

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	24/04/2019 14:29
Date Of Accident	18/04/2019 19:45
Exact Location Of Accident	UPP BUKIT TIMAH RD BEFORE BUKIT TIMAH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5899K
Insured/Policyholder	
Name Of Registered Owner	DAIMLER SOUTH EAST ASIA PTE. LTD.
Co Reg No	199000355E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-68495664

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S320 (R19 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?	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	68498000
Cover Note Number	NA

Driver

Name of Driver	HUNGERLAND THOMAS
NRIC No	G3170019T
Date Of Birth	07/01/1966
Occupation	INDOOR
Date Of Driving Pass	19/07/2016
Driving Experience	2 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(FOREIGN) +65-68495664
Fax Number	
Contact Number	
EMail Address	THOMAS.HUNGERLAND@DAIMLER.COM
Address	NA
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	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 SME5899K was driving along Upper Bukit Timah Road before Bukit Timah ave on the 1st lane.As I was driving with a slow speed my left side mirror touch onto the 3rd party SMF5525J right side mirror.While there is a slight paint off on my side mirror, the 3rd party mirror came lose and was hanging from the side door.As both mine and the 3rd party lane were narrow due to the construction it is not clear,who's at fault.There no injuries involved at the scene.

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	SMF5525J
Vehicle Make/Model/Colour	TOYOTA/SIENTA STANDARD (AUTO
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	TAN ROBIN

NRIC/Passport Number	S7711987F
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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.

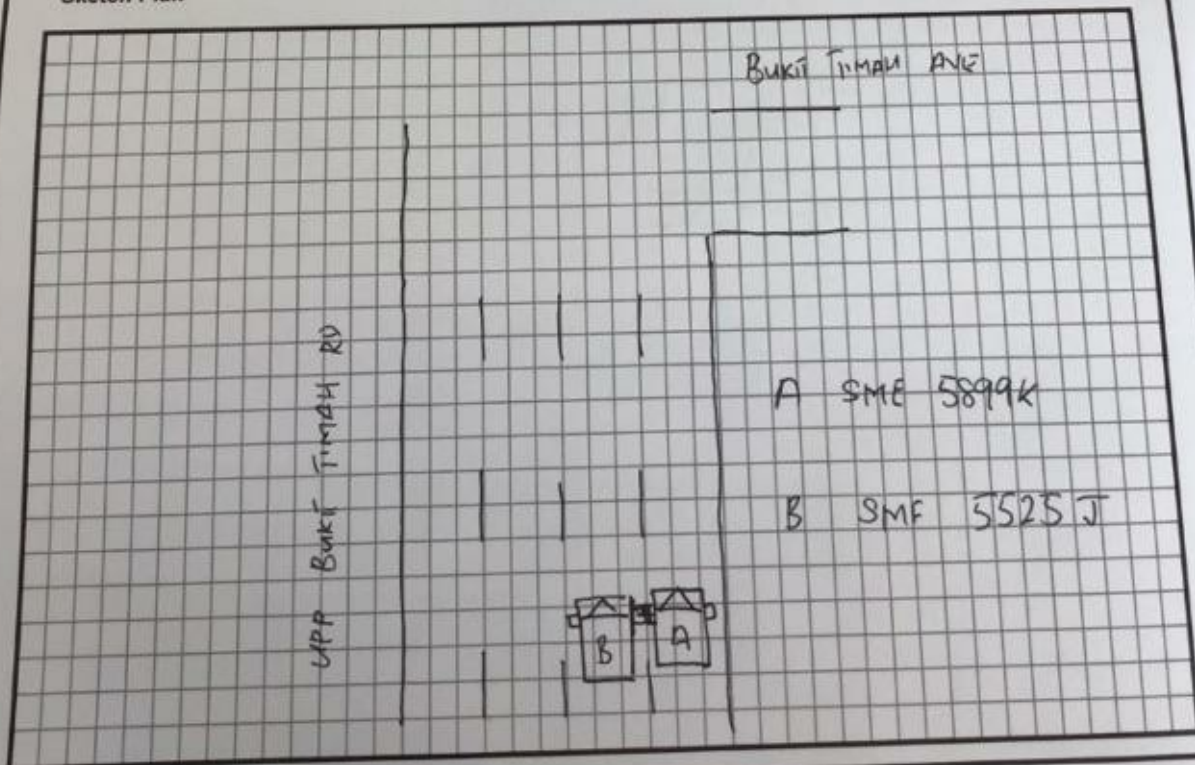
VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G3170019T**
Name: **HUNGERLAND THOMAS**

Birth Date: **07 Jan 1966**
Issue Date: **19 Jul 2016**
Valid Till: **18/07/2021**

002589962B



EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD.

Name:
HUNGERLAND THOMAS
Occupation:
DIRECTOR

FIN:
G3170019T

Date of Application:
10-11-2017
Date of Issue:
12-01-2018
Date of Expiry:
12-01-2020

L8583777



Identification Card

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

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE

19 Jul 2016

NP 428A



Licence No: G3170019T

VISIT PASS

Immigration Regulations

Name

HUNGERLAND THOMAS



Date of Birth	Sex	Nationality
07-01-1966	M	GERMAN
FIN	Date of Issue	Date of Expiry
G3170019T	12-01-2018	12-01-2020

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

