

## 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 ..... 30/12/2020 03:41 (SGT)  
Date of Accident ..... 28/12/2020 14:46 (SGT)  
Exact Location of Accident ..... Thomson Rd, Singapore  
Additional Location Information ..... JUNCTION OF THOMSON ROAD NEAR LORNIE VIADUCT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMT1860T

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.  
Company Reg No ..... 1XXXXX778Z  
Email Address ..... eugene.koh@daimler.com  
Mobile Phone No ..... (Phone) +65-68498118  
Alternative Phone No ..... +65-68498118

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... Q3  
Variant ..... -  
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? ..... Yes  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 999995580  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... HOE YEW CHIANG  
NRIC No ..... SXXXX458H  
Date Of Birth ..... 02/10/1986  
Occupation ..... Indoor

Date Of Driving Pass .....	29/11/2006
Driving experience .....	14 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93363207
Alt. Phone Number .....	-
Email Address .....	eugene.koh@daimler.com
Address .....	Sunrise Villa,
Address complement .....	6 Sunrise Close
Postcode .....	806613
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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

#### PASSENGER 1

Name .....	GERALD YEONG
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG THOMSON ROAD TOWARDS MARYMOUNT ROAD .  
THERE WAS ROAD WORKING IN FRONT OF MY VEHICLE , I CHECKED MY LEFT  
SIDE WAS CLEAR AND SLOWLY FILTER INTO LEFT LANE . SUDDENLY VEHICLE  
B MAKE A BRAKE , I CAN'T STOP IN TIME AND KNOCKED ONTO REAR OF  
VEHICLE B . NO INJURIES INVOLVED .

#### 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 .....	SMA6602P
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Ae ioniq
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
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) .....	-

**SKETCH PLAN****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:

29/12/2020

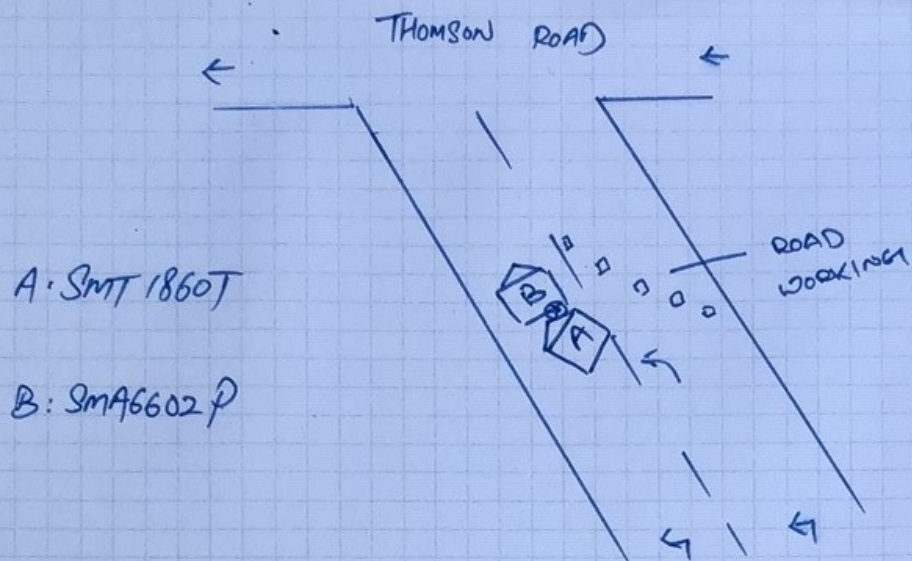
**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**WONG JUN KEAT**

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





# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

**ACCIDENT STATEMENT (2000 characters)**

I WAS DRIVING ALONG THOMSON ROAD TOWARDS MARYMOUNT ROAD .  
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SIDE WAS CLEAR AND SLOWLY FILTER INTO LEFT LANE . SUDDENLY VEHICLE  
B MAKE A BRAKE , I CAN'T STOP IN TIME AND KNOCKED ONTO REAR OF  
VEHICLE B . NO INJURIES INVOLVED .

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



Registered Owner or Driver's Signature

Job Complete Date/Time

29 December 2020 at 6:14 PM

Date/Time:

29 December 2020 at 6:14 PM















































**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: S66SS0020G / 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 : SA0A20CT000I Vehicle Registration No: SMT1860T  
Name (as shown in NRIC) : HOE YEW CHIANG NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 93363207  
Email Address : \_\_\_\_\_  
Date of Accident : 28/12/2020 Time of Accident : 14:46HRS  
Place of Accident : JUNCTION OF THOMSON ROAD NEAR LORNIE VIADUCT  
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

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

MEILIN CHAI  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: G7422715K  
Date: 11 JAN 2021