

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	20/02/2019 20:22
Date Of Accident	31/01/2019 17:00
Exact Location Of Accident	BUKIT TIMAH ROAD TURNING RIGHT TO CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ864U
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Co Reg No	199803778Z
Email Address	FAIZAL.MOHAMED@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	Office-82821711

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	

Driver

Name of Driver	DU YIWEI
NRIC No	S8507712J
Date Of Birth	10/03/1985
Occupation	INDOOR
Date Of Driving Pass	09/07/2018
Driving Experience	0 YEAR AND 6 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-90900464
Fax Number	
Contact Number	
E-Mail Address	LIMJUNJIE@HOTMAIL.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	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)	2
Passenger 1	Name: : Patrick Lee Gender: : Male

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 travelling along Bukit Timah Road turning right towards CTE. I was at the traffic light. It was slow moving traffic. I was on the second lane turning right towards CTE When this vehicle SGK3478U was on the first lane turning right as well. He turned and cut onto and slightly hit my rear right side of my vehicle. Damages to my car were on the rear right portion. No injuries were 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	SGK3478U
Vehicle Make/Model/Colour	TOYOTA / WISH 1.8 A / RED
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	PNG WEI JIE GREGORY		
NRIC/Passport Number	S9745893F		
Contact Number			
Address			
Postcode			
Insurance Company Name			
Nature Of Damage			
No. Of Passenger (Including Driver)	2		
Passenger 1	Name:	:	P1
	Gender:	:	Female

Sketch Plan

SKETCH PLAN

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- The 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 application by interested parties.
- By the completion 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 thereafter.
- 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 lawfully 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 insurers 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 making 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/postal packages), and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(b) all insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may lawfully 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 lawfully 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 used 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

VERIFIED BY AJAX MARS
REPORTING OFFICER

Muhammad Firza Bin Ideris

Witnessed by Reporting Centre
Personnel

Sketch Plan

Common Statement

ACCIDENT STATEMENT (2000 characters)

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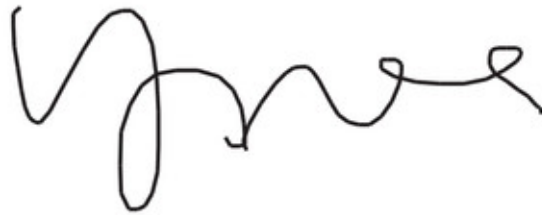
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD FIRZA BIN IDERIS

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

20 February 2019 at 7:20 PM

Date/Time:

20 February 2019 at 7:20 PM

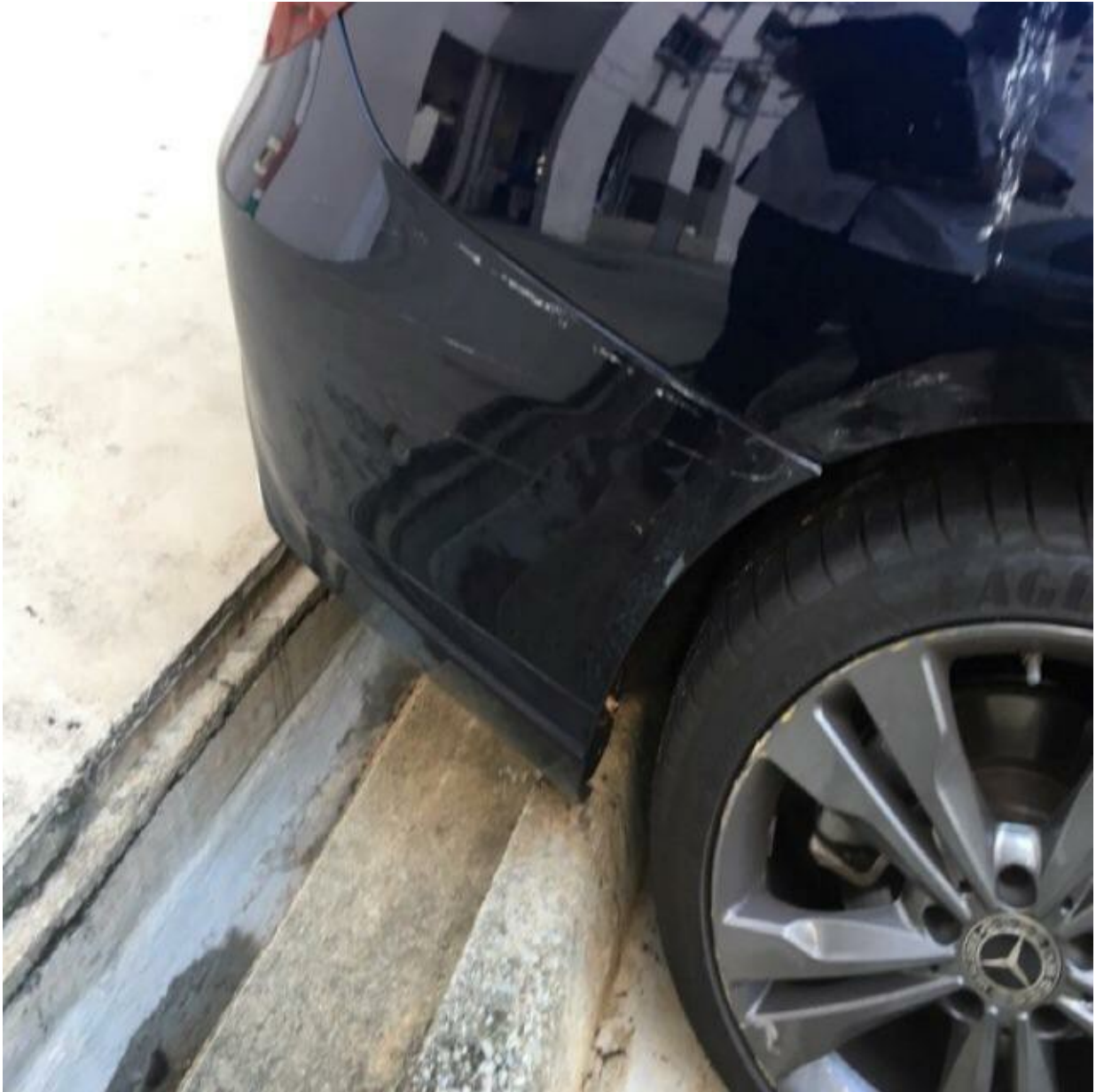
Accident Photo



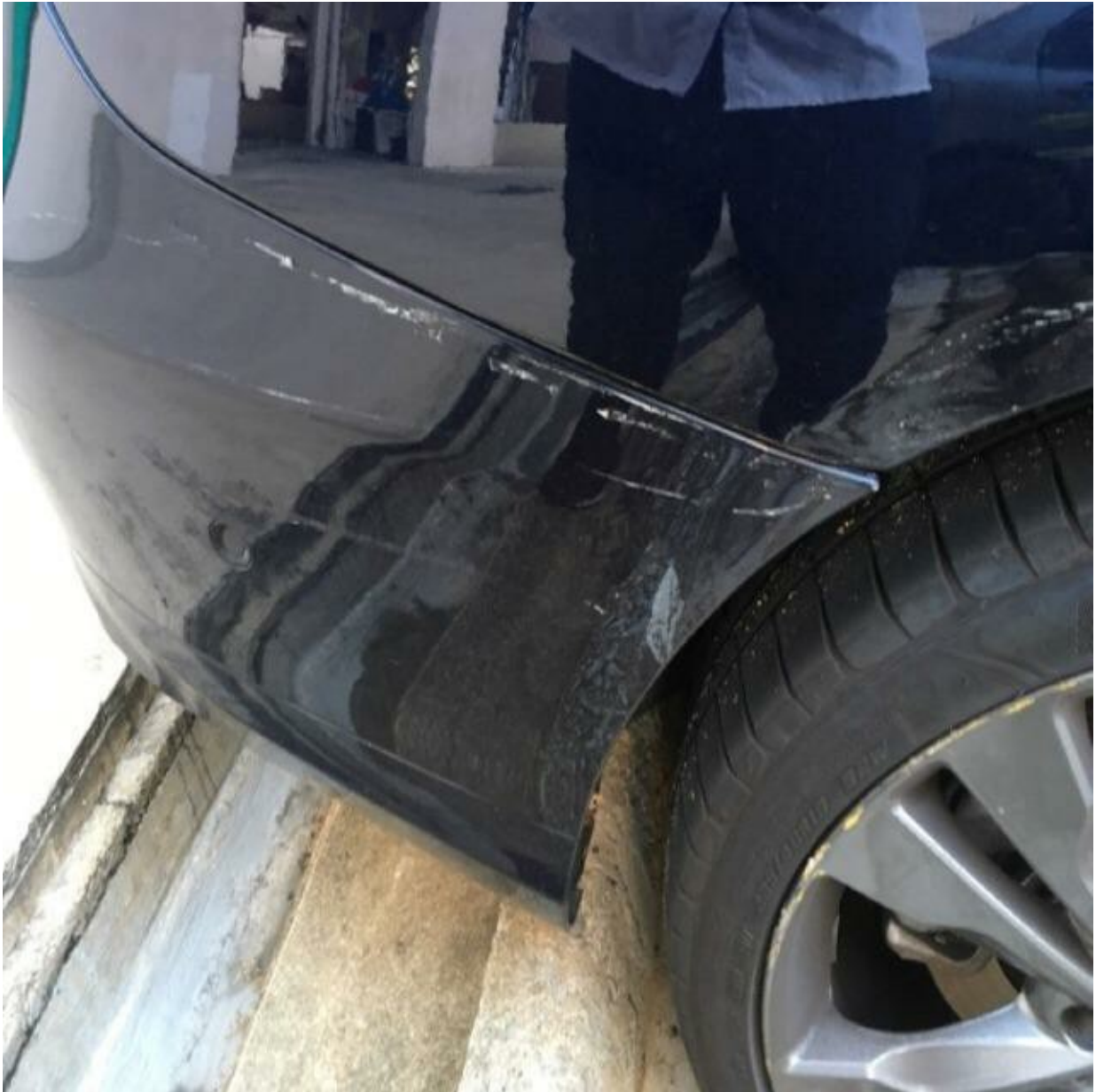
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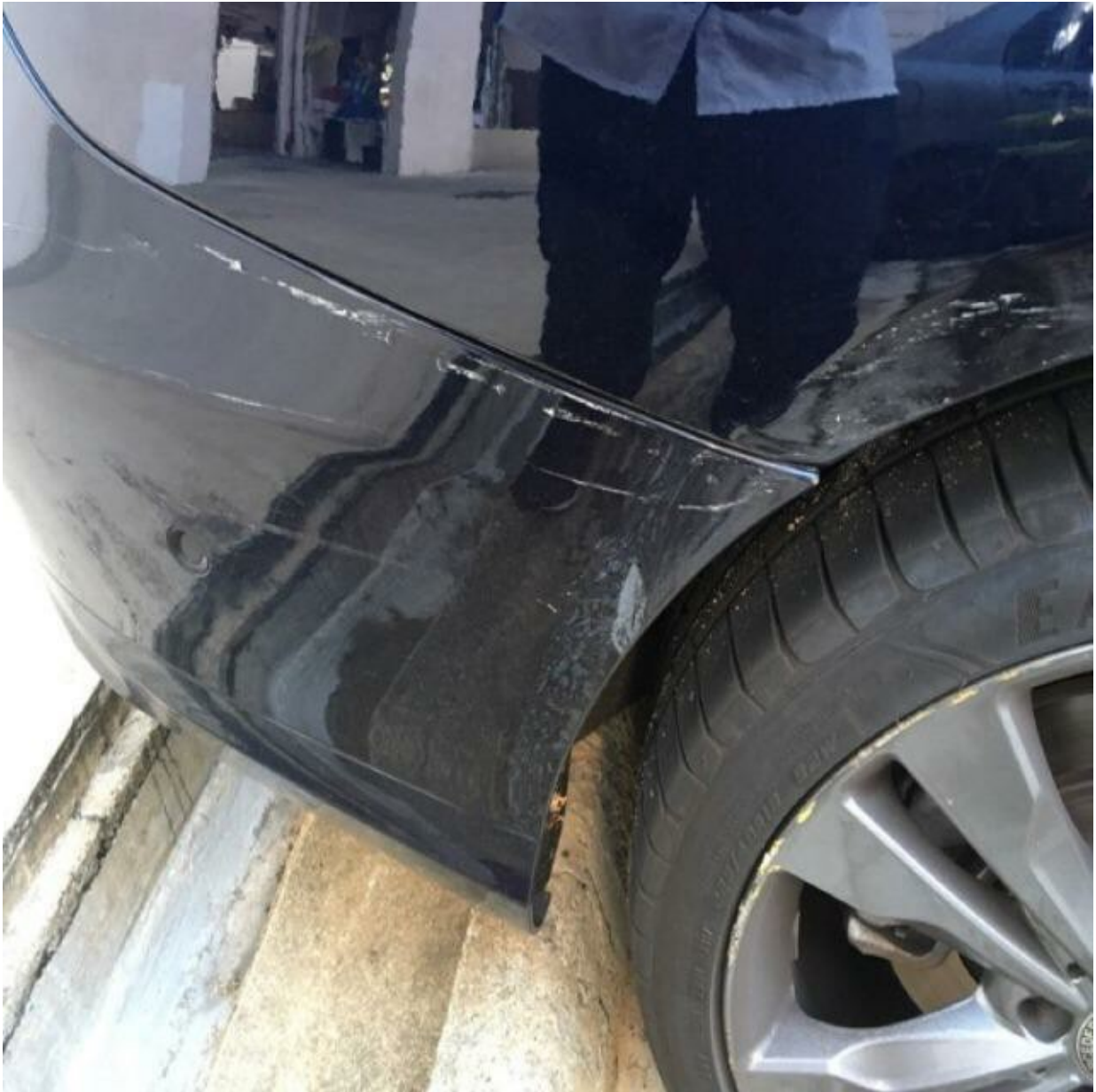
Accident Photo



Accident Photo



Accident Photo



Accident Photo



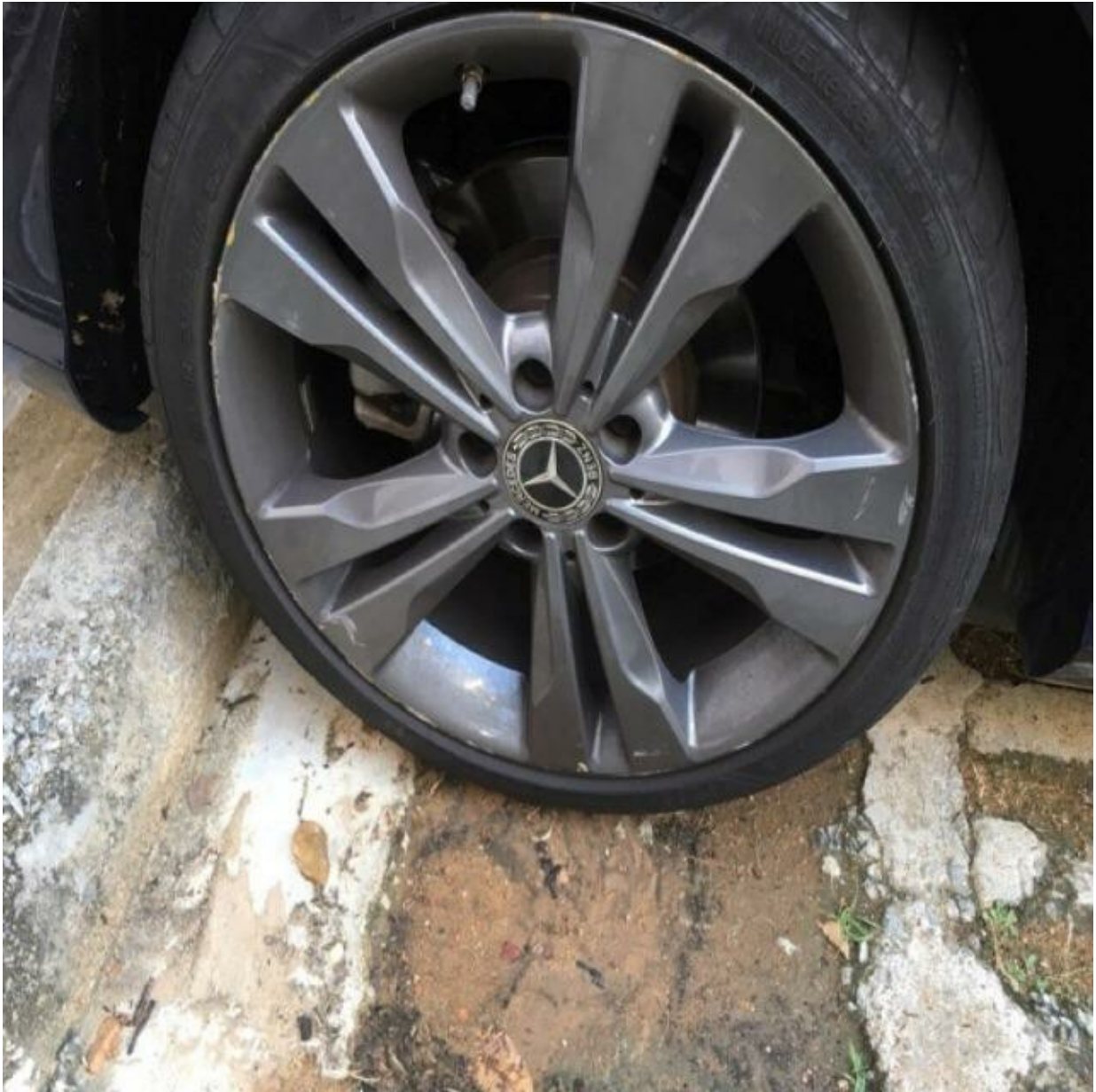
Accident Photo



Accident Photo



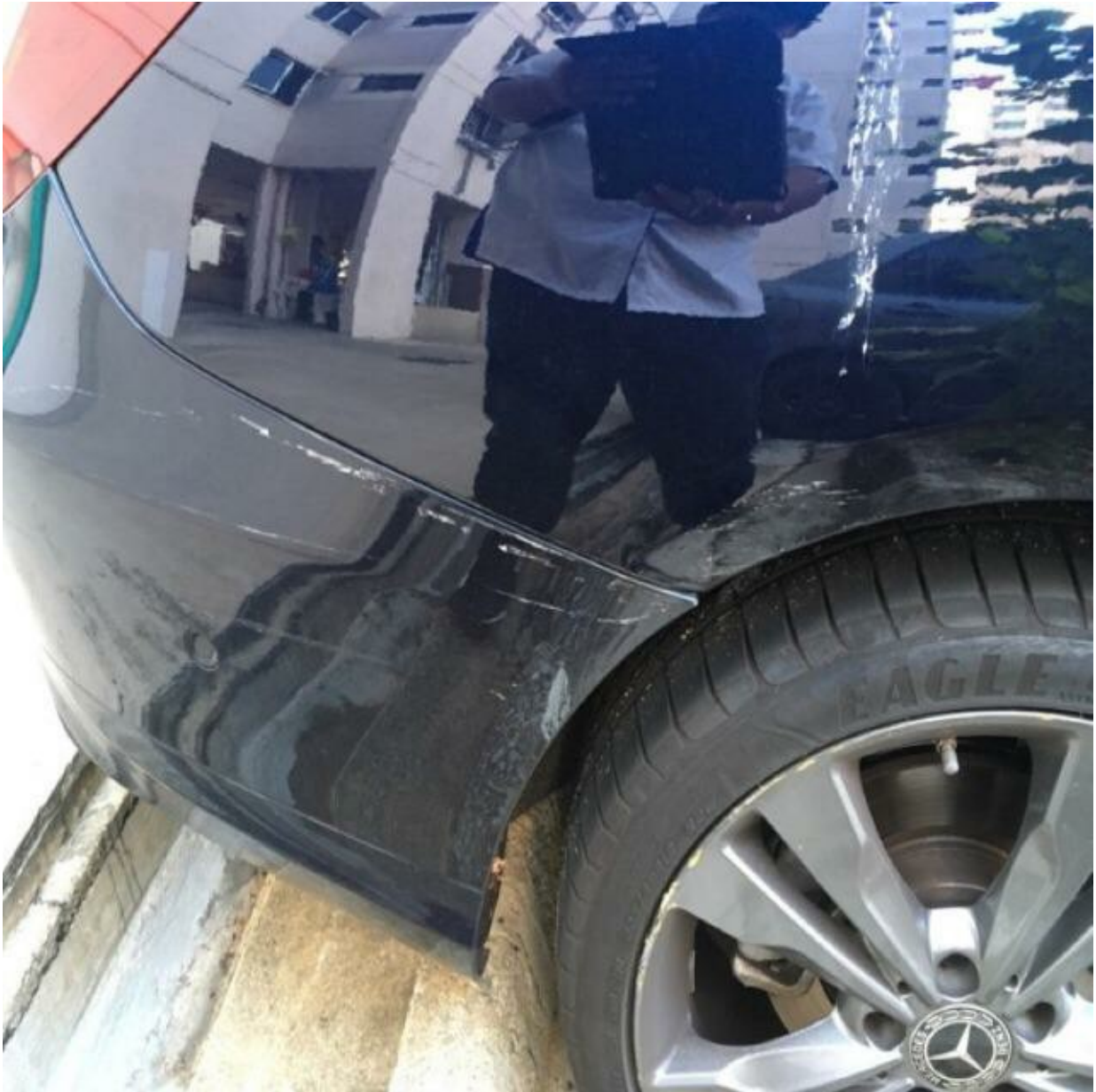
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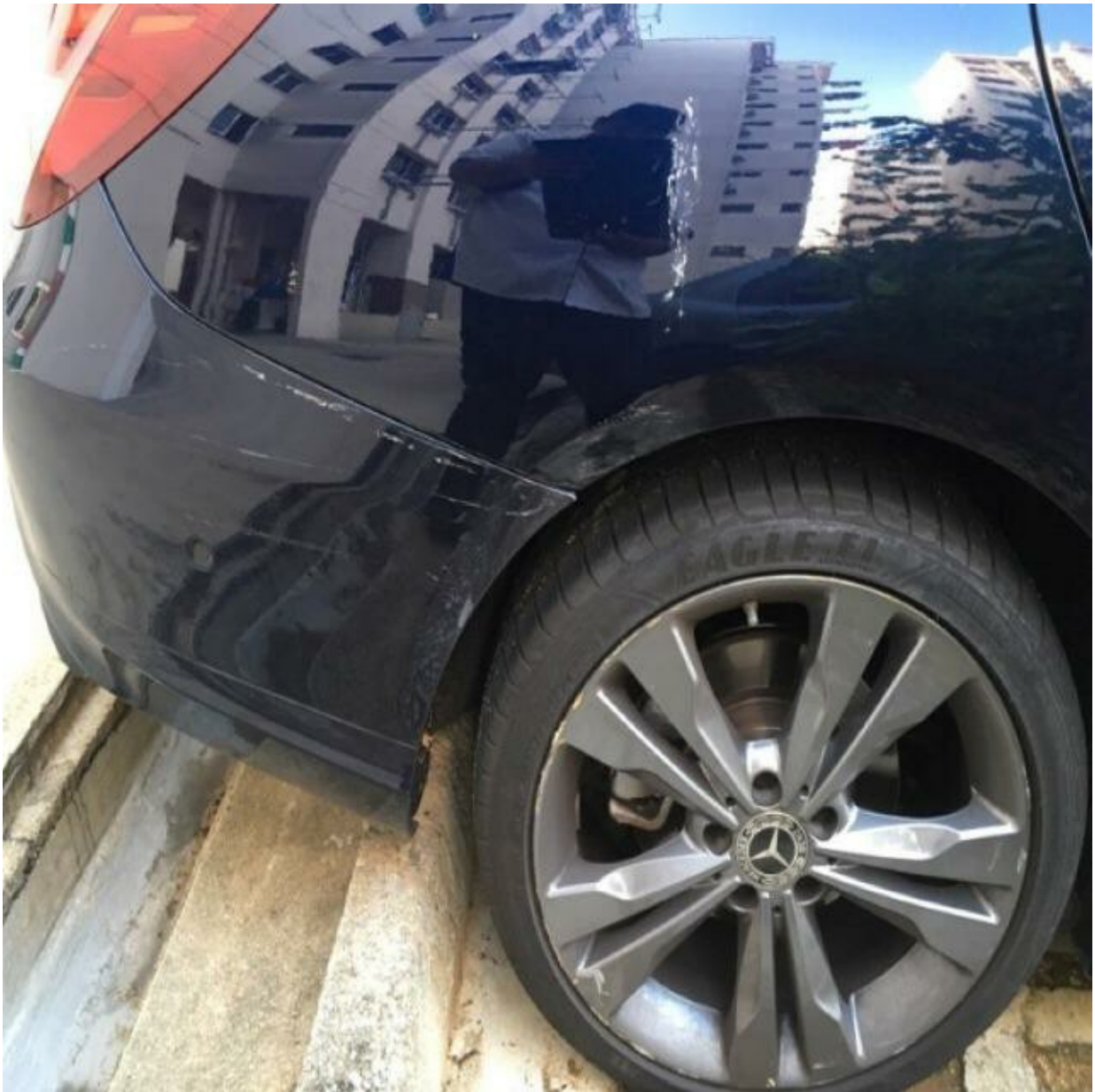
Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8507712J



Name
DU YIWEI
杜依韋

Race
CHINESE

Date of Birth
10-03-1985

Country/Place of Birth
SINGAPORE

Sex
F

S8507712J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8507712J

Name
DU YIWEI

Birth Date: 10 Mar 1985

Issue Date: 09 Jul 2018

002821859G

Driving License

