

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 Submission 14/12/2020 08:30 (SGT)
Date of Accident 12/12/2020 11:00 (SGT)
Exact Location of Accident Bedok North Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ8766U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Company Reg No 199803778Z
Email Address faizal.mohamed@daimler.com
Mobile Phone No (Phone) +65-68498118
Alternative Phone No +65-68498118

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model T6 VAN TDI NWB DSG
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 999995730
Cover Note Number -

DRIVER

Name of Driver CHEAH NGAK HOE
NRIC No S1823078Z
Date Of Birth 02/08/1967
Occupation Outdoor

Date Of Driving Pass	01/10/1987
Driving experience	33 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96529024
Alt. Phone Number	-
Email Address	faizal.mohamed@daimler.com
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JRN5114
Vehicle Category	Motorcycle

PASSENGER 1

Name	PASSENGER 1
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, T/20201212/2056 LODGE AT BEDOK NORTH NPC
ON THE 12 DECEMBER 2020 AT ABOUT 11HRS, I WAS EXITING BLK 111 BEDOK NORTH ROAD AND WANTING TO MAKE A RIGHT TURN INTO BEDOK NORTH ROAD TOWARDS NEW UPPER CHANGI ROAD. I THEN CHECKED CLEAR FOR ONCOMING TRAFFIC . AS I WAS CLEAR TO PROCEED, I NEGOTIATED THE RIGHT TURN. ALL OF A SUDDEN, A MOTORCYCLE APPEARED ON MY RIGHT AND COLLIDED INTO MY FRONT RIGHT BUMPER. AS A RESULT OF THE ACCIDENT, THE MOTORCYCLIST FELL ONTO THE ROAD. I QUICKLY EXITED FROM MY VEHICLE TO RENDER ASSISTANCE TO THE MOTORCYCLIST RIDER. I NOTICED THAT THE MOTORCYCLIST DID NOT TIGHTEN THE HELMET PROPERLY. ANOTHER MOTORCYCLIST, THEN CALLED FOR AMBULANCE ASSISTANCE. THE MOTORCYCLIST WHO WAS CONSCIOUS WAS ABLE TO LIFT HIMSELF UP ONTO THE STRETCHER AND HE WAS SUBSEQUENTLY CONVEYED TO CHANGI GENERAL HOSPITAL. SHORTLY AFTER, POLICE RESOURCE ARRIVED AT THE ACCIDENT SCENE. TRAFFIC POLICE AFTER WHICH CAME AND ADVISED ME TO LODGE A TRAFFIC ACCIDENT REPORT. I WANT T STATE, DUE TO THE ACCIDENT, MY VEHICLE SUFFERED DAMAGES TO THE RIGHT SIDE OF THE VEHICLE (I.E. FRONT RIGHT BUMPER-SCRATCHES AND DENTS) THIS IS THE FIRST TIME SUCH AN ACCIDENT HAPPENED TO ME. MY VEHICLE HAD A IN CAR CCTV. HOWEVER THERE IS NO SD CARD FOR RECORDING. THAT'S ALL

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	JRN5114
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	JRN5114
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

GBJ8766U

IMPORTANT NOTICE

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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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: **13 Dec 2020**

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A-GBJ8766U

B-JRN5114

BEDOK NORTH ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature: _____

Date & Time: _____

Driver's Signature: 247

(If driver is not the policyholder)

Date & Time: 13/12/2020

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature: _____

Name: _____

NRIC/TIN No.: _____

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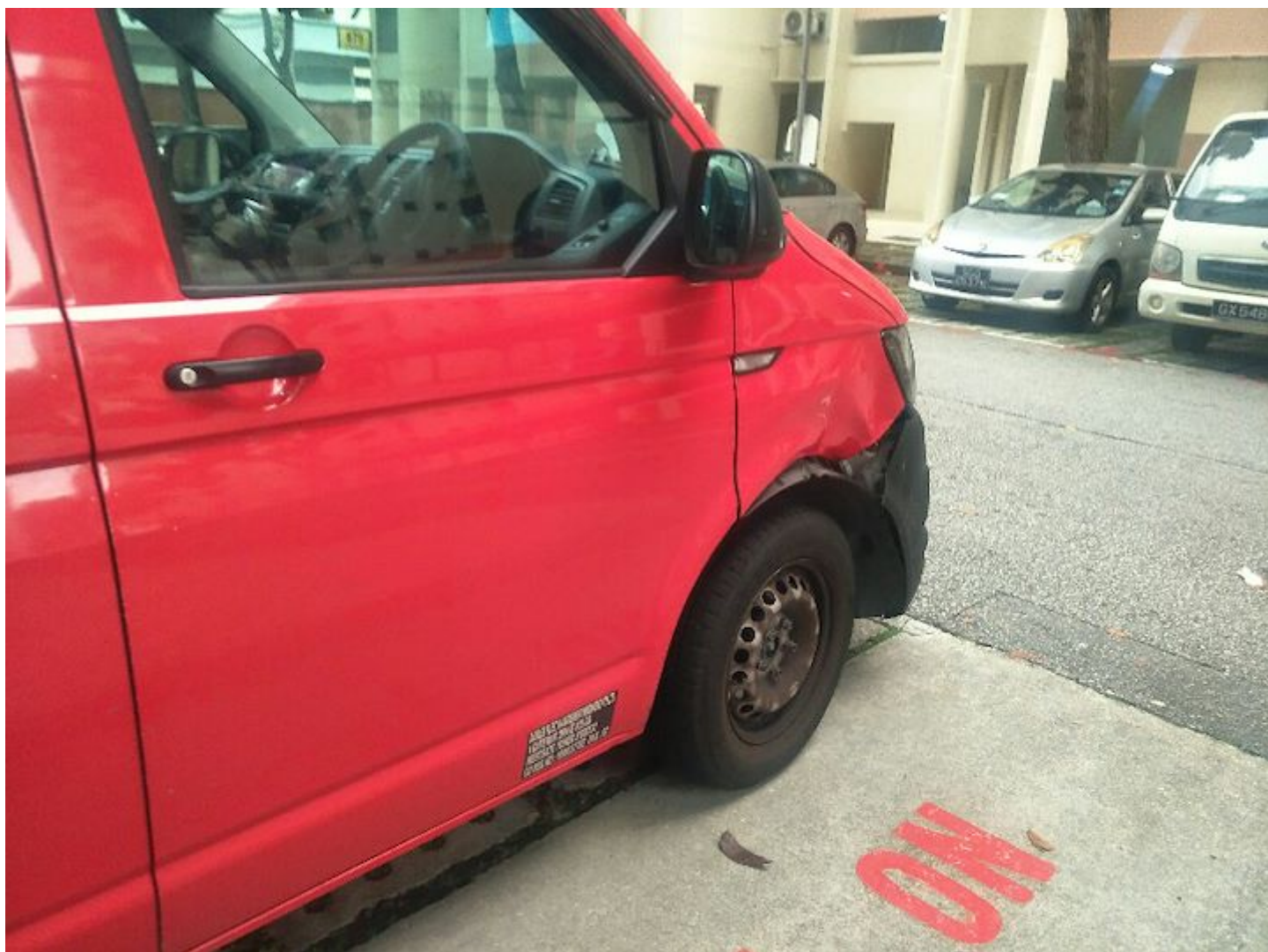


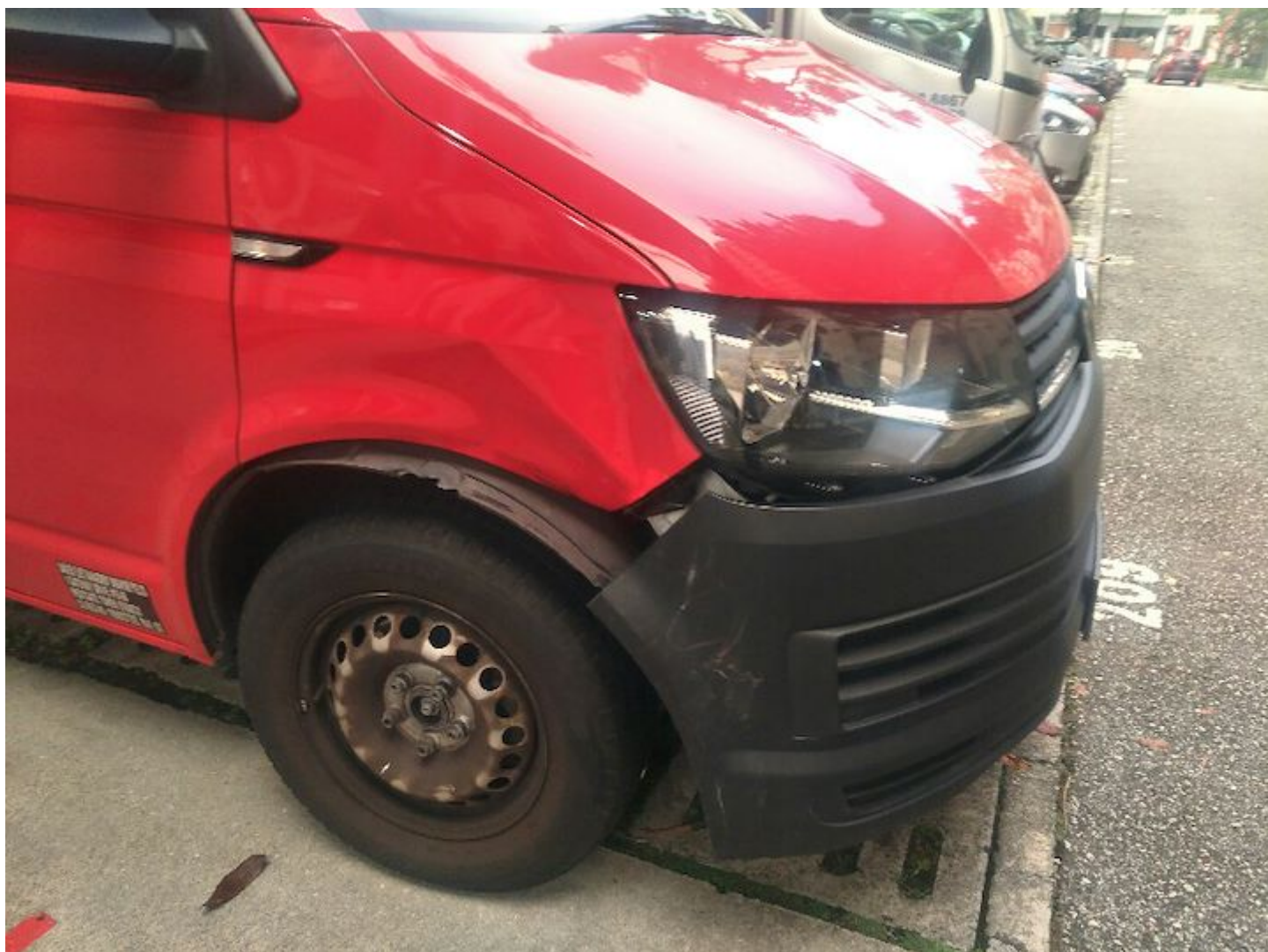






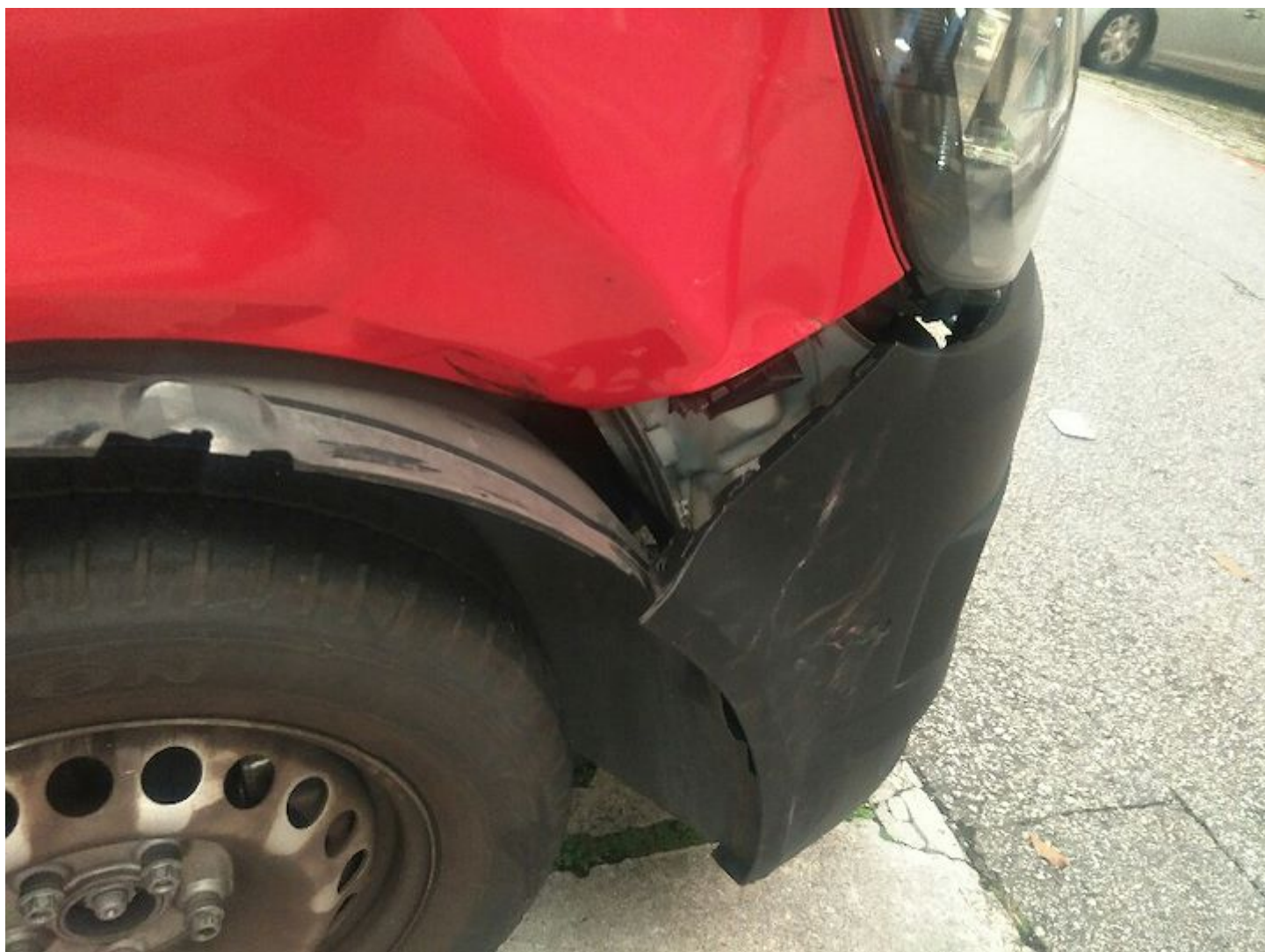






















**SINGAPORE
POLICE FORCE**



T/20201212/2056

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No: T/20201212/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2020 13:48	Vide Report No.: G/20201212/0097	Station Diary No.: 59
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Informant's Particulars

Name of Informant: CHEAH NGAK HOE	Address: APT BLK 879 TAMPINES AVENUE 8 #07-262 SINGAPORE 520879		
ID Type / ID No.: NRIC NO / S1823078Z	Contact No.:	Mobile: 92779300	
Nationality: SINGAPORE CITIZEN	Home/Office:		
Sex: Male	Age: 53	Date of Birth: 02/08/1967	Email:
Race: Chinese	Type of Informant: Driver		Institution / School Name:
Occupation: COURIER SERVICE	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/12/2020 11:00	Type of Location: Straight Road
Location: BEDOK NORTH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ8766U	Van	VOLKSWAGO N	T6 VAN TDI NWB DSG	White		1
JRN5114	Motorcycle					0

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**


T/20201212/2056

2 of 3

Report No. T/20201212/2056

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Driver			
Name	CHEAH NGAK HOE	ID No.	S1823078Z
Related Vehicle	GBJ8766U (Van)	Contact No.	92779300
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 12 December 2020 at about 1100hrs, I was exiting Blk 111 Bedok North Road and wanting to make a right turn into Bedok North Road towards New Upper Changi Road. I then checked clear for oncoming traffic. As I was clear to proceed, I negotiated the right turn. All of a sudden, a motorcycle appeared on my right and collided into my front right bumper. As a result of the accident, the motorcyclist fell onto the road. I quickly exited from my vehicle to render assistance to the motorcyclist rider. I noticed that the motorcyclist did not tighten the helmet properly.

Another motorcyclist, then called for Ambulance assistance. The motorcyclist who was conscious was able to lift himself up onto the stretcher and he was subsequently conveyed to Changi General Hospital. Shortly after, police resource arrived at the accident scene. Traffic Police after which came and advised me to lodge a Traffic Accident report.

I want to state, due to the accident, my vehicle suffered damages to the right side of the vehicle (i.e. front right bumper - scratches and dents). This is the first time such an accident happened to me. My vehicle had a In car CCTV. However, there is no SD Card for recording. That's all.



**SINGAPORE
POLICE FORCE**



T/20201212/2056

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20201212/2056

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:

G /

Sgt 3 JOANNE OH HUI MIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/12/2020 13:48

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp
NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA0A20CE0002 Vehicle Registration No: GBJ8766U

Name (as shown in NRIC) : CHEAH NGAK HOE NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 96529024

Email Address : _____

Date of Accident : 12/12/2020 Time of Accident : 11:00HRS

Place of Accident : Bedok North Rd, Singapore

Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TO OD CLAIMS

Policyholder / Driver's Signature
Date:

MEILIN CHAI
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: G7422715K
Date: 29 DEC 2020