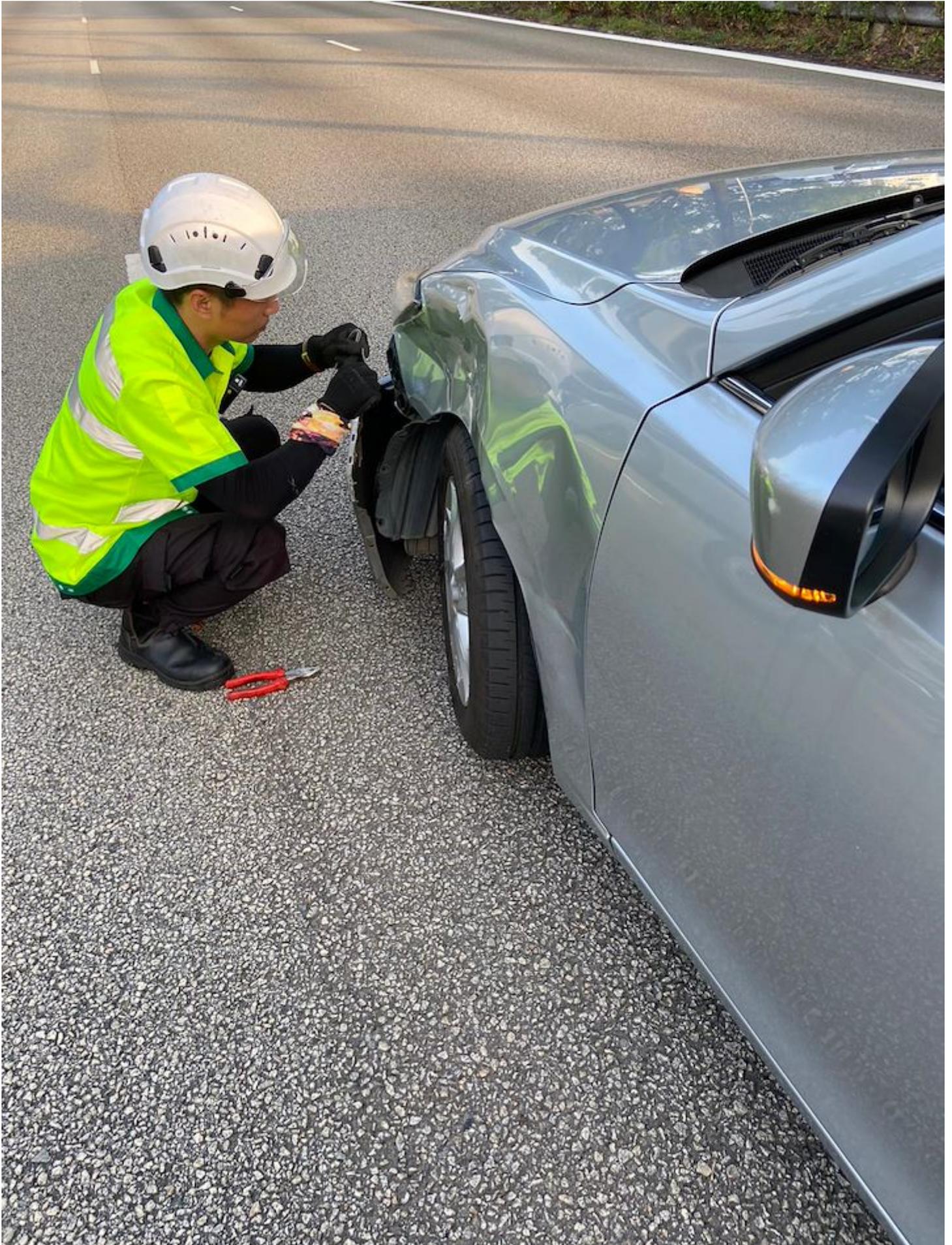


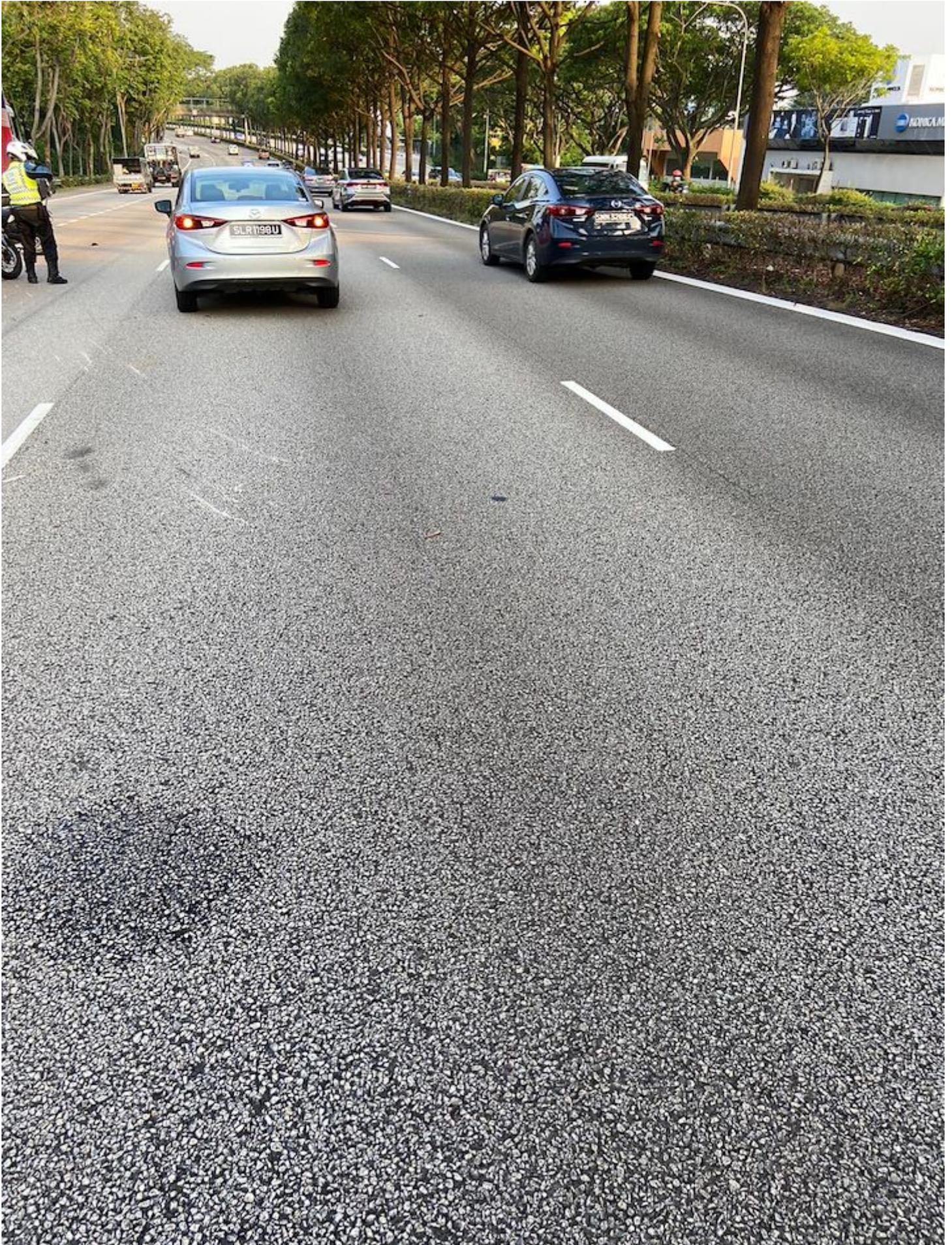
CHAI KAR YEE

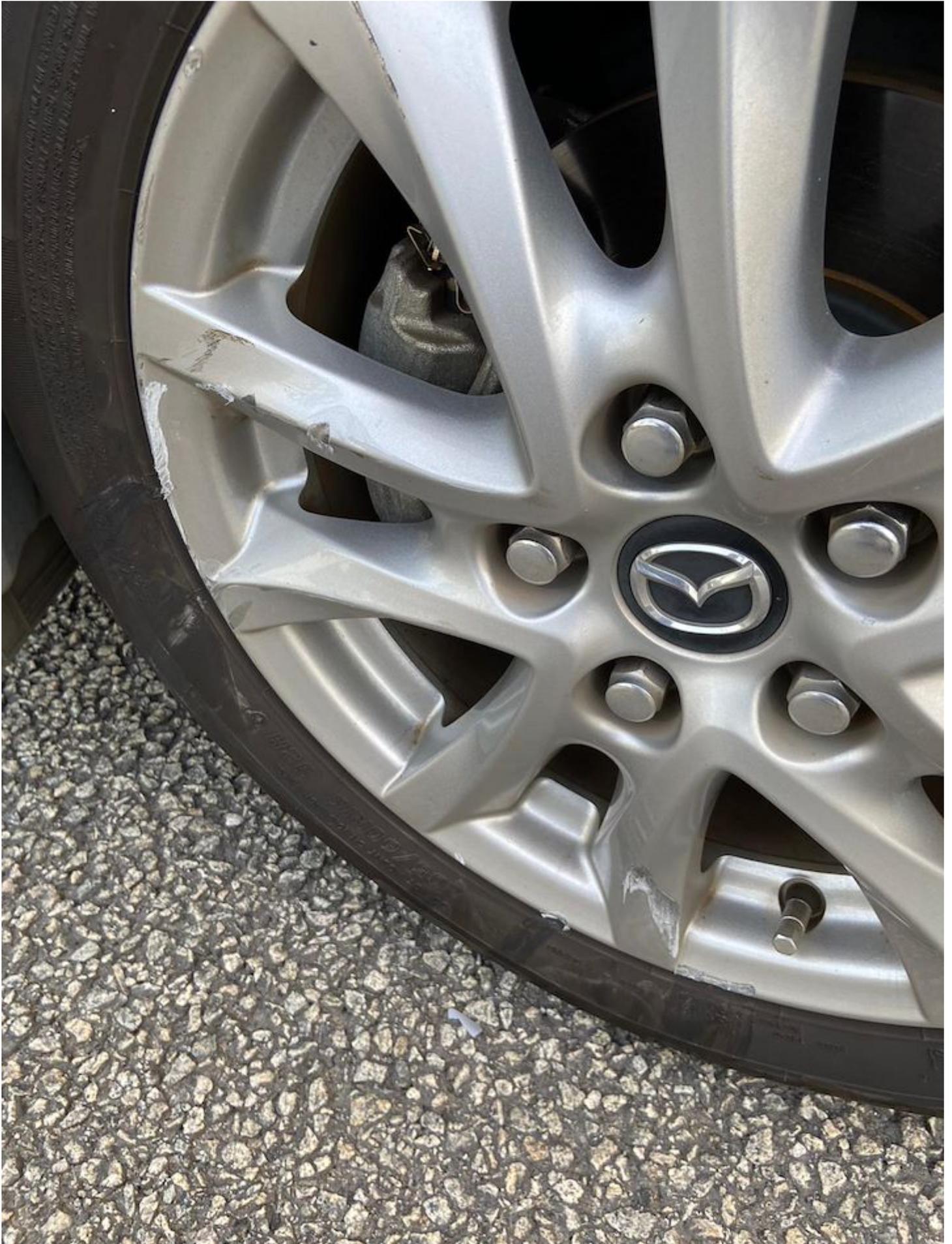
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

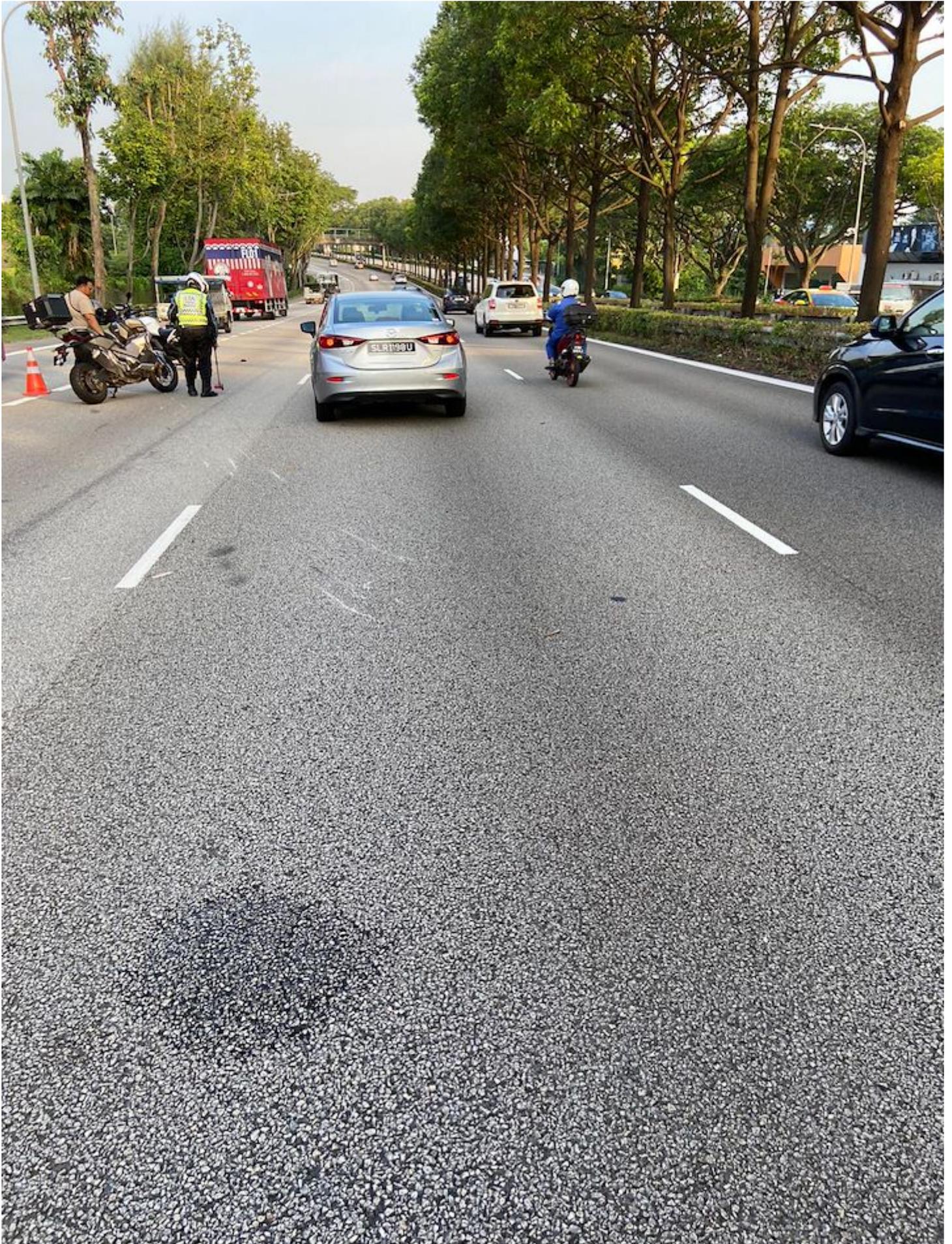


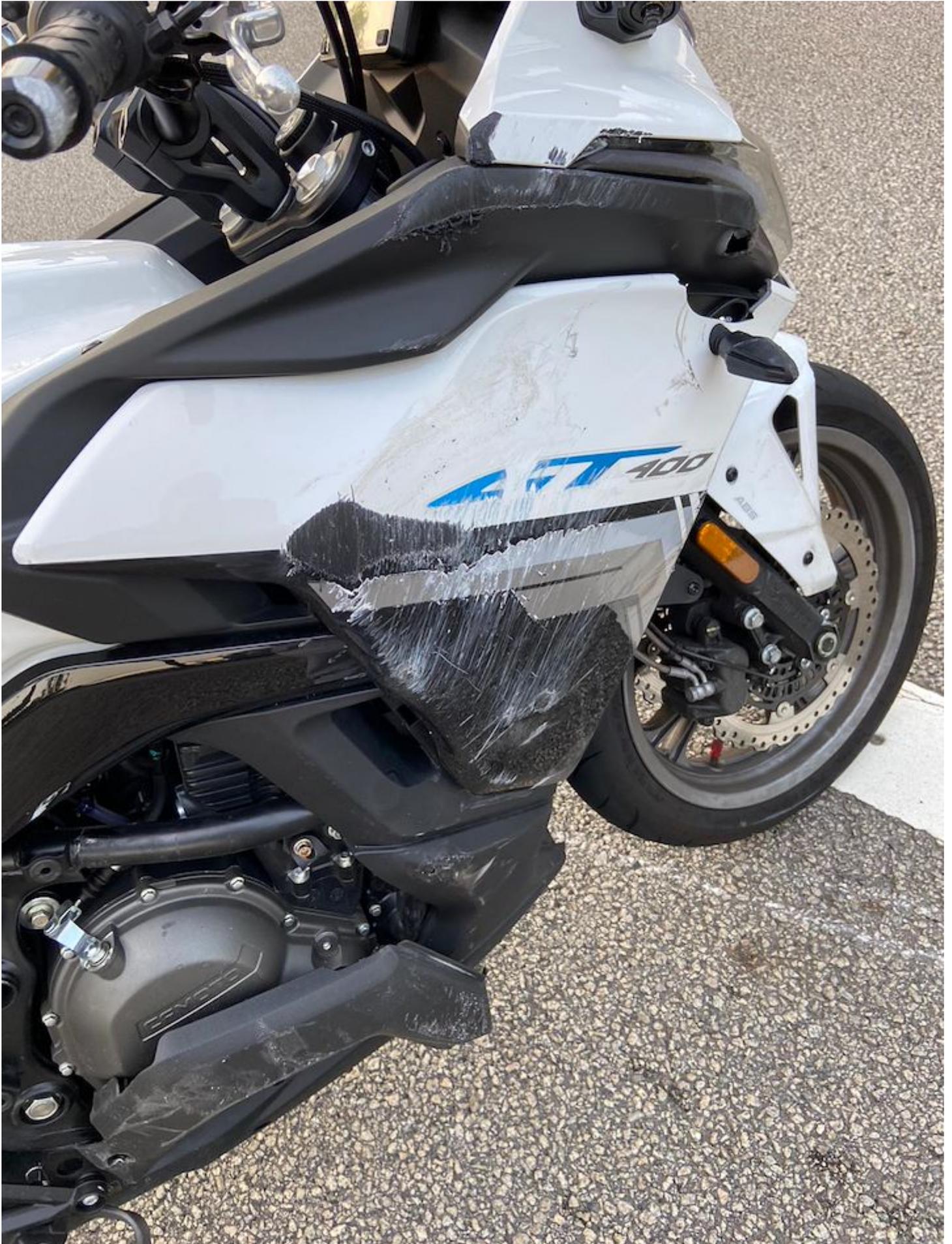






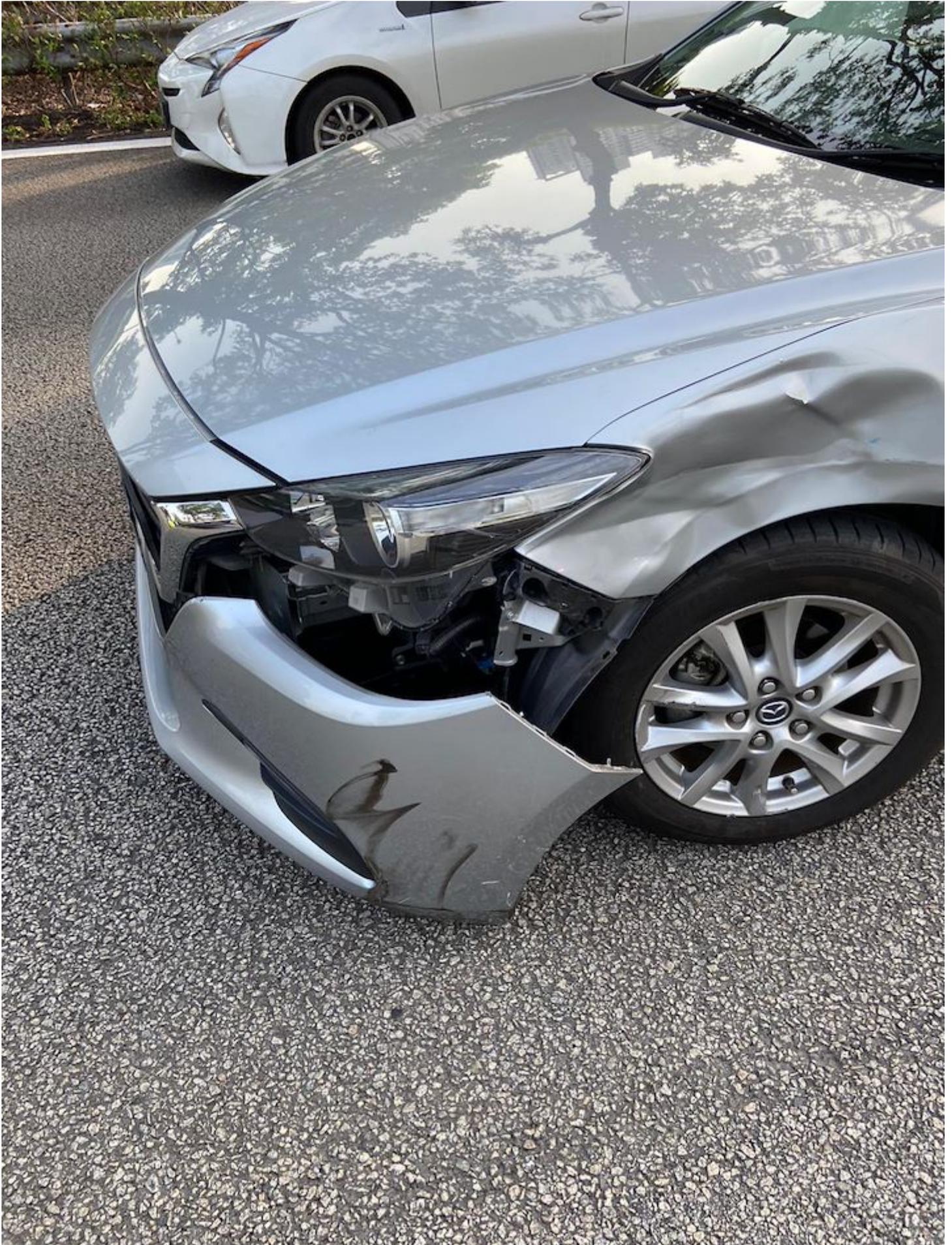


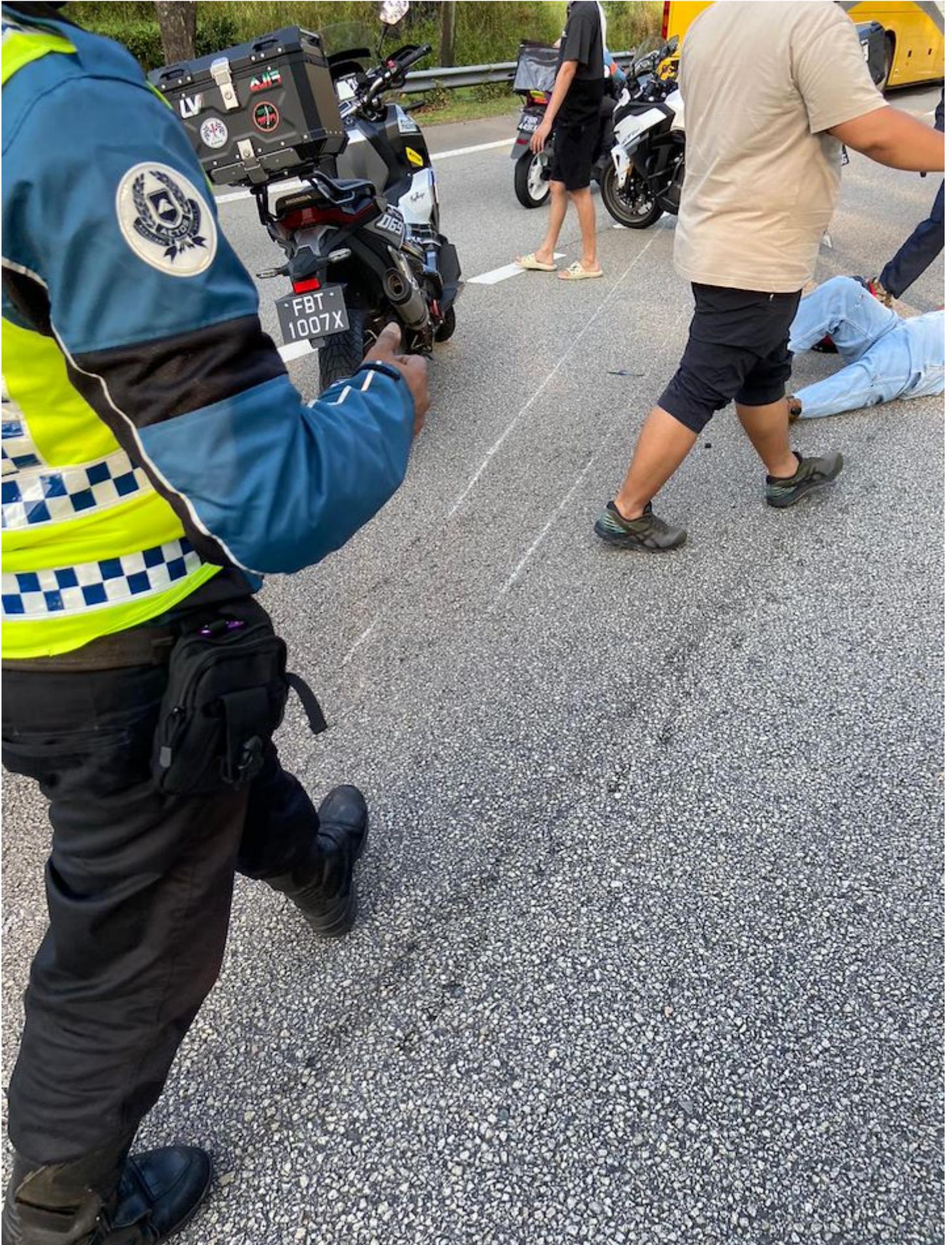


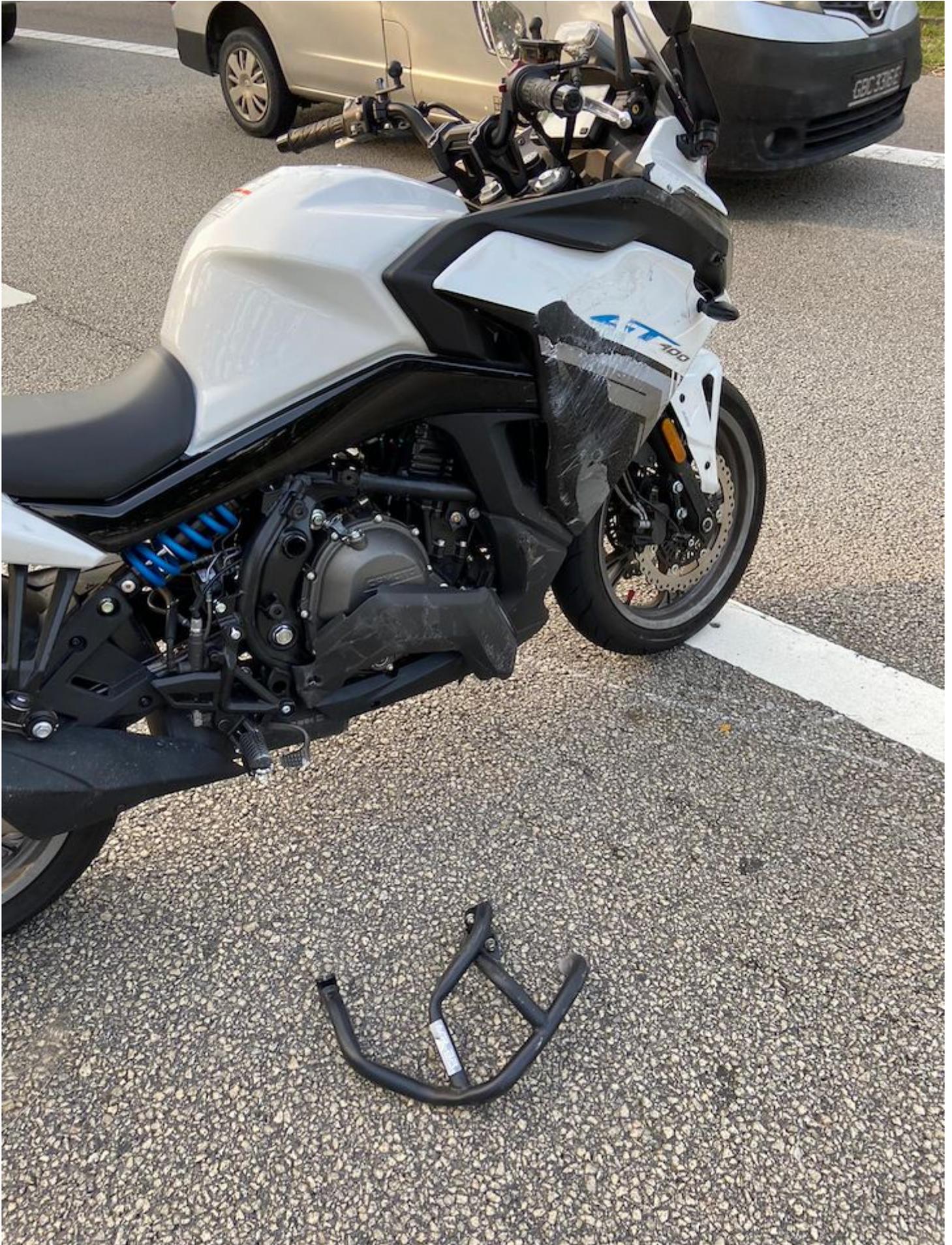


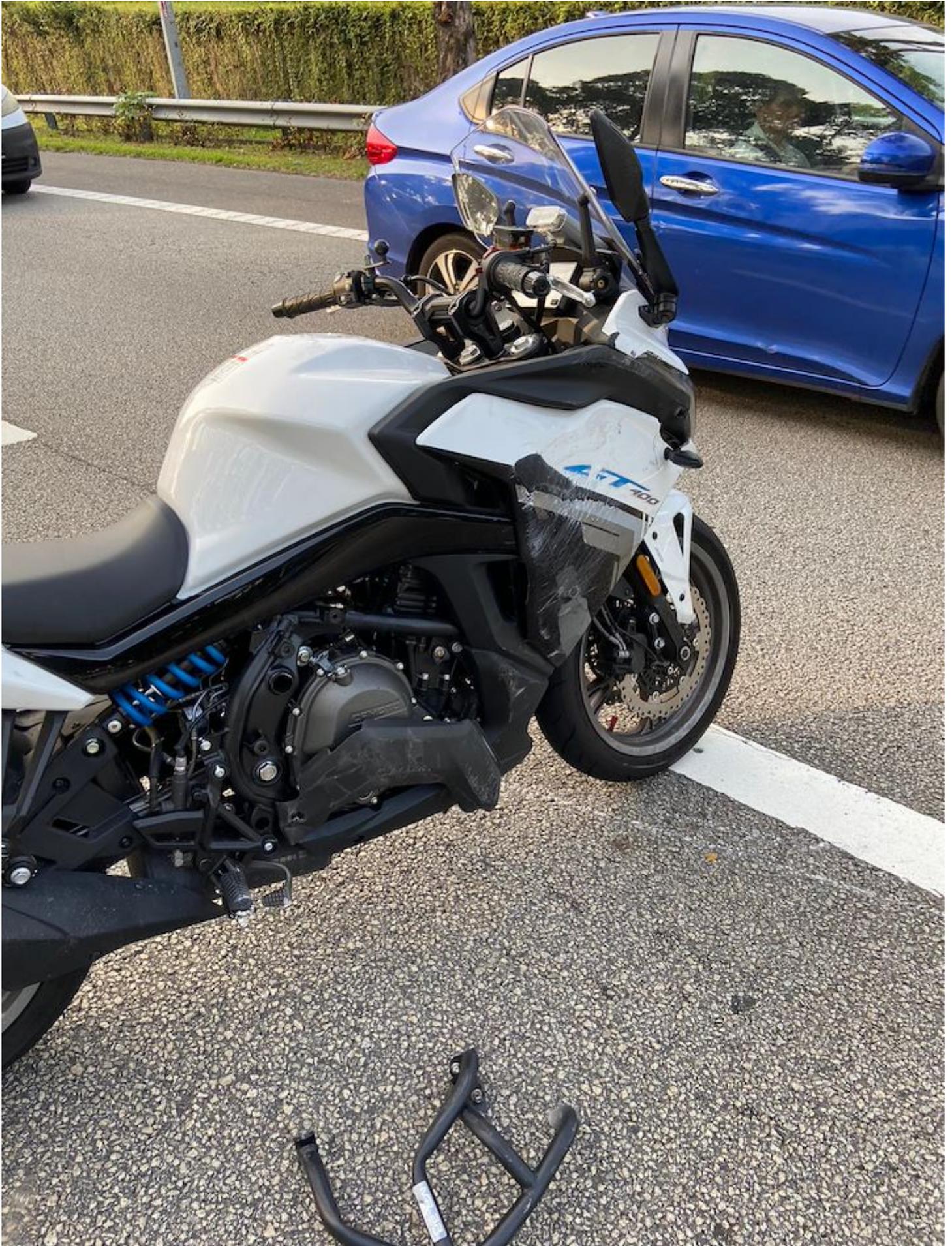


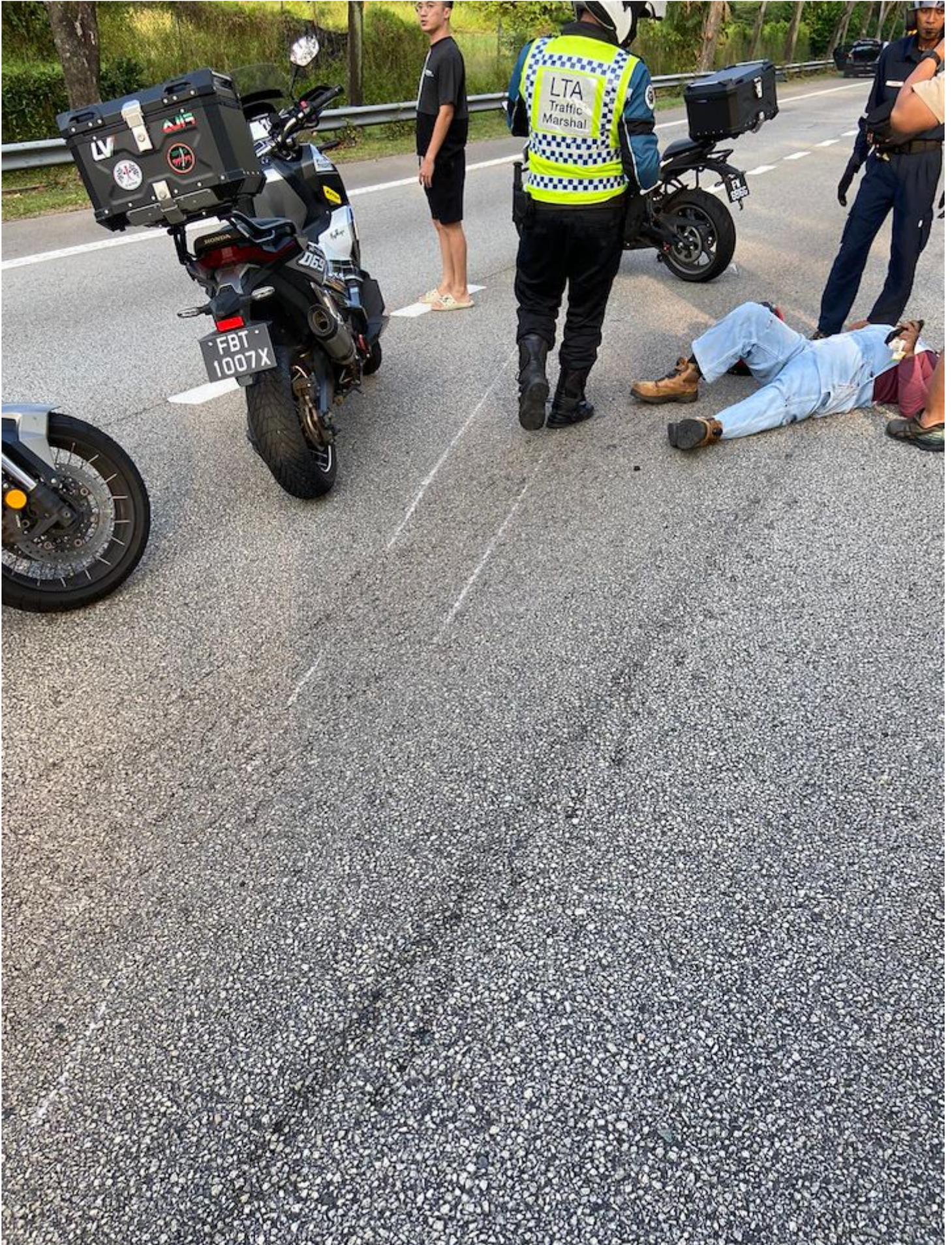


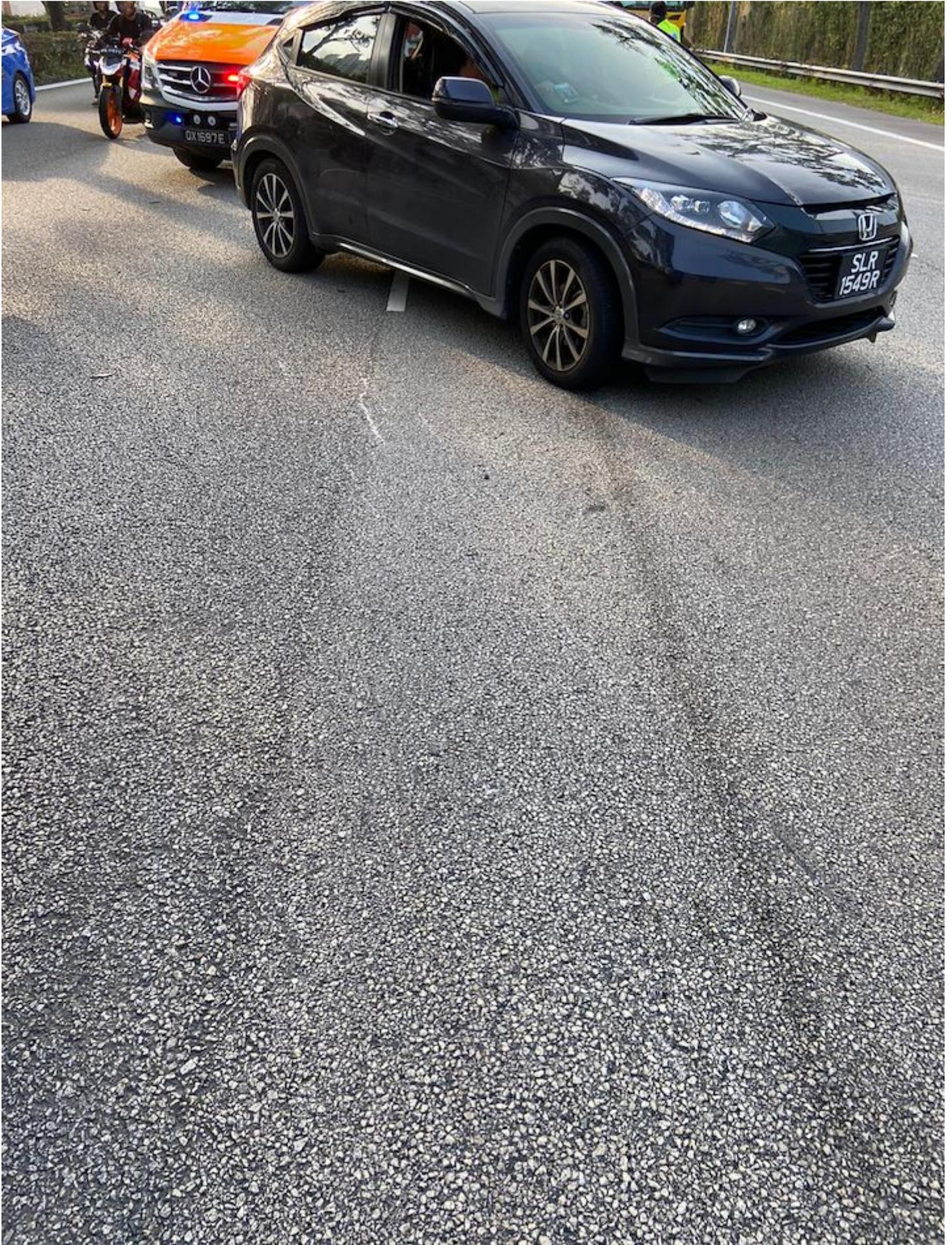


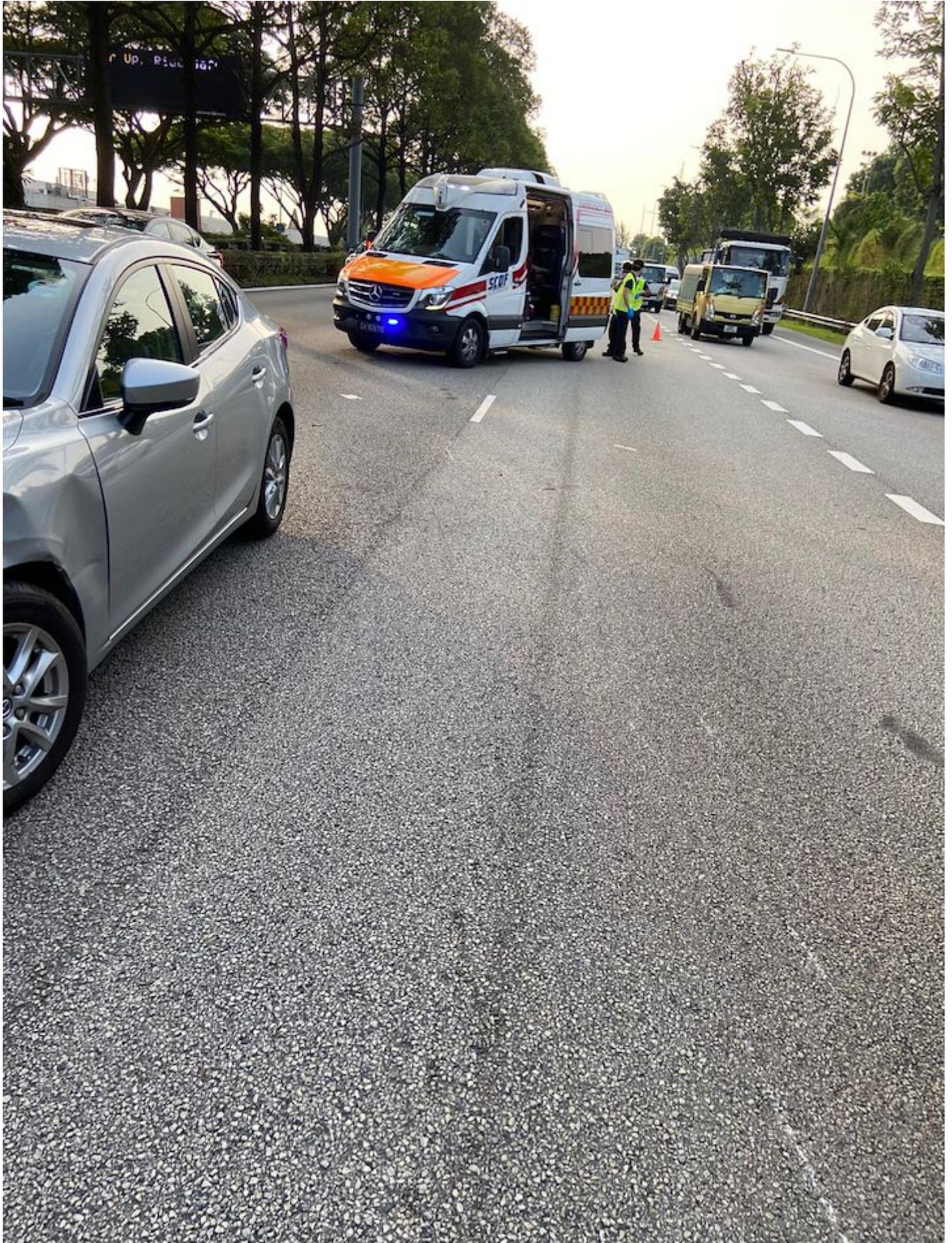


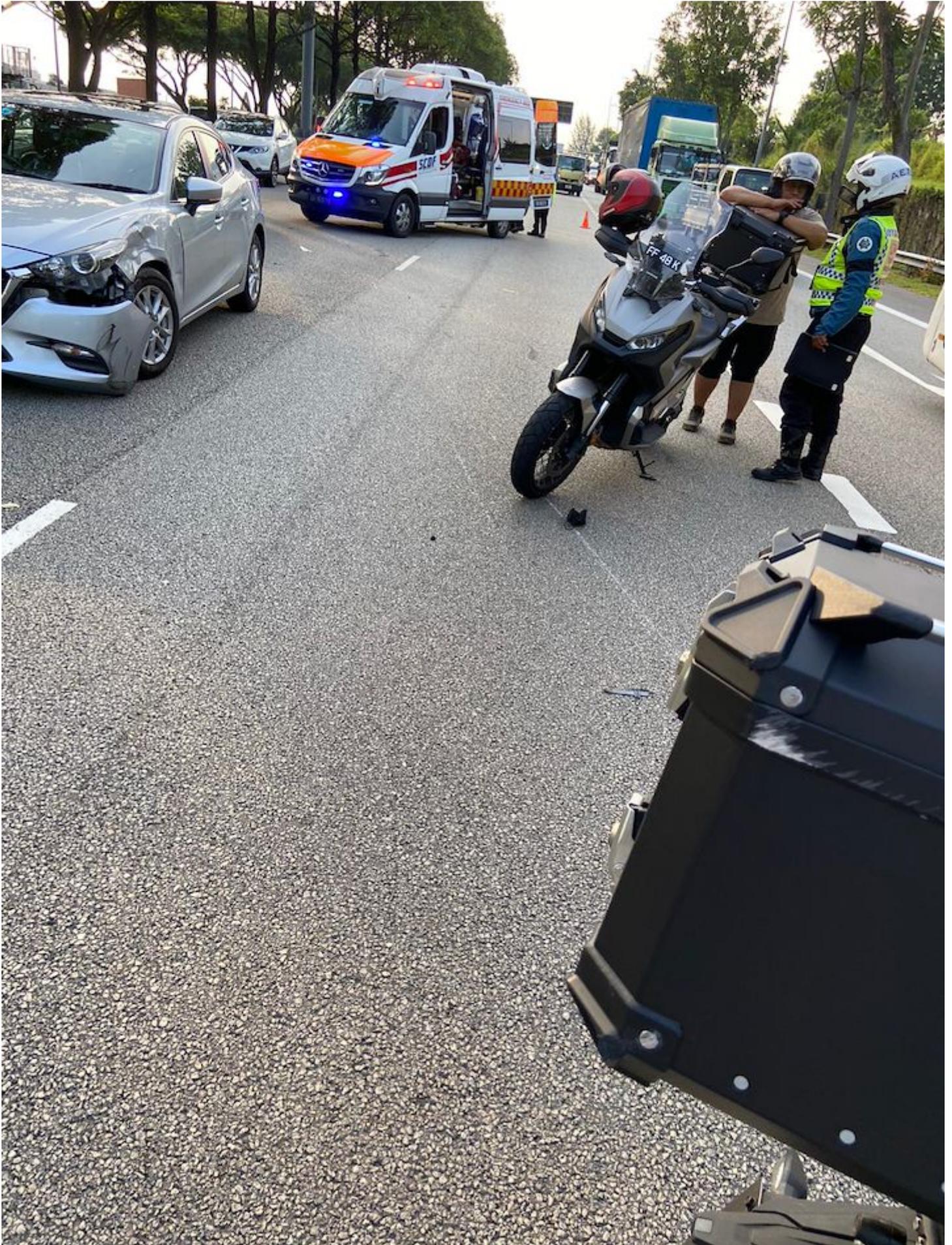


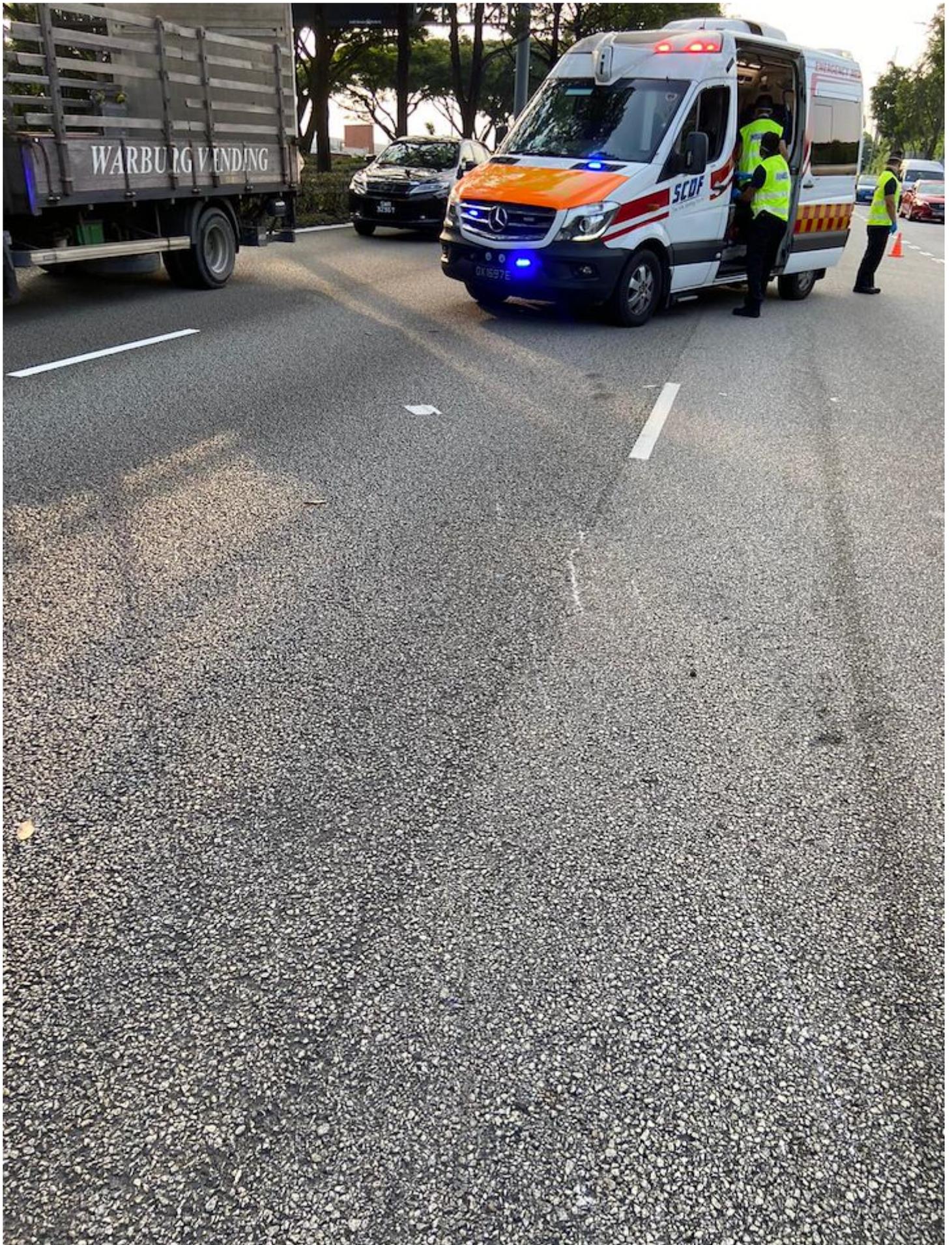






























**SINGAPORE
POLICE FORCE**



T/20220929/2109

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 4
Report No. T/20220929/2109

CONTINUATION OF REPORT

Rider			
Name	Abdul Razak Bin Abdul Rahim	ID No.	S8129228J
Related Vehicle	FW6816G (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	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	HISAYUKI KOGA	ID No.	F2585815T
Related Vehicle	SLR1198U (Car)	Contact No.	98286477
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 24/02/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was driving my company car bearing the following details,
SLR 1198 U

Mazda
Mazda 3
Silver

My company is namely, Sankyu (Singapore) Pte Ltd.

I was driving along AYE towards MCE, extreme right lane. It is a 4 lane expressway. As I wished to switch lane to the second lane from the right, I checked my blind spot and turned on the left hand signal. After which, I switched lane. When I was switching, I heard a collision coming from the left. I stopped immediately and alighted to make a check.

I saw that the rider was lying down on the road. He was lying about 20 metres way from the accident. The accident took place at the 13.8km mark of AYE towards MCE. I checked on the rider and he informed that he felt pain on the right side of the hip. A passer by helped us to call for ambulance where later police and ambulance came. The ambulance then conveyed the rider to hospital.

I wish to state that my vehicle is installed with in vehicle recording system where the police took the memory card from me. There is no government property damaged.



**SINGAPORE
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T/20220929/2109

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Report No. T/20220929/2109

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20220929/2109

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Report No. T/20220929/2109

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: D / SGT 3 Ngu Yuan Jin 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/09/2022 08:50
Officer In Charge Of Case: TP / GIT / SR STAFF SGT AHMAD SYAFIQ BIN HARRIS Contact No.: 65476201	Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20220929/2114

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20220929/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2022 10:16		Vide Report No.: D/20220928/0071		Station Diary No.: 32	
Informant's Particulars					
Name of Informant: HISAYUKI KOGA			Address: APT BLK 3 WEST COAST WALK #21-05 THE PARC CONDOMINIUM SINGAPORE 127140		
ID Type / ID No.: FIN NO / F2585815T			Contact No.: Home/Office: Mobile: 98286477		
Nationality: JAPANESE			Email:		
Sex: Male	Age: 65	Date of Birth: 01/07/1957	Type of Informant: Driver		
Race: Japanese		Language: English		Institution / School Name:	
Occupation: DEPARTMENT MANAGER		Driving Licence Information: Class: 3		Date of Expiry: 24/02/2027	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/09/2022 17:10	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW6816G	Motorcycle			White	Slightly Damaged	0
SLR1198U	Car	MAZDA	Mazda 3	Silver	Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20220929/2114

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Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20220929/2114

CONTINUATION OF REPORT

Name	Abdul Razak Bin Abdul Rahim		ID No.	S8129228J
Related Vehicle	FW6816G (Motorcycle)		Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		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	HISAYUKI KOGA		ID No.	F2585815T
Related Vehicle	SLR1198U (Car)		Contact No.	98286477
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 24/02/2027
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

The correct timing mentioned in the report number: T/20220929/2109 should be 1710hrs.



**SINGAPORE
POLICE FORCE**



T/20220929/2114

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

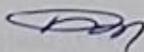
Report No. T/20220929/2114

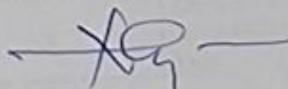
CONTINUATION OF REPORT

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: D / SGT 3 Ngu Yuan Jin 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI CHONG GUAN FATT Contact No.: 65472077

Signature Of Informant: 
Date/Time: 29/09/2022 10:16
Classification Of Case:

NP168  SINGAPORE POLICE FORCE SN 34
 SIGNATURE