

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	14/01/2020 17:52
Date Of Accident	13/01/2020 22:30
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR EXIT 20
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6912J
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Co Reg No	1XXXXX778Z
Email Address	BENNY.CHONG@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	OFFICE-92203185

Vehicle Particulars

Manufacturer	CITROEN
Model	DISPATCH 2.0 HDI MT6
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?	YES
If No, Please state action to be taken	
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	N.A

Driver

Name of Driver	MOHAMED ALI MUHAMMAD FAISAL
NRIC No	SXXXX382E
Date Of Birth	14/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	05/01/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96563758
Fax Number	
Contact Number	
EMail Address	NOEMAIL

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	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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : P1 GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5648999 - FAX NO: 66655797
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO.T/20200114/2043: ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS DRIVING ALONG PIE TOWARDS CHANGI. I WAS DRIVING ALONG LANE 3 OF THE ROAD. SUDDENLY, ONE DARK COLOURED TIPPER TRUCK TRIED TO OVERTAKE ME FROM THE BACK TO THE FRONT. DURING THE LANE CHANGE, THE FRONT LEFT OF THE TIPPER TRUCK THEN COLLIDED ONTO THE REAR RIGHT OF MY VEHICLE. AFTER THE COLLISION, I THEN STOP MY VEHICLE AT THE ROAD SHOULDER. HOWEVER, THE DRIVER OF TIPPER TRUCK THEN SPED OFF. I AM NOT IN POSSESSION OF IN CAR CAMERA. I COULD NOT REMEMBER THE REGISTRATION PLATE OF THE TIPPER TRUCK. I CAN ONLY REMEMBER THAT IT IS "XD54???"

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	
Vehicle Make/Model/Colour	UNKNOWN (HIT AND RUN)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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7. 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.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
 AIZAM BIN ATAN

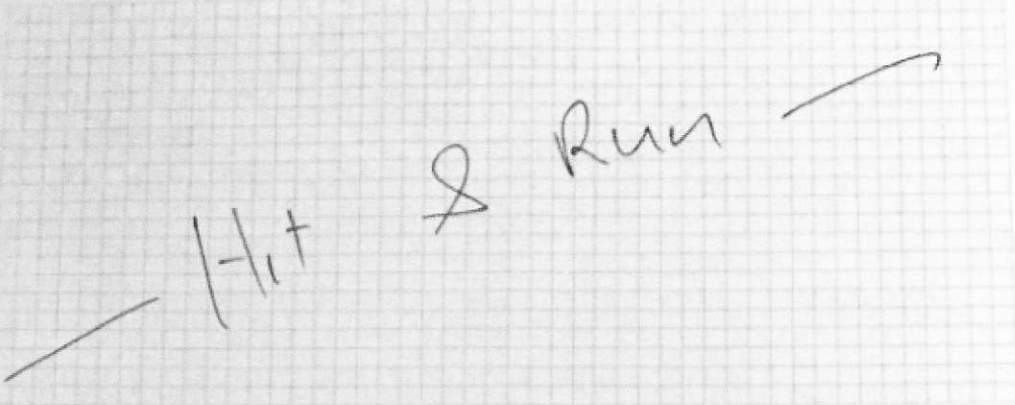
Policyholder's Signature
 Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

A large rectangular area with horizontal lines for writing. Two diagonal lines are drawn across this area, forming an 'X' shape, likely indicating that no further details were provided or that the information is covered in the attached statement.

DECLARATION

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

Policyholder's Signature
Date & Time:

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20200114/2043

1 of 3

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

Report No. T/20200114/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2020 12:53		Vide Report No.:		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: MOHAMED ALI MUHAMMAD FAISAL			Address: APT BLK 511 JURONG WEST STREET 52 #06-78 SINGAPORE 640511		
ID Type / ID No.: NRIC NO / S9082382E			Contact No.: Home/Office: Mobile: 96563758		
Nationality: INDIAN			Email:		
Sex: Male	Age: 29	Date of Birth: 14/11/1990	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/01/2020 22:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Changi Airport near exit 20				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow:		Traffic Control:		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
GBD6912J	Van				Slightly Damaged	1

Details of Person Involved

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20200114/2043

2 of 3

Report No. T/20200114/2043

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No. 1800-5648999

CONTINUATION OF REPORT

Driver			
Name	MOHAMED ALI MUHAMMAD FAISAL		ID No. S9082382E
Related Vehicle	GBD6912J (Van)		Contact No. 96563758
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 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 above mentioned date, time and location, I was driving along PIE towards Changi. I was driving along lane 3 of the road. Suddenly, one dark coloured tipper truck tried to overtake me from the back to the front. During the lane change, the front left of the tipper truck then collided onto the rear right of my vehicle. After the collision, I then stop my vehicle at the road shoulder, however, the driver of tipper truck then sped off.

I am not in possession of incar camera. I could not remember the registration plate of the tipper truck. I can only remember that it is "XD547??"

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20200114/2043

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Report No. T/20200114/2043

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No. 1800-5648999

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

J/

Sr Staff Sgt YAP HOW KIAT MICHAEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/01/2020 12:53

Officer In Charge Of Case:

TP / HRT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No. : 65476368

Classification Of Case:

Authentication Stamp

NP168