

## 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	15/06/2019 16:21
Date Of Accident	14/06/2019 17:55
Exact Location Of Accident	3 LANE ROAD HEADING TO SERANGOON NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH9680L
<b>Insured/Policyholder</b>	
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-68498118

<b>Vehicle Particulars</b>	
Manufacturer	VOLKSWAGEN
Model	T6 VAN TDI NWB DSG
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

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995580
Cover Note Number	

<b>Driver</b>	
Name of Driver	MERVIN SINGH
Work Permit No	S7609543D
Date Of Birth	03/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2014
Driving Experience	4 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-86926371
Fax Number	
Contact Number	
E-Mail Address	MERVIN@FSYNERGY.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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	WOODLANDS DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to police report no: L/20190614/7034 I was at a traffic along Hougang heading towards AMK. I was driving vehicle number GBJ9680L. When the lights had turned green and the vehicles in front of me had started to move off, I was preparing to release my brakes and I was hit with a considerable impact on my rear. Vehicle number SGH7543D had rear ended me. Upon the impact my vehicle had surged forward and hit vehicle SLZ6729M before I jam braked. At the scene, I asked both parties involved whether they needed any medical attention and they declined. However it took me a few moments before I could alight from my vehicle as the back of my head had quite an impact with the headrest of my vehicle. All 3 of us exchanged contacts and left the scene. I have seen visited a doctor and have been prescribed 3 days medical leave and advised to go for an x ray on the coming monday.

#### 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	SGH7543D
Vehicle Make/Model/Colour	HONDA ODYSSEY / GOLD

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	TAN HWEE BING
NRIC/Passport Number	S7116877H
Contact Number	97689661
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLZ6729M
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SENG HOCK JONATHAN
NRIC/Passport Number	S1406844I
Contact Number	91542209
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	MERVIN SINGH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBH9680L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTES

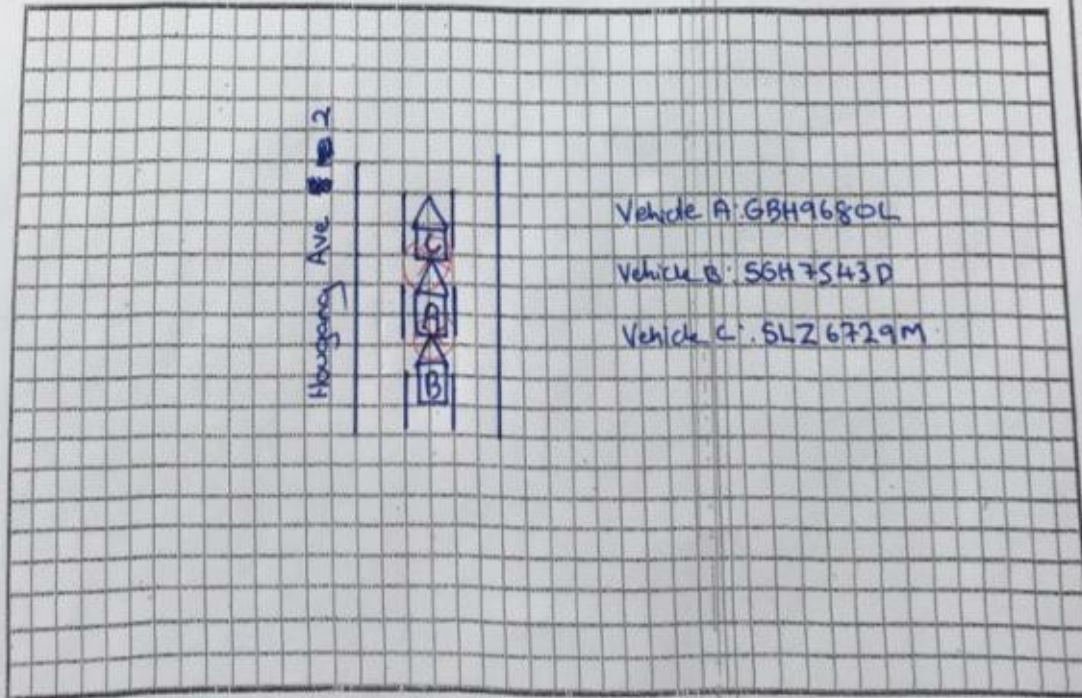
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that:  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 envelope/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and  
(c) my Personal Information may 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 situated outside of Singapore, for one or more of the above Purpose(s).

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Mohamed Saifulah S/O Syed  
Masood  
Witnessed by Reporting Centre  
Personnel

Policyholder's Signature / Date & Time

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

### Sketch Plan





**SINGAPORE  
POLICE FORCE**



L/20190614/7034

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20190614/7034

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 14/06/2019 21:19	Vide Report No.	Station Diary No.
Name Of Informant MERVIN SINGH	Address APT BLK 585 ANG MO KIO AVENUE 3 #03-3037 SINGAPORE 560585	
ID Type / ID No. NRIC NO / S7609543D	Contact No. Home/Office: Mobile: 86926371	
Nationality SINGAPORE CITIZEN	Email Address mervphat7677@yahoo.com	
Occupation SINGPOST COURIER	Sex Male	Age 43
Institution/School Name	Date of Birth 03/02/1976	Race Sikh
Date/Time Of Incident 14/06/2019 17:55	Location Of Incident 3 Lane Road heading towards serangoon north.	

**Brief details.**

I was at a traffic light along Hougang heading towards AMK.  
I was driving vehicle number GBJ9680L. When the lights had turned green and the vehicles in front of me had started to live off, I was preparing to release my brakes and I was hit with a considerable impact on my rear. Vehicle number SGH7543D had rear ended me. Upon the impact my vehicle had surged forward and hit vehicle SLZ6729M before I jam braked.  
At the scene, I asked both parties involved whether they needed any medical attention and they declined.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2019 21:19
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



L/20190614/7034

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. L/20190614/7034

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Signature Of Interpreter: Not applicable	Date/Time: 14/06/2019 21:19
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Identification Card



# Driving License

