SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> 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 conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/09/2020 20:11
Date Of Accident	13/09/2020 17:15
Exact Location Of Accident	JUNCTION OF BEDOK RESERVOIR ROAD&KAKI BUKIT ROAD 4
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMT5952K
Insured/Policyholder	
Name Of Registered Owner	DAIMLER SOUTH EAST ASIA PTE LTD
Co Reg No	199000355E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-68498000
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A180 FL STYLE (R17 HLG)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999996111
Cover Note Number	NA
Driver	
Name of Driver	CAI YINGNING
NRIC No	S8703626Z
Date Of Birth	21/01/1987
Occupation	INDOOR
Date Of Driving Pass	28/09/2009

10 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96795677

Fax Number

Contact Number OTHERS-96795677

EMail Address NOEMAIL

Address

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 SIDE SWIPE
Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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

I WAS DRIVING ALONG BEDOK RESERVOIR ROAD TOWARDS KAKI BUKIT ROAD 4. VEHICLE B WAS DRIVING AT MY LEFT LANE .I WAS DRIVING STRAIGHT ON MY LANE, (ON A RIGHT-TURN ONLY LANE). LEFT FRONT AIDE OF MY VEHICLE COLLIDED ONTO RIGHT SIDE OF VEHICLE B. NO INJURIES INVOLVED. IT WAS RAINING QUITE HEAVILY TODAY AND THE ROAD MARKING WAS NOT VERY CLEAR. THUS, I DID NOT REALISE THAT THE LANE I WAS TRAVELLING ON, IS A RIGHT TURN ONLY LANE. I WAS ON BEDOK RESERVOIR ROAD WHICH HAS 2 LANES. THE ROAD AHEAD AT KAKI BUKIT ROAD 4 IS ALSO A 2-LANE ROAD SO I THOUGHT I COULD CONTINUE STRAIGHT.

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 SLT6737X

Vehicle Make/Model/Colour TOYOTA / SIENTA HYBRID 1.5X CVT

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

LENA TJHIN S7374661B

96877928

Sketch Plan

SKETCH PLAN

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 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.

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

WONG JUN KEAT

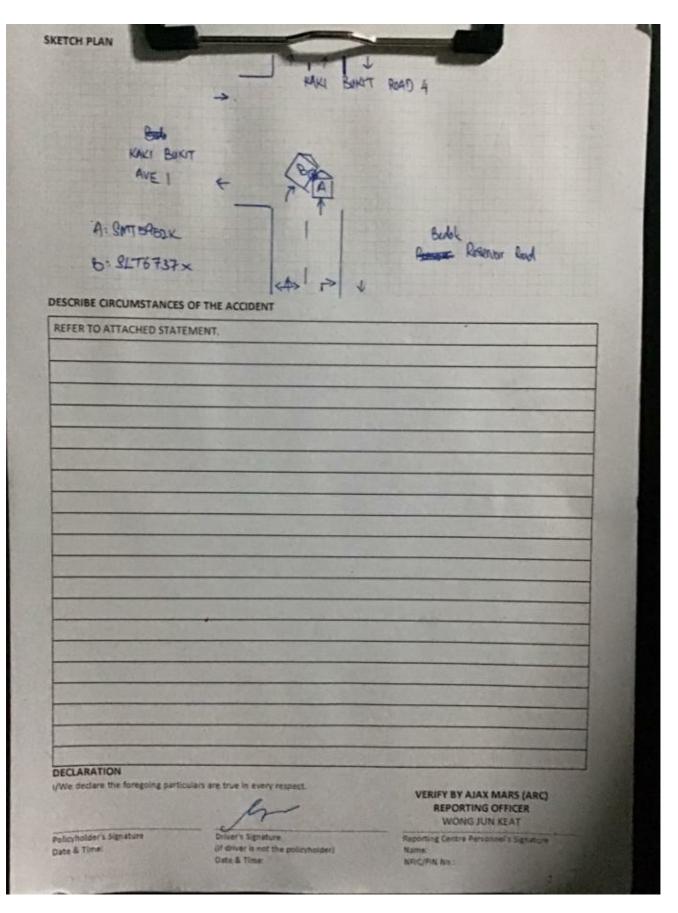
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

13/9/2020

Reporting Centre Personnel's Signature

NRIC/FIN No.:



ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:	

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -WONG JUN KEAT

MARS Officer

lyn

Registered Owner or Driver's Signature

Job Complete Date/Time

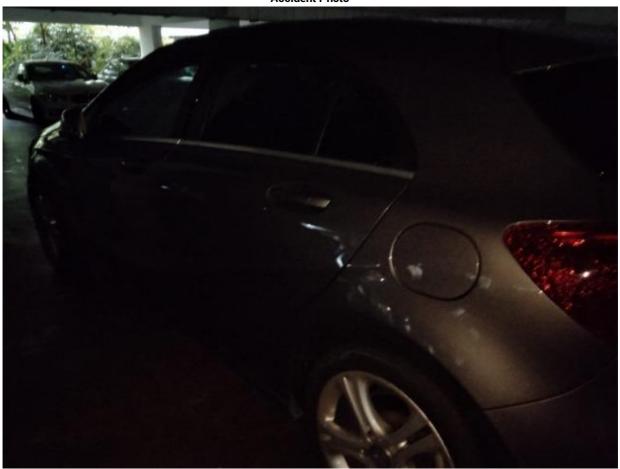
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Date/Time:

13 September 2020 at 6:44 PM

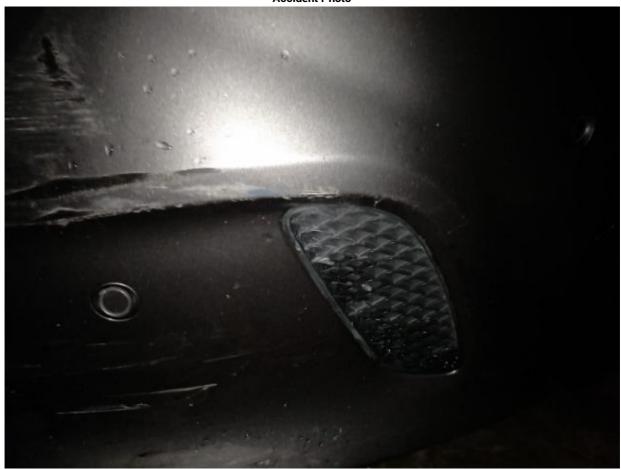
























































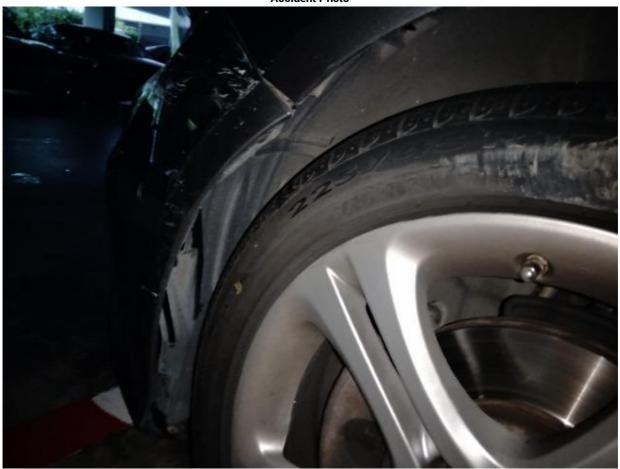












Driving License



Driving License



PIC BY INSURED



PIC BY INSURED



PIC BY INSURED











