

## 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	19/09/2018 21:15
Date Of Accident	18/09/2018 17:30
Exact Location Of Accident	FROM SHENTON WAY TURNING RIGHT TO MCCALLUM STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF357Y

#### Insured/Policyholder

Name Of Registered Owner DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD  
Co Reg No 199803778Z  
Email Address BENNY.CHONG@DAIMLER.COM  
Mobile Phone No  
Alternative Phone No Office-92203185

#### Vehicle Particulars

Manufacturer MERCEDES-BENZ  
Model C200 AMG LINE (R18 LED)  
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  
If No, Please state action to be taken REPORTING ONLY  
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 KERVONE NG AI PENG  
NRIC No S7940499C  
Date Of Birth 24/12/1979  
Occupation INDOOR  
Date Of Driving Pass 28/07/2010  
Driving Experience 8 YEARS AND 1 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-94300900
Fax Number	
Contact Number	
E-Mail Address	KERVONE@HOTMAIL.COM
Address	BLK 535 WOODLANDS DRIVE 14 #09-607 SINGAPORE 730535
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 (SLF0357Y) was turning right to Mccallum Street, from Shenton Way, when the front car (SFS363G) brakes and stop. I didn't manage to stop in time and as a result the front right side of my car make contact with the rear left side of the car. 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	SFS363G
Vehicle Make/Model/Colour	ERCEDES BENZ/E200 EXCLUSIVE (R18 LED)/BLACK
Details Of Properties	N.A
Vehicle Category	PRIVATE CAR
Name of Driver	LAUW BOON PEK
NRIC/Passport Number	S2157965C

Contact Number	98340563
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

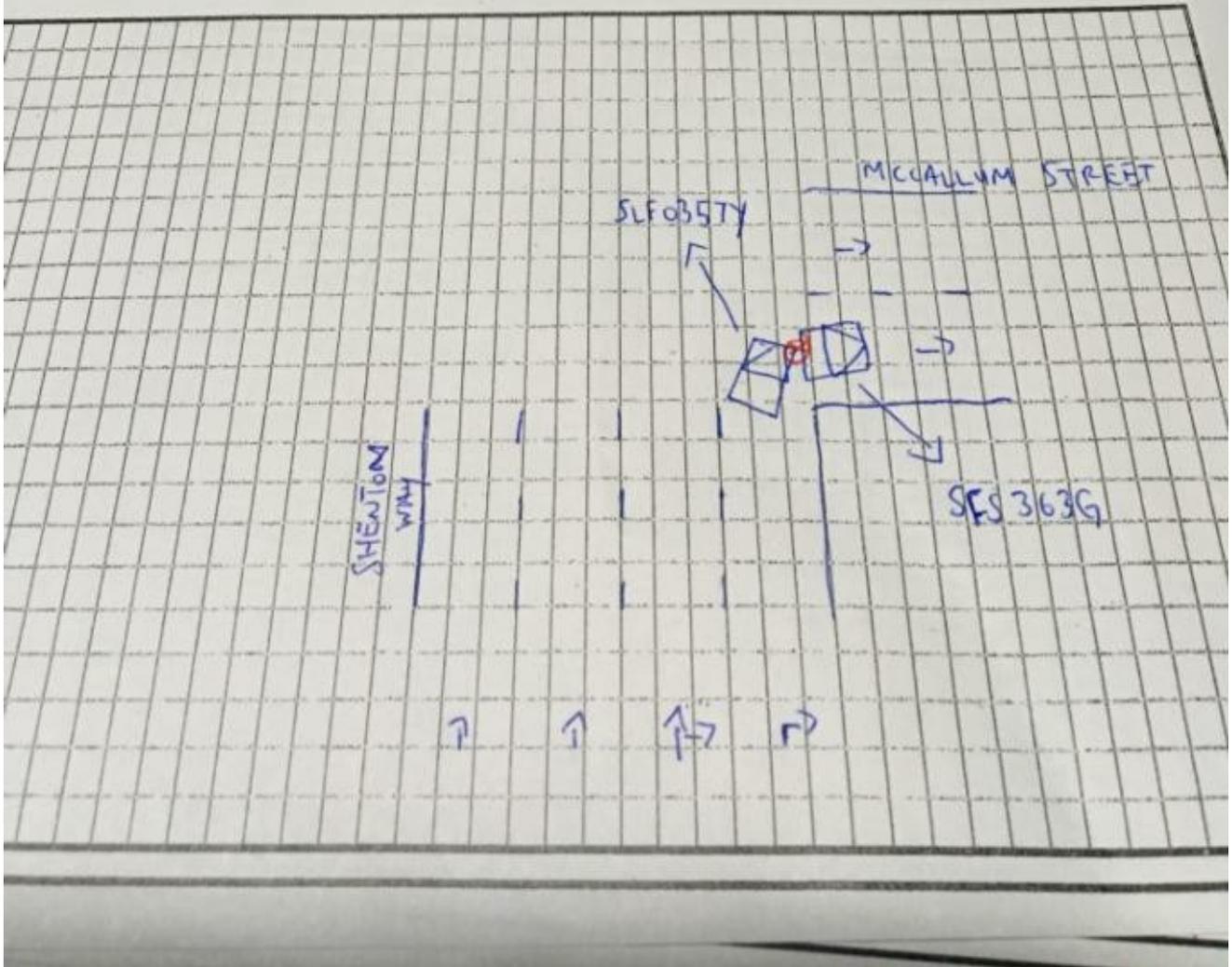
**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to avoid any delay in processing.
2. This form must be completed by the Policyholder and/or the Accused Driver.
3. Information provided must be as truthful and accurate as possible. Intentional misrepresentation of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurer(s) companies is not a condition of policy liability.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Reports Centre of Singapore (GIA) for archiving and that copies of this report will for Centre established by the Insurance Association of Singapore.
7. By the engagement of this report to the insurers, you hereby consent to the use of this report at the discretion of the insurers and any relevant government agencies being made available as follows:
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that:  
(a) my insurer, my advisor and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, process my personal data/personal information set out in this form and to disclose my Personal Information to all insured parties involved in this accident (all insureds) who have insured vehicle(s) (including the Insured Party) and any relevant government agencies (including the Insurers), the Insurers' lawyers/law firms, the Monetary Authority of Singapore, 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;  
(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 my claims (including 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 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 \_\_\_\_\_ Witnessed by Reporting Centre Personnel \_\_\_\_\_

**VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMMAD SULHANDI BIN  
MOHD AFFANDI**

Sketch Plan



Sketch Plan #2

**ACCIDENT STATEMENT (2000 characters)**

I (SLF0357Y) was turning right to McCallum Street, from Shenton Way, when the front car (SFS363G) brakes and stop. I didn't manage to stop in time and as a result the front right side of my car make contact with the rear left side of the car. No injuries involved.

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 -  
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

19 September 2018 at 7:41 PM

Date/Time:

19 September 2018 at 7:41 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7940499C



Name  
KERVONE NG AI PENG

黄 爱 蘋

Race  
CHINESE

Date of birth 24-12-1979 Sex F

Country of birth  
SINGAPORE

S7940499C

Licence Number S7940499C



Name  
KERVONE NG AI PENG

Birth Date 24 Dec 1979

Issue Date 26 Sep 2012

00210 70480



Driving License

4893525



NRIC No. S7940499C



Date of issue  
24-09-2012

APT BLK 535 WOODLANDS DRIVE 14 #09-607  
SINGAPORE 730535

NRIC No: S7940499C      Date: 17/02/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver, and other motor vehicles $\leq$ 2500kg	28 Jul 2010

NP 438A

Licence No: S7940499C

