

# 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 First Submission .....	26/09/2024 16:55 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	25/09/2024 18:20 (SGT)
Exact Location of Accident .....	Serangoon Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNM8715J
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE PTE LTD
Company Reg No .....	199803778Z
Email Address .....	too_tong.tan@mercedes-benz.com
Mobile Phone No .....	(Phone) +65-86885544
Alternative Phone No .....	(Office) +65-82821711

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	YARIS CROSS HYBRID ACTIVE (AT) (2WD)
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? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1490
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	-
Chassis no .....	JTDKBAB3X01007788
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2003907937

### DRIVER

Name of Driver .....	ANDREW KOH TECK CHAI
NRIC No .....	S7144877J
Date Of Birth .....	19/12/1971
Occupation .....	Outdoor
Driving Pass Date .....	22/01/1992
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	32 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86885544
Alt. Phone Number .....	-
Email Address .....	too_tong.tan@mercedes-benz.com
Address .....	558 YISHUN AVE 8 #09-18
Address complement .....	-
Postcode .....	768965
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 25/09/2024 AT AROUND 18:20 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION (SNM8715J) ALONG SERANGOON RD. I WAS EN-ROUTE FROM RACE COURSE RD TOWARDS SERANGOON FOR WORK PURPOSES. I WAS ON LANE TRAVELLING STRAIGHT. FURTHER AHEAD, TRAFFIC WAS STOPPED. I WAS STATIONARY ON LANE 3. SUDDENLY, I FELT AN IMPACT FROM BEHIND. VEHICLE B BEARING REGISTRATION (GBJ417E) HAD COLLIDED HEAD TO REAR OF VEHICLE A. SUBSEQUENTLY, I DISCOVERED THAT I WAS INVOLVED IN A 3 VEHICLE CHAIN COLLISION. PRIOR TO VEHICLE A AND B COLLISION, VEHICLE C BEARING REGISTRATION (SKV7481C) HAD COLLIDED HEAD TO REAR OF VEHICLE B. I SUSTAINED BACK INJURY DUE TO THE COLLISION.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ417E
Vehicle Manufacturer .....	Fiat
Vehicle Model .....	NEW DOBLO SX 1.6MJ E6 GLAZED
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
Name of Driver .....	THIRUGNANAM ANANDAPRABHU
Passport No/FIN .....	F8232688W
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	FRONT AND REAR DAMAGE
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKV7481C
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	COROLLA ALTIS CLASSIC 1.6 CVT
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	VANATHAIYAN CHARLES
NRIC No .....	S7966469C
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	FRONT DAMAGE
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ANDREW KOH TECK CHAI
Gender .....	Male
Phone No .....	(Phone) +65-86885544
Address .....	558 YISHUN AVE 8 #09-18
Address Complement .....	-
Post Code .....	768965
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK INJURY
Injured person in which vehicle? .....	SNM8715J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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 center 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

Driver's Signature (If driver is not the policyholder) / Date & Time  
26/09/2024 - 11:30 HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

ON 25/09/2024 AT AROUND 18:20 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION (SNM8715J) ALONG SERANGOON RD. I WAS EN-ROUTE FROM RACE COURSE RD TOWARDS SERANGOON FOR WORK PURPOSES. I WAS ON LANE TRAVELLING STRAIGHT. FURTHER AHEAD, TRAFFIC WAS STOPPED. I WAS STATIONARY ON LANE 3. SUDDENLY, I FELT AN IMPACT FROM BEHIND. VEHICLE B BEARING REGISTRATION (GBJ417E) HAD COLLIDED HEAD TO REAR OF VEHICLE A. SUBSEQUENTLY, I DISCOVERED THAT I WAS INVOLVED IN A 3 VEHICLE CHAIN COLLISION. PRIOR TO VEHICLE A AND B COLLISION, VEHICLE C BEARING REGISTRATION (SKV7481C) HAD COLLIDED HEAD TO REAR OF VEHICLE B. I SUSTAINED BACK INJURY DUE TO THE COLLISION.

## 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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel





















































