SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	21/12/2019 05:54
Date Of Accident	20/12/2019 07:50
Exact Location Of Accident	BLK 78B TELOK BLANGAH
Country/State of Loss	SINGAPORE
PROTECTION OF THE PROPERTY AND ADDRESS OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG6299E
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD
Co Reg No	1XXXXX778Z
Email Address	KATHRYN.ADRIANO@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	BEK TAI LIANG ,RAYMOND
NRIC No	SXXXX713D
Date Of Birth	08/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96962227
Fax Number	
Contact Number	

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

10 UBI AVENUE 3

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20191220/7005 LODGE AT 10 UBI AVENUE 3 Video on hand. Place of incident: Blk 78B Telok Blangah St 32 loading bay. My vehicle GBG6299E parked stationary at the above location and discovered the vehicle left rear lamp damaged

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP201G

Vehicle Make/Model/Colour

HINO / HINO XZU710R-HKFMS3

Details Of Properties

NA

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NA

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

Policyholder's Signature

Date & Time:

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 upon application by interested parties.
- By the lodgment 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/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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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Driver's Signature (If driver is not the policyholder) Date & Time: VERIFY BY AJAX MARS (ARC) REPORTING OFFICER AIZAM BIN ATAN

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

			/
	2	Run	
, 1, +	P		
1/11			
DESCRIBE CIRCUMSTANCES OF THE ACCI	DENT		7
REFER TO ATTACHED STATEMENT.			
DECLARATION 1/We declare the foregoing particulars are true	o in every respect	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER AJZAM BIN ATAN	
	r's Signature	Reporting Centre Personnel's Signature Name:	

Sketch Plan #3 Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20191220/7005

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 20/12/2019 11:37		ade:	Vide Report No.:	Station Diary No.:	
Informar	nt's Particu	lars			
	Informant: LIANG, RA	YMOND	Address: APT BLK 478 SEGAR ROAD #09-390 SINGAPORE 670478		
ID Type / ID No.: NRIC NO / S7938713D			Contact No.: Home/Office: Mobile: 96962227		
Nationality: SINGAPORE CITIZEN		EN	Email: Raymai50@yahoo.com		
Sex: Male	Age: 40	Date of Birth: 08/12/1979	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Other commercial and marketing sales representatives			Driving Licence Information: Class: Date of Expiry:		

General Inform	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/12/2019 07:45	Type of Location: Car Park	
	IGAH STREET 32				
Weather: Clear		Road Surface: Dry	1	Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis Moving Vehic	ion: le Against - Parked Ve	ehicle	8	Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG6299E	Van					0
YP201G	Lorry					0

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

Sketch Plan #3 Pg. 2





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20191220/7005

CONTINUATION OF REPORT

Driver						
Name	BEK TAI LIANG, RAYMOND		ID No		S7938713D	
Related Vehicle	GBG6299E (Van)			Conta	ct No.	96962227
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

Brief Details.

Video on hand.
Place of incident:
Blk 78B Telok Blangah St 32 loading bay.
My vehicle GBG6299E parked stationary at the above location and discovered the vehicle left rear lamp damaged

Sketch Plan #3 Pg. 3





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191220/7005

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2019 11:37
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp	