

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 18/02/2021 21:40 (SGT)
Date of Accident 17/02/2021 08:30 (SGT)
Exact Location of Accident Pasir Ris, Singapore
Additional Location Information PASIR RIS DRIVE 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ2435Y

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Gla180
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 999995580
Cover Note Number -

DRIVER

Name of Driver ZALEHA BTE AHMAD
NRIC No SXXXX822G
Date Of Birth 10/07/1965
Occupation Indoor

Date Of Driving Pass	01/12/2020
Driving experience	2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97267653
Alt. Phone Number	-
Email Address	osman.affan@daimler.com
Address	HDB Tampines, 125 Tampines Street 11 -#02-482
Address complement	-
Postcode	521125
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 on collision
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 17/02/2021 AT ABOUT 0830HRS, I DROVE MY VEH BEARING PLATE NUMBER (SMQ2435Y) INTO THE BASEMENT CARPARK OF PASIR RIS EAST COMMUNITY CENTRE. I WISHED TO INFORM THAT THE BASEMENT CARPARK WAS UTILIZED BY MULTIPLE STAFFS OF THE COMMUNITY CENTRE :INCLUDING POLICE VEHICLES. AFTER ENTERING THE CARPARK I PROCEEDED TO COMMENCE PARKING MY VEHICLE.HOWEVER, AS I WAS REVERSING INTO THE PARKING LOT, I HEARD A SOUND COMING FROM THE RIGHT OF MY VEHICLE. AS SUCH, I ALIGHTED MY VEHICLE TO MAKE A CHECK AND REALIZED THAT MY VEHICLE HAD COME INTO CONTACT WITH THE NUMBER PLATE OF A POLICE VEHICLE(QX307M). THE POLICE VEHICLE WAS STATIONARY AND THERE WAS NO ONE INSIDE. I WISHED TO STATED THE INCIDENT CAUSED THE FRONT NUMBER PLATE OF THE VEHICLE TO FALL OFF. AFTER DISCOVERING I IMMEDIATELY WENT TO THE POLICE STATION TO REPORT THE INCIDENT. I WISHED TO STATE THAT NO ONE WAS INJURED IN THE INCIDENT.

I WOULD LIKE TO MAKE AN AMENDMENT TO AN EARLIER POLICE REPORT T/20210217/2014 AS I HAD DISCOVERED THAT THE RIGHT BOTTOM PART OF MY VEHICLE'S FRONT BUMPER SUSTAINED SOME SCRATES & DENTS.

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	QX307M
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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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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. 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.
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
MOHAMED SHARIL BIN SATAR**

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.:
























**SINGAPORE
POLICE FORCE**


T/20210217/2014

1 of 3

Report No. T/20210217/2014

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2021 08:57	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: ZALEHA BTE AHMAD		Address: APT BLK 125 TAMPINES STREET 11 #02-482 SINGAPORE 521125	
ID Type / ID No.: NRIC NO / S1713822G		Contact No.:	Mobile: 97267653
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 55	Date of Birth: 10/07/1965	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: AMP STAFF		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 17/02/2021 08:35	Type of Location: Car Park
Location: PASIR RIS DRIVE 4				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Head (Right) to Head			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX307M	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Multi-Colored	Slightly Damaged	0
SMQ2435Y	Car	MERCEDES BENZ	GLA180 URBAN (R18 LED)	Red	No Damage	0


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1 Pasir Ris Drive 4 #01-01 SINGAPORE
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Tel No: 1800-5852999



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Report No. T/20210217/2014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZALEHA BTE AHMAD	ID No.	S1713822G
Related Vehicle	SMQ2435Y (Car)	Contact No.	97267653
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL 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 17/02/2021 at about 0830hrs, I drove my vehicle bearing plate number (SMQ2435Y) into the basement carpark of Pasir Ris East Community Centre. I wished to inform that the basement carpark was utilized by multiple staffs of the Community Centre; including Police Vehicles. After entering the carpark, I proceeded to commence parking my vehicle.

However, as I was reversing into the parking lot, I heard a sound coming from the frontal right of my vehicle. As such, I alighted my vehicle to make a check and realized that my vehicle had come into contact with the number plate of a police vehicle (QX307M). The police vehicle was stationery and there was no one inside. I wished to state that the incident caused the front number plate of the vehicle to fall off.

After discovering, I immediately went to the police station to report the incident. I wished to state that no one was injured in the incident.

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T/20210217/2014



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20210217/2014

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Report No. T/20210217/2014

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 TAN JUN HAO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/02/2021 08:57

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

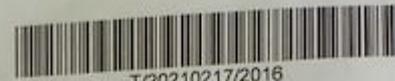


Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

SIGNATURE


**SINGAPORE
POLICE FORCE**


T/20210217/2016

1 of 3

Report No. T/20210217/2016

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2021 09:20	Vide Report No.: T/20210217/2014	Station Diary No.: 25
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Informant's Particulars

Name of Informant: ZALEHA BTE AHMAD			Address: APT BLK 125 TAMPINES STREET 11 #02-482 SINGAPORE 521125		
ID Type / ID No.: NRIC NO / S1713822G			Contact No.: Home/Office: Mobile: 97267653		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 55	Date of Birth: 10/07/1965	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: AMP STAFF			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 17/02/2021 08:30	Type of Location: Car Park
Location: PASIR RIS DRIVE 4				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Head (Right) to Head			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMQ2435Y	Car	MERCEDES BENZ	GLA180 URBAN (R18 LED)	Red	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210217/2016

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Report No. T/20210217/2016

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Brief Details.

I would like to make an amendment to an earlier Police Report T/20210217/2014 as I had discovered that the right bottom part of my vehicle's front bumper sustained some scratches & dents.



**SINGAPORE
POLICE FORCE**



T/20210217/2016

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Report No. T/20210217/2016

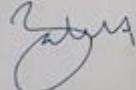
CONTINUATION OF REPORT

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 TAN JUN HAO 

Signature Of Informant:


Signature Of Interpreter:
Not applicable

Date/Time:
17/02/2021 09:20

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:


Authentication Stamp
NP168



SIGNATURE



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 : SA0A212I000A-02 Vehicle Registration No: SMQ2435Y
 Name(as shown in NRIC) : ZALEHA BTE AHMAD NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : 97267653
 Email Address : _____
 Date of Accident : 17/02/2021 Time of Accident : 08:30HRS
 Place of Accident : PASIR RIS DRIVE 4
 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 REPORTING ONLY

 Policyholder / Driver's Signature
 Date:

MEILIN CHAI

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: G7422715K
 Date: 09 MAR 2021