

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 | 18/12/2018 21:33 |
| Date Of Accident | 17/12/2018 18:00 |
| Exact Location Of Accident | MCE TOWARDS AYE TUAS FROM MARINA BOULEVARD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBG6294T |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|---|
| Name Of Registered Owner | DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD |
| Co Reg No | 199803778Z |
| Email Address | AZRIN.BEJARAMIN@DAIMLER.COM |
| Mobile Phone No | |
| Alternative Phone No | Office-90231717 |

Vehicle Particulars

| | |
|--|--|
| Manufacturer | MERCEDES-BENZ |
| Model | VITO 114 CDI PANEL VAN LONG AT ABS 5DR |
| 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 | 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 | 999995730 |
| Cover Note Number | N.A |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ENG HOCK CHYE |
| NRIC No | S8228984D |
| Date Of Birth | 27/09/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/08/2003 |
| Driving Experience | 15 YEARS AND 3 MONTHS |

| | |
|---|----------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90239043 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | ISAACENG@OUTLOOK.COM |
| 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 | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|------------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| 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) | 2 |
| Passenger 1 | Name: : ASHLEY Gender: : Female |

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 (GBG6294T) was entering MCE tunnel towards aye Tuas, on the merging lane, already at the front when a car (SFP9993U) on the left, tried to overtake and hit onto me. The right side mirror of the car make contact with the left side mirror of my van. Video footage recorded. No injuries involved.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | NA |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--|
| Vehicle Registration Number | SFP9993U |
| Vehicle Make/Model/Colour | AUDI / Q5 2.0 TFSI QUATTRO (EU6) / BLACK |
| Details Of Properties | |

| | |
|-------------------------------------|-------------|
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

Sketch Plan

IMPORTANT NOTICE

- Please report correctly the details of the accident to the Insurer.
- This Form must be completed by the Policyholder and the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may result in the insurer refusing to pay claims.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Record Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report may be made available application by interested parties.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 for the purpose of such Personal Information provided by me or possessed by my insurer collectively the "Personal Information") and disclose any Personal Information 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:
- processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- investigating the accident and/or my claims;
- carrying out and/or dealing with my instructions or responding to any enquiries, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the claim as well as on the external cover of envelopes/mail packages; and/or
- complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to any 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
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I (GBG6294T) was entering MCE tunnel towards aye Tuas, on the merging lane, already at the front when a car (SFP9993U) on the left, tried to overtake and hit onto me. The right side mirror of the car make contact with the left side mirror of my van. Video footage recorded. 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

18 December 2018 at 5:32 PM

Date/Time:

18 December 2018 at 5:32 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Driving License

