

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	24/07/2023 16:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/07/2023 17:00 (SGT)
Exact Location of Accident	42 Eng Neo Ave, Singapore 289533
Additional Location Information	IN FRONT OF ORCHID APARTMENT - ENG NEO AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV957U
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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	Toyota
Model	Corolla
Variant	-
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTRENT000514

DRIVER

Name of Driver	TAKAHASHI KENTA
Passport No/FIN	M4326387T
Date Of Birth	25/01/1988
Occupation	Indoor

Date Of Driving Pass	07/01/2008
Driving experience	15 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98163397
Alt. Phone Number	-
Email Address	k1.takahasi@sankyu.co.jp
Address	2 Corporation Road
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 - U-Turn
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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
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	FBS2346R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	LIN WEN BIN
NRIC No	F2475607Q
Contact Number	(Phone) +65-98240845
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	LIN WEN BIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS2346R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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

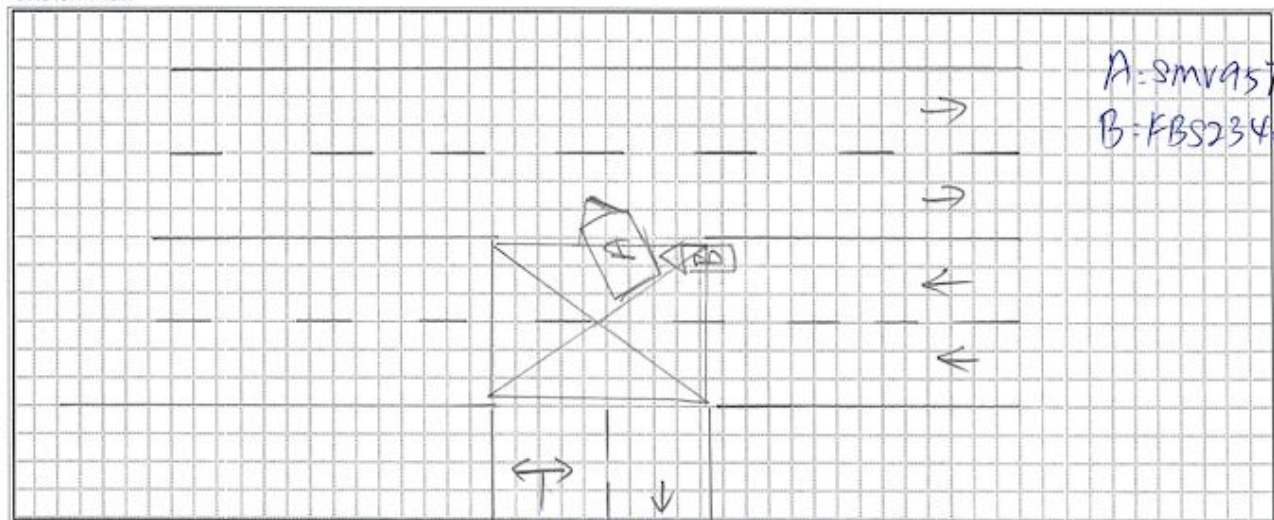
Kenta Takahashi

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

may

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

Sketch Plan



vJun2022

Orchid Apartment

1

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

Kenta
Takahashi

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



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



































**SINGAPORE
POLICE FORCE**



T/20230722/2091

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20230722/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2023 20:20	Vide Report No.: E/20230722/0116	Station Diary No.: 114
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Informant's Particulars

Name of Informant: TAKAHASHI KENTA			Address: APT BLK 253B PASIR PANJANG ROAD #02-20 PARC IMPERIAL SINGAPORE 117423		
ID Type / ID No.: FIN NO / M4326387T			Contact No.: Home/Office: Mobile: 98163397		
Nationality: JAPANESE			Email:		
Sex: Male	Age: 35	Date of Birth: 25/01/1988	Type of Informant: Driver		
Race: Japanese			Language: English		
Occupation: Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/07/2023 17:00	Type of Location: Straight Road
Location: ENG NEO AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS2346R	Motorcycle			White	Slightly Damaged	0
SMV957U	Car	TOYOTA	Altis	Black	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20230722/2091

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20230722/2091

CONTINUATION OF REPORT

Rider			
Name	LIN WEN BIN	ID No.	F2475607Q
Related Vehicle	FBS2346R (Motorcycle)	Contact No.	98240845
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
Driver			
Name	TAKAHASHI KENTA	ID No.	M4326387T
Related Vehicle	SMV957U (Car)	Contact No.	98163397
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 22/7/2023 at about 5pm I was driving along Eng Neo Ave. I was driving along PIE towards Changi. I had just exited from PIE using Exit 22. When I was driving along Eng Neo Ave, I realised that I had taken and made the wrong exit. Thus, I decided to make a U-turn and proceeded back to PIE.

I was travelling on the right lane of a two lane road along Eng Neo Ave. I saw that there was a break along the center divider in front of a condominium and decided to make the U-turn at the spot. I slowed down my car and was slowly making my U-turn and suddenly I felt a bang at the rear right portion of my car. I got a shock and stopped my car immediately. I turned around and saw that a m/cycle had hit my car. I immediately came out from my car. I saw a m/cycle lying on the ground near my car. I saw the rider swatting a few meter away.

Soon after, some passer-by came to assist both of us. Someone must have called for both the police and ambulance because they came not long after that.

I am not injured but the ambulance made a check on the rider and he was later send by the ambulance to the hospital. I am not sure what is the injury on the rider.

I am not sure about the damages on the m/cycle but the rear right portion of my car was badly damaged and dented, including the rear right passenger door and the window was even shattered. The rear right view mirror of my car was also damaged.

There is an in-car camera inside my car. The traffic police had taken away the SD card from the in-car camera. The traffic police told me that the officer in-charge of the accident is IO Fadly Tel: 65476845



**SINGAPORE
POLICE FORCE**



T/20230722/2091

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20230722/2091

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

D /

SI SUHAIMI BIN NGAPI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/07/2023 20:20

Officer In Charge Of Case:

TP / GIT /

SI FADLI SHAIFUDDIN BIN MOHAMED SANI

Contact No.: 65476845

Classification Of Case:

NP168

- lodge accident police report

IO Fadly -
6547 6845

SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

Ref: Report No: E/26230722/0116I, Sgt Shahzen
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 1X 8GB micro SD Card

2

3

4

5

6

7

8

9

10

from Takahashi Kenta, M4326387T
(Name, NRIC or Passport No. / Rank and No.)of HP: 98163397, C/O Sateya Southeast Asia Holdings Pte Ltd
(Address / Police Station / NPC / NPP)on 22.7.23 at 1825
(Date) (Time)Witnessed by / * Handed over by:
(* Delete if applicable)Kenta Takahashi

(Signature)

M4326387T

(Name, NRIC or Passport No. / Rank and No.)

Received by:

Sgt Shahzen

Signature

Sgt Shahzen

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0W237O0001 Vehicle Registration No: SMV957U
 Name (as shown in NRIC): Mitsubishi HC Capital Asia Pacific Pte. Ltd. NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): 68336274 Mobile No.: 98163397
 Email Address: k1.takahasi@sankyu.co.jp
 Date of Accident: 22/07/2023 Time of Accident: 17:00
 Place of Accident: IN FRONT OF ORCHID APARTMENT - ENG NEO AVE
 Insurance Company: SOMPO

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend the pass date of driving licence.



Policyholder / Driver's Signature
Date:



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