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 witholding 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

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	ACCIDENT STATEMENT		
Date Of Report	16/12/2018 15:03		
Date Of Accident	15/12/2018 13:00		
Exact Location Of Accident	210 BUKIT BATOK STREET 21 CP		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKZ3613U		
Insured/Policyholder			
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.		
Co Reg No	199803778Z		
Email Address	OSMAN.AFFAN@DAIMLER.COM		
Mobile Phone No			
Alternative Phone No	OFFICE-88762072		
Vehicle Particulars			
Manufacturer	MERCEDES-BENZ		
Model	E250 SEDAN		
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		

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Cover Note Number

Name of Driver **CHNG KIM SENG** NRIC No S7128327E Date Of Birth 20/08/1971 Occupation **INDOOR Date Of Driving Pass** 12/04/1990 **Driving Experience** 28 YEARS AND 8 MONTHS MALE

Gender

Mobile Number +65-83384672

Fax Number Contact Number

EMail Address ERVIN.CHNG@FIDECSENGINEERING.COM 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 SIDE SWIPE 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

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 1

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I was reversing my car to park in one of the empty lot when vehicle B suddenly came out from the lot and collided with my car. My left portion was scratched and dented . No injury involved.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGE1632K

Vehicle Make/Model/Colour MITSUBISHI/LANCER 1.6 A

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver UNKNOWN DRIVER

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 21

SKETCH PLAN

IMPORTANT NOTICE

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 8. Consent under the Personal Data Protection Act (PDPA)
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 I understand, acknowledge, agree and consent that:

 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/ere 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 process my personal data/personal information and disclose and transfer such Personal information to all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the vehicle(s) involved in this accident shall be collectively referred to 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;
- (ii) Investigating the accident and/or my claims
- (ii) 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, involces, 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")
- (collectively the Purposes)
 (b) all insurer(s) who have insured vehicle(s) involved in this socident 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 altest outside of Singapore, for one or more of the above Purposes.

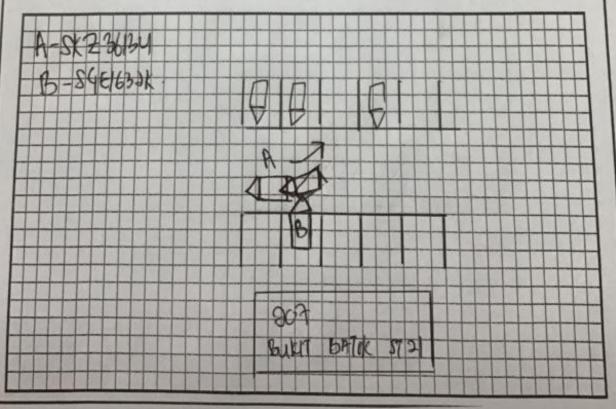
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VERIFIED BY AJAX MARS REPORTING OFFICER MOHAMED SHARIL BIN SATAR

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement Pg. 1

I was reversing my car to park in one of the empty lot when veh b suddenly came out
from the lot and collided with my car. My left portion was scratched and dented . No injury involved.
Taxi Voucher No.:
 DECLARATION
DECLARATION I/We declare that the above particulars & information provided above are true in every aspect

MARS Officer

Job Complete Date/Time

16 December 2018 at 2:38 PM

Registered Owner or Driver's Signature

Date/Time:

16 December 2018 at 2:38 PM

















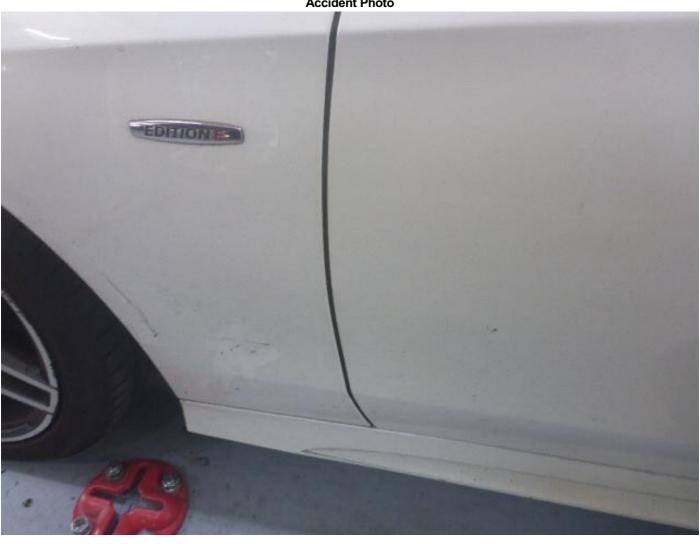














Identification Card



Identification Card



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: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MBHH18161695-01 _____Vehicle Registration No: SKZ3613U Name(as shown in NRIC): CHNG KIM SENG NRIC/FIN/Passport No: S7128327E (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore() _Mobile No. :_⁸³³⁸⁴⁶⁷² Contact (Tel) ervin.chng@fidecsengineering.com **Email Address** : 15/12/2018 _Time of Accident : _13:00 HRS Date of Accident : HDB Bukit Batok Green, 210 Bukit Batok Street 21-cp Place of Accident AIG ASIA PACIFIC INSURANCE PTE LTD Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: RE-ATTACHED PICS.

Name: Elizabeth NRIC/FIN No.: Date: 19/12/2018

Reporting Centre Personnel's Signature

Date:

Policyholder / Driver's Signature