



## 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	24/07/2024 14:31 (SGT)
Reported by	Actual Driver
Date of Accident	24/07/2024 09:49 (SGT)
Exact Location of Accident	274A Toh Guan Rd, Singapore 600276
Additional Location Information	MULTI-STORY CARPARK DECK 1B
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC5605R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE PTE LTD
Company Reg No	1XXXXX778Z
Email Address	too_tong.tan@mercedes-benz.com
Mobile Phone No	(Phone) +65-96268394
Alternative Phone No	(Office) +65-82821711

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180 COMPACT SALOON PROGRESSIVE
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	1332

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	SIM HSIEN YON, IAN
NRIC No	SXXXX435D
Date Of Birth	08/10/1990



Occupation	Outdoor
Driving Pass Date	13/03/2017
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96268394
Alt. Phone Number	-
Email Address	too_tong.tan@mercedes-benz.com
Address	277 TOH GUAN ROAD #21-169
Address complement	-
Postcode	600277
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	Collided into Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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 24/07/2024 AT ABOUT 0949HRS MY VEHICLE (A) BEARING REGISTRATION NUMBER SNC5605R WAS PARKED AT LOT 16, DECK 1B AT 274A TOH GUAN ROAD MULTI-STORY CARPARK. A VEHICLE (B) BEARING REGISTRATION NUMBER SNB648E HAD CAME DOWN DECK 2A RAMP AND THE FRONT OF VEHICLE (B) HIT ONTO THE FRONT OF MY VEHICLE. THE REAR OF MY VEHICLE THEN HIT ON WALL (C). I WAS NOT IN THE VEHICLE. I AM NOT INJURED.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB648E
Vehicle Manufacturer	Hyundai
Vehicle Model	CN7 AVANTE 1.6 DOHC CVT S
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	CHUA CHEN NEE (CAI ZHENN)
NRIC No	SXXXX693Z
Contact Number	(Phone) +65-86081787
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	WALL
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-



## SKETCH PLAN

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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.

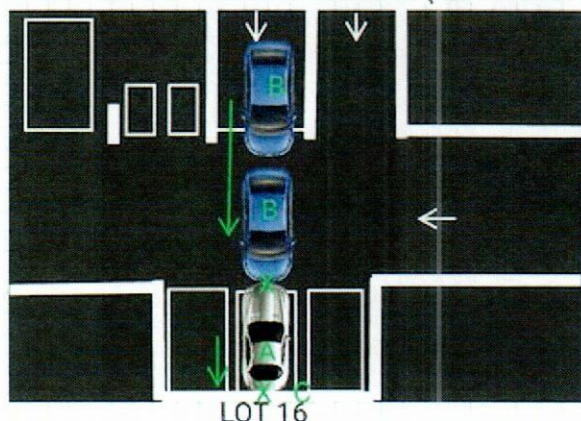
Policyholder's Signature / Date & Time

Sketch Plan

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

24/07/2024 1130HRS

Witnessed by Reporting Centre Personnel



274A TOH GUAN ROAD  
MULTI-STORY CARPARK  
DECK 1B

A - SNC5605R

B - SNB648E

C - WALL

Describe Circumstances of the Accident

ON 24/07/2024 AT ABOUT 0949HRS MY VEHICLE (A) BEARING REGISTRATION NUMBER SNC5605R WAS PARKED AT LOT 16, DECK 1B AT 274A TOH GUAN ROAD MULTI-STORY CARPARK. A VEHICLE (B) BEARING REGISTRATION NUMBER SNB648E HAD CAME DOWN DECK 2A RAMP AND THE FRONT OF VEHICLE (B) HIT ONTO THE FRONT OF MY VEHICLE. THE REAR OF MY VEHICLE THEN HIT ON WALL (C). I WAS NOT IN THE VEHICLE. I AM NOT INJURED.

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

24/07/2024 1130HRS



Witnessed by Reporting Centre Personnel