

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	29/06/2019 13:00
Date Of Accident	28/06/2019 14:00
Exact Location Of Accident	ENG NEO AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2923Y
-----------------------------	----------

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-68498118

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	999995580
Cover Note Number	

Driver

Name of Driver	JEFFRI BIN SAIMAN
NRIC No	S7619973F
Date Of Birth	01/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87424534
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

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	COLLISION - HEAD TO REAR
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?	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]	WOODLAND EAST NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190628/2147 LODGED AT WOODLAND EAST NPC. ON THE 28/06/19 AT ABOUT 1400HRS, I WAS DRIVING MY VAN GBJ2923Y ALONG ENG NEO AVENUE AND HAD CAME TO A STOP AT THE TRAFFIC LIGHT. SUDDENLY A BLACK BMW SKT9812D COLLIDED INTO THE REAR OF MY VEHICLE. THE DRIVER THEN WENT DOWN AND WE EXCHANGED PARTICULARS. THE DRIVER THEN STARTED VIDEO RECORDING AND ALSO ASKED ME IF I WAS INJURED. I TOLD HIM I WAS JUST SHOCKED AT THAT POINT OF TIME. HE ALSO TOLD ME HE WAS SORRY AS HE FELL ASLEEP. THE REAR PORTION OF MY VEHICLE WAS DENTED AND DAMAGED. A WHILE LATER, I DROVE OFF AND SUDDENLY STARTED TO FEEL PAIN ON MY BACK AND MY NECK. HENCE, I DECIDED TO GO TO THE CLINIC. ON 28/06/19 AT ABOUT 1615HRS, I VISITED JIREH FAMILY CLINIC AND WAS GIVEN 3 DAYS OF MC. I AM LODGING THIS REPORT FOR INSURANCE CLAIMING PURPOSES. THERE ARE FRONT AND REAR IN CAR CAMERA IN MY VEHICLE AND IT WAS RECORDING WHEN THE ACCIDENT OCCURS.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM INSURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT9812D
Vehicle Make/Model/Colour	B.M.W. / 420I GRAN COUPE A/T S/R HID NAV / BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHOO MEE KEK
NRIC/Passport Number	S0002458I

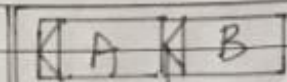
Contact Number 98461973
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JEFFRI BIN SAIMAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBJ2923Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Describe Circumstances of the Accident (SKETCH PLAN)

8 → Traffic Light



Waiting Point

ENQ MED FIVE ← to Buckenham

X.

A: GBJ 2923 Y

B: SKT 9812 D

Declaration:

I/We declare the foregoing particulars are true in every respect:

X.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Police Report



**SINGAPORE
POLICE FORCE**



T/20190628/2147

1 of 3

Report No. T/20190628/2147

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2019 17:58	Vide Report No.:	Station Diary No.: 117
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: JEFFRI BIN SAIMAN		Address: APT BLK 804 WOODLANDS STREET 81 #02-27 SINGAPORE 730804	
ID Type / ID No.: NRIC NO / S7619973F		Contact No.: Home/Office: Mobile: 87424534	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 01/07/1976	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: PEST CONTROL		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2019 14:00	Type of Location: Straight Road
Location: Along Road 1 ENG NEO AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ2923Y	Van				Seriously Damaged	0
SKT9812D	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190628/2147

2 of 3

Report No. T/20190628/2147

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Driver			
Name	JEFFRI BIN SAIMAN		ID No. S7619973F
Related Vehicle	GBJ2923Y (Van)		Contact No. 87424534
Hospital/Clinic	JIREH FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	28/06/2019	Date Discharge	28/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KHOO MEE KEK		ID No. S0002458I
Related Vehicle	SKT9812D (Car)		Contact No. 98461973
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 28/06/19 at about 1400hrs, I was driving my van GBJ2923Y along Eng Neo Avenue and had came to a stop at the traffic light. Suddenly A black BMW SKT9812D collided into the rear of my vehicle. The driver then went down and we exchanged particulars. The driver then started video recording and also asked me if I was injured. I told him I was just shocked at that point of time. He also told me he was sorry as he fell asleep. The rear portion of my vehicle was dented and damaged.

A while later, I drove off and suddenly started to feel pain on my back and my neck. Hence, I decided to go to the clinic.

On 28/06/19 at about 1615hrs, I visisted Jireh Family Clinic and was given 3 days of MC. I am lodging this report for insurance claiming purposes.

There are front and rear in car camera in my vehicle and it was recording when the accident occurs.

Police Report



SINGAPORE
POLICE FORCE



T/20190628/2147

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20190628/2147

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L/
Sgt 2 LIM MUHAMMAD HAMZAH BIN
MUHAMMAD ISMAIL LIM

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
28/06/2019 17:58

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING STEPHANIE
Contact No.: 65474114

Classification Of Case:

SN 130



Signature :

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



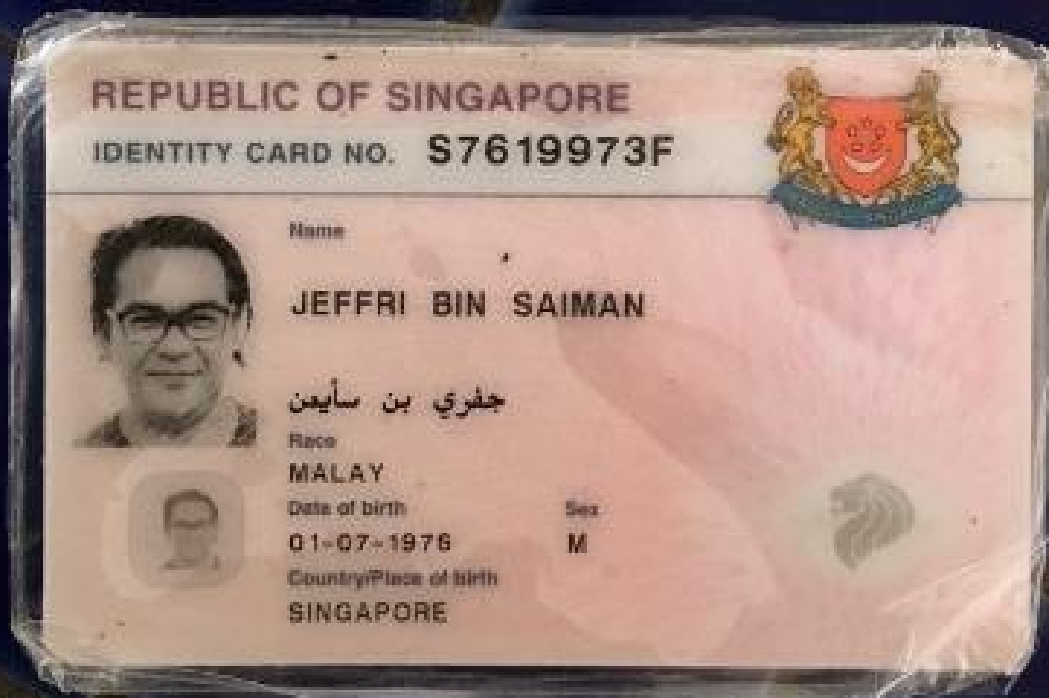
Accident Photo



Accident Photo



Identification Card



Identification Card

