

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 ability
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 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 Report	20/04/2015 12:30
Date Of Accident	19/04/2015 19:00
Exact Location Of Accident	JUNCTION OF NICOLL HIGHWAY AND MOUNTBATTEN ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM2247T
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Insured/Policyholder

Name Of Registered Owner	DAIMLER SOUTH EAST ASIA PTE LTD
Co Reg No	199000355E
Email Address	
Mobile Phone No	
Alternative Phone No	

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180
Exact Purpose for which vehicle was being used at time of accident	Private
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	999996111
Cover Note Number	N.A.

Driver

Name of Driver	SIMON CHEONG KIAN MUN
NRIC No	S7325216D
Date Of Birth	20/07/1973
Occupation	Indoor
Date Of Driving Pass	18/05/1995
Driving Experience	19 Years And 11 Months
Gender	Male
Mobile Number	+65-81239816
Fax Number	
Contact Number	
EEmail Address	simon.cheong@daimler.com
Address	

Postcode

Was driver an employee of the Insured's Company Yes

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Side Swipe- Same Direction

Weather Conditions Clear

Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? No

If Yes, Please state which Police Station

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

I was travelling along Mountbatten road moving towards Nicoll Highway. I was in the 3rd lane and decide to change to the 2nd lane when I saw a taxi breakdown in front some distance away. At that point of time I was the first vehicle in my lane and there were no other vehicles ahead in the 2nd lane too. Checking my right wing mirror, I saw no vehicle coming from behind the 2nd lane but an incoming taxi from the 1st lane. After changing lane, as I was about to move out from the middle lane, a taxi emerged right in front of me where I have no time to react and the accident occurred. The taxi was from Trans-Cab, numbered SHD9749Z. While the breakdown taxi was numbered SHD9163M, from Trans Cab too. He was changing tyre. The 2 drivers appeared to know each other. SHD9749 is Mr. Lau Peng Kong, S1169467E, phone 97897176.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD9749Z

Vehicle Make/Model/Colour RENAULT / LATITUDE 2.0L / NA

Details Of Properties

Name of Driver LAU PENG KONG

NRIC/Passport Number S1169467E

Contact Number 97897176

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

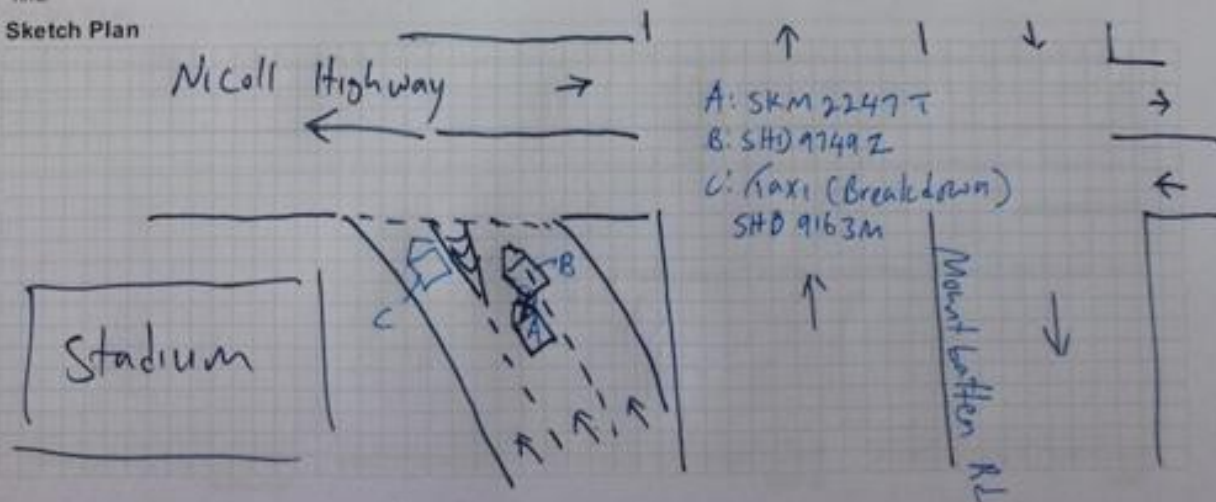
VERIFIED BY
MARSO FEELCH
AIZ AM
S746982 6 C

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Cheong, Simon (128)

From: Simon Cheong <simoncheongkm@gmail.com>
Sent: Sunday, 19 April, 2015 10:01 PM
To: Cheong, Simon (128)

Accident
19 April 2015
7:40pm
Filter lane of Mountbatten Road Nicoll Highway

I was travelling along Mountbatten road moving towards Nicoll Highway. I was in the 3rd lane and decide to change to the 2nd lane when i saw a taxi breakdown in front some distance away,. At that point of time i was the first vehicle in my lane and there were no other vehicles ahead in the 2nd lane too. Checking my right wing mirror, i saw no vehicle coming from behind the 2nd lane but a incoming taxi from the 1st lane.

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The taxi was from Trans-Cab, numbered SHD 9749Z
While the breakdown taxi was numbered SHD 9163M, from Trans Cab too. He was changing tyre.

The 2 drivers appeared to know each other.

SHD 9749Z is
Mr. Lau Peng Kong, S1169467E, phone 97897176

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



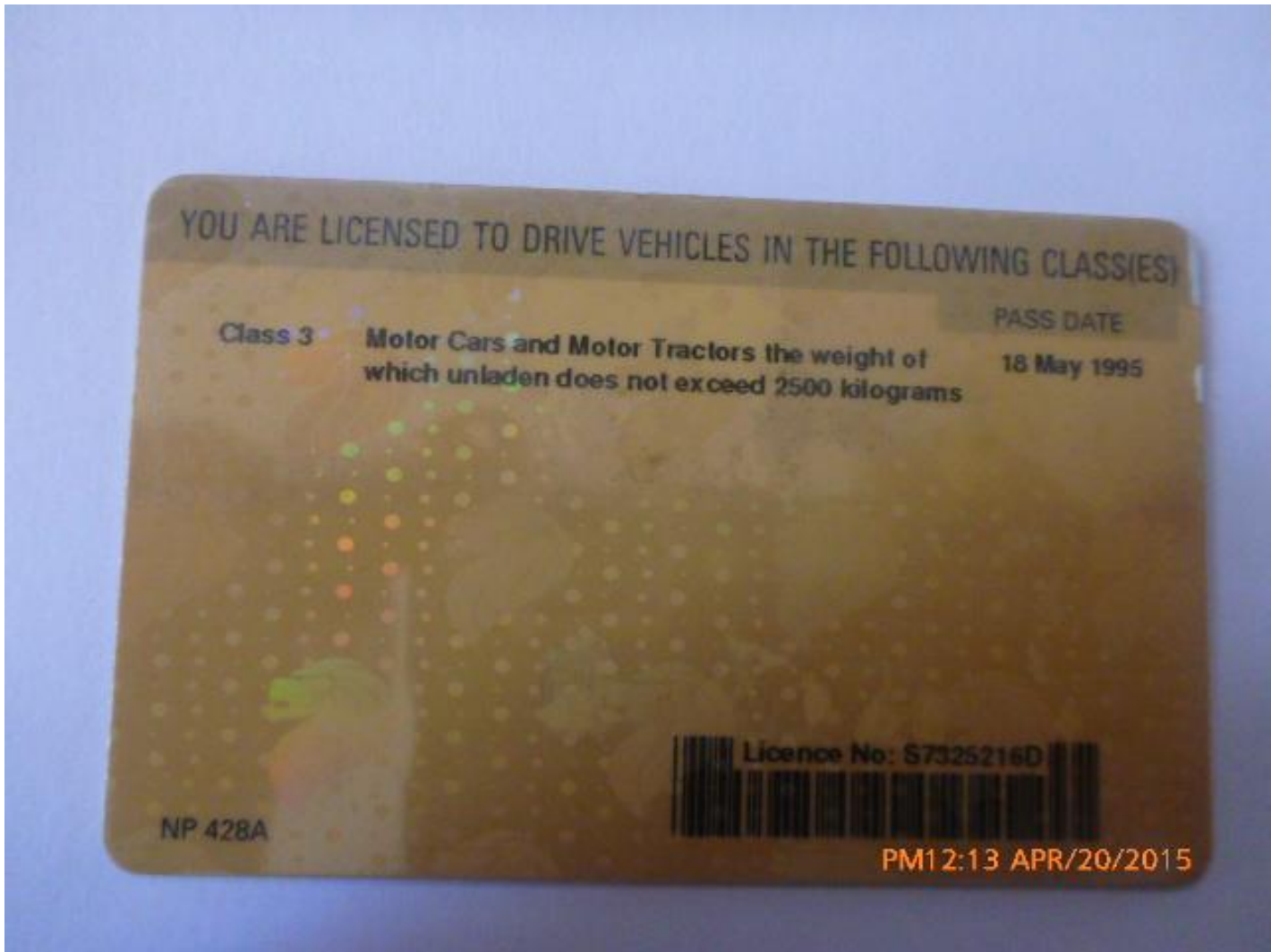
Accident Photo



Driving License Front



PM12:13 APR/20/2015



Addendum Sheet Pg.1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH15044551 **Vehicle Registration No :** SKM2247T
Name(as shown in NRIC): SIMON CHEONG KIAN MUN
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S7325216D
Address : _____
Contact (Tel) : _____ **(H/P) :** 81239816
(Email) : simon.cheong@daimler.com
Date of Accident : 19/04/2015 **Time of Accident :** 19:00
Place of Accident : JUNCTION OF NICOLL HIGHWAY AND MOUNTBATTEN ROAD
Insurance Company : AIG Asia Pacific Insurance Pte. Ltd.

(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:

1) Attach driving license

*Verified by Mars Agent
Heire Augustin S8535024B
20 APRIL 2015*

Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm