

## 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 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 Report	30/11/2018 19:45
Date Of Accident	17/05/2018 17:05
Exact Location Of Accident	MOUNTBATTEN RD TOWARDS NICOLL HIGHWAY BEFORE ARTHU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7561R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Co Reg No	199803778Z
Email Address	KATHRYN.ADRIANO@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68498357

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CITAN 109 CDI EL 5MT 6DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	999995580
Cover Note Number	N.A

### Driver

Name of Driver	MOHAMED IDRIS BIN MOHAMED JAILANI
NRIC No	S8405181J
Date Of Birth	15/02/1984
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87485447
Fax Number	
Contact Number	
EEmail Address	IDRIS.JAILANI@NINJAVAN.CO

Address	NA
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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

I was informed by the rental company to file an accident report. I was not aware of any accident. Filing the report on behalf of my company.

#### 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	SHC1977P
Vehicle Make/Model/Colour	TOYOTA / PRIUS HYBRID 1.8 CVT
Details Of Properties	N.A
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### IMPORTANT NOTICE

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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.
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.

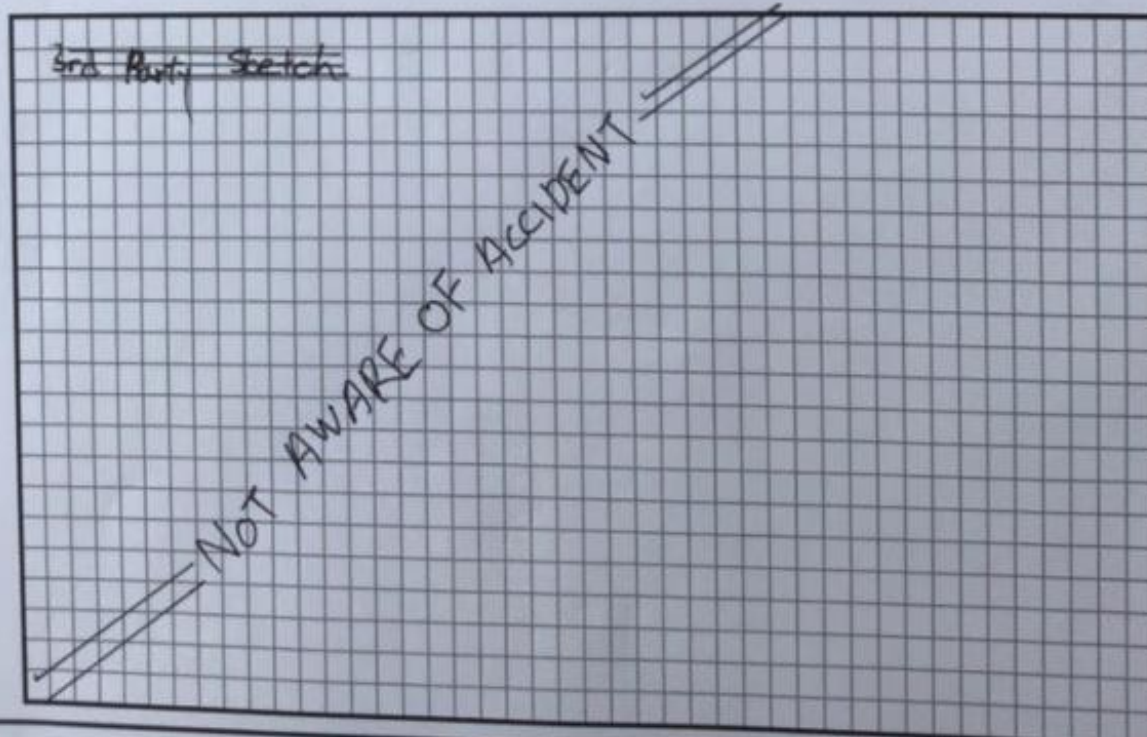
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Johnny  
Voo Cheon Yee

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

I was informed by the rental company to file an accident report. I was not aware of any accident. Filing the report on behalf of my company.

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 -  
JOHNNY VOO CHEON YEE

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

30 November 2018 at 5:49 PM

Date/Time:

30 November 2018 at 5:49 PM

3RD PARTY'S CLAIM LETTER



AIG Asia Pacific Insurance  
Pte. Ltd. (20109942414)  
AIG Building  
78 Shenton Way #07-16  
Singapore 079120

[www.aig.com.sg](http://www.aig.com.sg)

T: (65) 6419 3000  
F: (65) 6835 7416

Your Ref :GBG7561R  
Our Ref : 4975972291SG-001

Date : 21 November 2018

Daimler Fleet Management  
1 Gateway Drive #15-08 Westgate Tower  
Singapore 608531

**SECOND REMINDER**

Dear Sir/Madam,

WITHOUT PREJUDICE

**ACCIDENT INVOLVING GBG7561R AND SHC1977P ON 17 May 2018  
AT MOUNTRATTEN RD TWDS NICOLL HIGHWAY R4 ARTHUR RD Singapore**

We refer to the above matter.

We would like to inform you that we have received a claim from a third party involved in the above auto accident.

Our record shows that you have not reported the accident to us. We would appreciate it if you could urgently file a report at our approved reporting centre.

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition 5A, we shall have full discretion in the process and settlement of the said third party claim.

Your NCD (No Claim Discount) will be reduced by 30%(20% for motorcycle/commercial vehicles) if a claim is made under your policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, we reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact our Call Centre at (65) 6419-3000 if you have any further enquires.

Yours faithfully,

**Claims Department**

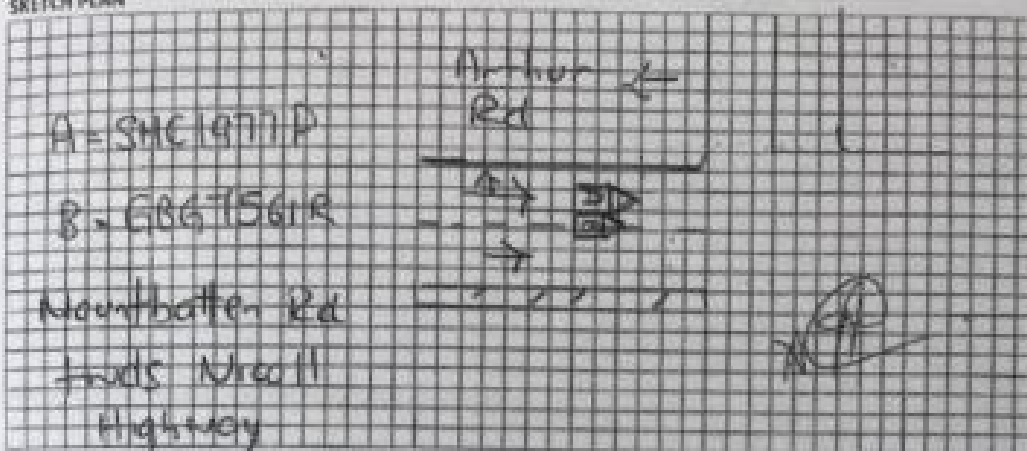
AIG Asia Pacific Insurance Pte. Ltd.

*This is computer generated document, no signature is required.*

# 3RD PARTY'S SKETCH

Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/5/18 @ 1705 hrs, I was driving along above location. Suddenly I heard a sound & felt an impact on my right hand side portion of my taxi. Shortly, I stepped out to check and found that a van GBG T561R encroached into my lane thru my taxi. I steered to the left & hit the road kerb. Due to this, the van GBG T561R hit & grazed against the right wing mirror of my taxi. No passenger on board my taxi. No injury reported at the point of accident.

## DECLARATION

(We declare the foregoing particulars are true in every respect.)

COMFORT TRANSPORTATION PTE LTD  
CO REG NO 196303821R

Policyholder's Signature  
Date & Time:

Signature (Date & Time)

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

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



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. - S8405181J



Name  
MOHAMED IDRIS BIN  
MOHAMED JAILANI

Race  
INDIAN

Date of birth  
15-02-1984

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8405181J

Name  
MOHAMED IDRIS BIN  
MOHAMED JAILANI

Birth Date 15 Feb 1984

Issue Date 21 Feb 2012



002044734G

The image displays two official documents from Singapore. The top document is a yellow vehicle registration card. It features a barcode at the top, a circular security pattern on the left, and the following text: 'REG NO. 88405181J', 'Date of issue: 17-11-2008', 'APT BLK 780 WOODLANDS DRIVE 00 #02-120', 'SINGAPORE 730768', and 'Valid till: 16/08/2018'. The bottom document is a white driving license card. It has a grey header with the text 'YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)'. Below this, it lists 'Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg' with an 'EFFECTIVE DATE' of '13 Feb 2018'. At the bottom, it includes the 'Licence No. 50405181J' and a barcode. The code 'NP 423A' is printed in the bottom left corner.

REG NO. 88405181J

Date of issue  
17-11-2008

APT BLK 780 WOODLANDS DRIVE 00 #02-120  
SINGAPORE 730768

Valid till: 16/08/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 13 Feb 2018

Licence No. 50405181J

NP 423A



## Addendum Sheet Pg. 1



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66S0020G / GST Reg. No.: M400017735

**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 : MBHH18155372 Vehicle Registration No: GBG7561R  
Name(as shown in NRIC) : MOHAMED IDRIS NRIC/FIN/Passport No : S8405181J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 87485447  
Email Address : idris.jailani@ninjavan.co  
Date of Accident : 17/05/2018 Time of Accident : 17:05 HRS  
Place of Accident : MOUNTBATTEN RD TOWARDS NICOLL HIGHWAY BEFORE ARTHUR RD  
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:

ATTACHED PICS.

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Elizabeth  
NRIC/FIN No.:  
Date: 04/12/2018