

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 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	13/02/2018 21:16
Date Of Accident	12/02/2018 18:00
Exact Location Of Accident	ALONG PIE (TUAS) AFTER PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT402M
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Insured/Policyholder

Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Co Reg No	199803778Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-92203199

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180 (R17)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995580
Cover Note Number	N.A.

Driver

Name of Driver	FONG JIA WEI MERVYN
NRIC No	S8516251I
Date Of Birth	12/06/1985
Occupation	INDOOR
Date Of Driving Pass	10/11/2006
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92203199
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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

WHEN I WAS TRAVELLING ALONG THE MENTIONED LOCATION AT LANE 2, VEHICLE B IN FRONT OF ME SUDDENLY JAMMED HIS BRAKE. UPON REALISING IT, I APPLIED MY BRAKE AS WELL AND DUE TO THE TIME AND DISCTANCE, MY VEHICLE UNABLE TO STOP ON TIME AND COLLIDED ONTO THE REAR OF VEHICLE B. AFTER THE IMPACT, WE ALIGHTED TO EXCHANGE DETAILS AND TOOK SOME PHOTOS BEFORE WE MOVE OFF FROM THE SCENE. THERE IS NO INJURIES INVOLVED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK2464T
Vehicle Make/Model/Colour	VOLKSWAGEN/ PASSAT
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHOK KWANG VINCENT
NRIC/Passport Number	S1801566H
Contact Number	92957848
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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

Sketch Plan

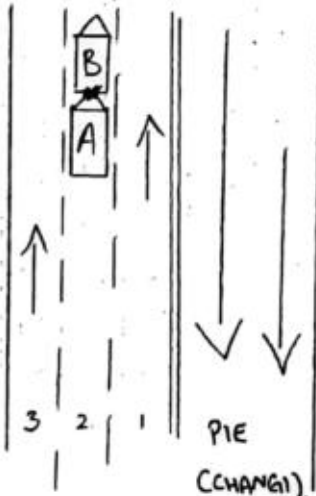
PIE (TUAS)

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

11:35AM.
13/2/2013

VERIFIED BY AJAX MARB
REPORTING OFFICER
EUGENE KOH

Witnessed by Reporting Centre Personnel



ALONG PIE (TUAS) AFTER PAYA
LEBAR EXIT.

A) SKTH02M

B) SKK2464T

ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
EUGENE KOH YEW KIAT



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

13 February 2018 at 11:34 AM

13 February 2018 at 11:34 AM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8516251I



Name

FONG JIA WEI MERVYN
(FENG JIAWEI)

冯 家 伟

Race

CHINESE

Date of birth

12-06-1985

Sex

M

Country/Place of birth

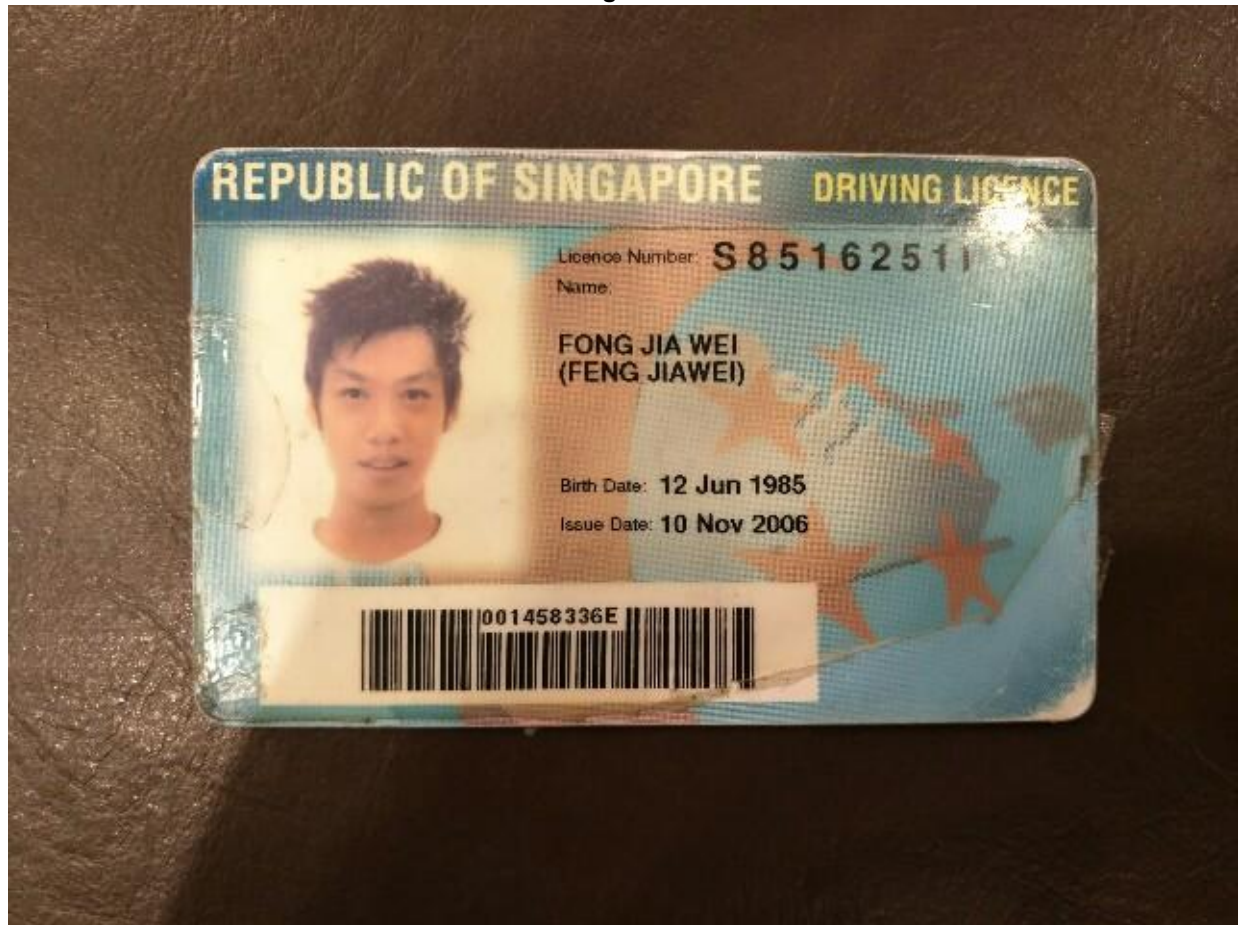
SINGAPORE



Identification Card



Driving License



Driving License

