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 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.

aforesaid.	
· 医索拉特氏 经基础 计设计 经	ACCIDENT STATEMENT
Date Of Report	23/01/2020 23:02
Date Of Accident	23/01/2020 08:20
Exact Location Of Accident	ALONG DUNEARN RD AFTER SHELFORD RD
Country/State of Loss	SINGAPORE
The second section of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA9737P
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	E200 EXCLUSIVE (R18 LED)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES

Fleet Policy YES

Policy Number 999995580

Cover Note Number

Driver

Name of Driver WEE KENG KOON NRIC No SXXXX675Z

NRIC No SXXXX675Z

Date Of Birth 18/12/1951

Occupation INDOOR

Date Of Driving Pass 05/06/1972

Driving Experience 47 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97551159

Fax Number

Contact Number

EMail 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)

2

involved in the accident

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)

NIO

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

Traffic flows was heavy along DUNEARN RD. Front vehicle slowed down and stopped ,followed by my vehicle. Suddenly I felt an impact from behind and saw a vehicle had already hit onto my rear portion.

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

SLL6089A

Vehicle Make/Model/Colour

HONDA / SHUTTLE 1.5G CVT / RED

Details Of Properties

NA

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

TAY LILING

NRIC/Passport Number

SXXXX530C 92391310

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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:
 - 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 Underpass A: SMA 9737P B: SLL 6089A DESCRIBE CIRCUMSTANCES OF THE ACCIDENT REFER TO ATTACHED STATEMENT. DECLARATION I/We declare the foregoing particulars are true VERIFY BY AJAX MARS (ARC) REPORTING OFFICER AIZAM BIN ATAN Policyholder's Signature Reporting Centre Personnel's Signature Date & Time: (if driver is not the policyholder) Name: NRIC/FIN No.: Date & Time:

Sketch Plan #3 Pg. 1

ACCIDENT STATEMENT (2000 characters)

Traffic flows was heavy along DUNEAR Front vehicle slowed down and stopped Suddenly I felt an impact from behind a portion.	RN RD. d ,followed by my vehicle. nd saw a vehicle had already hit onto my rear
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Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provide	ded above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - AIZAM BIN ATAN	
	m
MARS Officer	
Job Complete Date/Time	Registered Owner or Driver's Signature Date/Time:
23 January 2020 at 3:30 PM	23 January 2020 at 3:30 PM