

# 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 ..... 03/03/2021 19:22 (SGT)  
Date of Accident ..... 02/03/2021 13:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 1 FLORA DRIVE infront of DAHLIA PARK CONDOMINIUM  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMJ8840H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.  
Company Reg No ..... 199803778Z  
Email Address ..... norazman.abdul\_aziz@daimler.com  
Mobile Phone No ..... (Phone) +65-88762075  
Alternative Phone No ..... +65-88762075

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vellfire  
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 ..... Yes  
Policy Number ..... 999995580  
Cover Note Number ..... NA

### DRIVER

Name of Driver ..... QUEK CHIN HENG  
NRIC No ..... S0165900F  
Date Of Birth ..... 06/10/1949  
Occupation ..... Outdoor

|  |                                  |
|--|----------------------------------|
| Date Of Driving Pass .....   | 20/09/1967                       |
| Driving experience .....   | 53 YEARS AND 6 MONTHS            |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-94848919             |
| Alt. Phone Number .....  | -                                |
| Email Address .....  | jamesquek86@gmail.com            |
| Address .....  | Gisborne Light, 27 Ewe Boon Road |
| Address complement .....   | #03-01                           |
| Postcode .....   | 259330                           |
| 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 .....   | Toh Sui Kim |
| Gender ..... | Male        |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police? .....  | Yes                                     |
| Police Station Name .....                       | Bukit Timah Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18004629999                 |
| Alt. Police Station Phone No .....              | (Fax) +65-64628933                      |
| Police Station Address .....                    | 1 Duke Road Singapore 268914            |
| Was notice of intended Prosecution given? ..... | No                                      |
| If yes, against whom? .....                     | -                                       |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - ON THE 3/2/2021 AT 1350HRS , I WAS IN MY COMPANY VEHICLE (SMJ8840H) AND I HAD ACCIDENTALLY OVERSHOT THE ENTRY OF NO 1 FLORA DRIVE . AS SUCH I NEED TO REVERSE MY CAR SLOWLY BACK INTO THE ENTRY . HOWEVER , THERE IS A CAR SJR6918A WAS DRIVING OUT OF THE CONDO AND HE COLLIDED ON MY VEHICLE .

AFTER THE ACCIDENT , I WANTRED TO EXCHANGE PARTICULARS BUT HE REFUSED . HE WISH TO SETTLE THE MATTER PRIVATELY WITH ME BUT I TOLD HIM THAT IT IS NOT POSSIBLE AS IT IS A COMPANY VEHICLE . I WISH TO STATE THAT THERE IS A SLIGHT SCRATCH ON RIGHT BUMPER OF MY VEHICLE .

I AM LODGING THIS POLICE REPORT FOR COMPANY AND RECORD PURPOSE.

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |
| Was there any audio recorded? .....                 | No  |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SJR6918A    |
| Vehicle Manufacturer .....                    | -           |
| Vehicle Model .....                           | -           |
| 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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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.



Policyholder's Signature  
Date & Time:

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

3 Mar 2021

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MOHAMED SAIFULLAH S/O SYED MASOOD  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

FLORA DRIVE

VEHICLE A SM1884GH  
VEHICLE B SJR6918A

CONDO ENTRANCE

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  
(If driver is not the policyholder)  
Date & Time:

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SAIFULLAH S/O SYED MASOOD

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

2



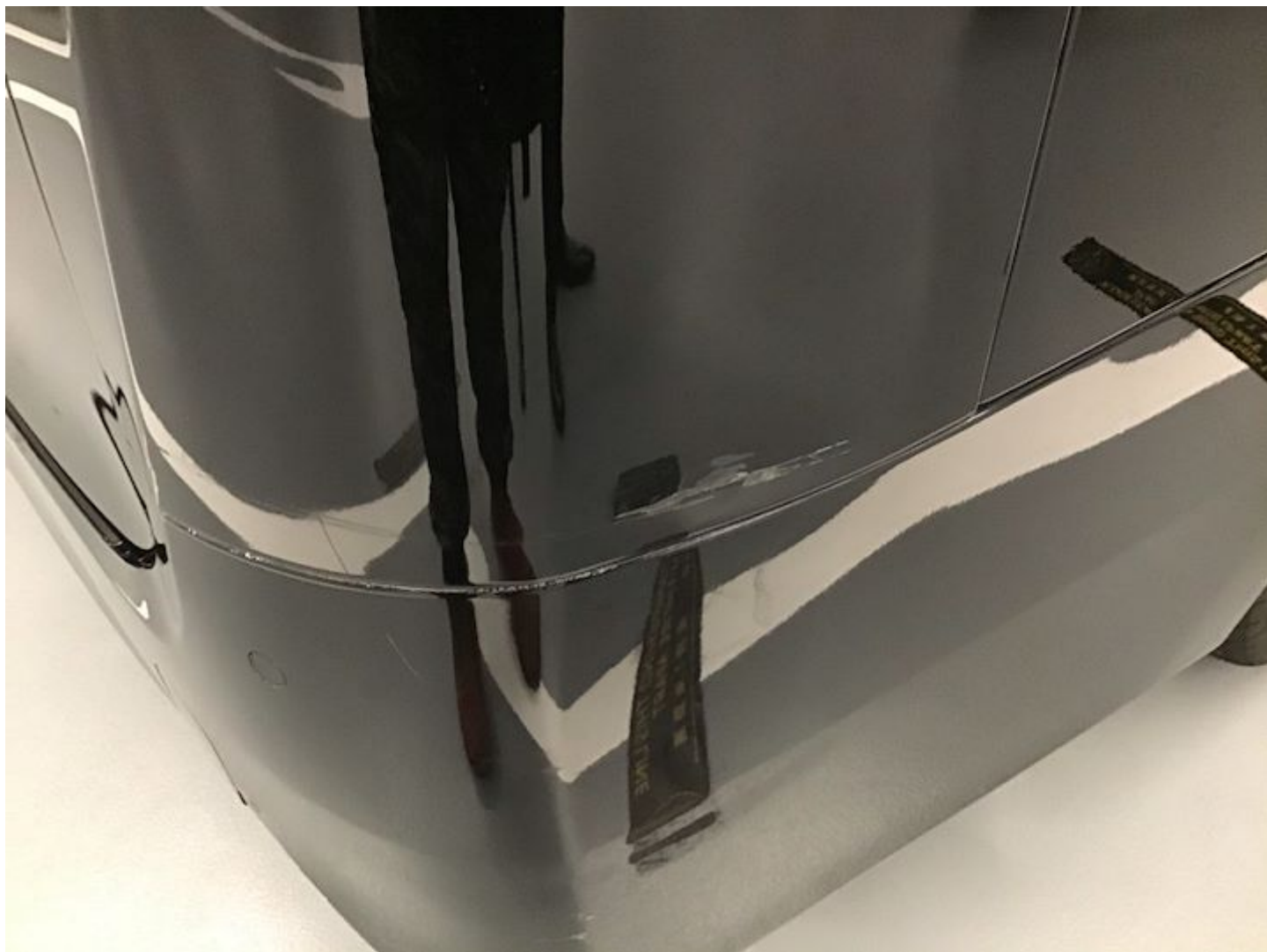


































**SINGAPORE POLICE FORCE**

Police Station Of Origin:  
Bukit Timah N.P.C.  
1 Dukes Road SINGAPORE 268914  
Tel No: 1800-4629999

1 of 3  
Report No: T29210020094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2021 18:10      Vide Report No.:      Station Diary No.: 49

**Informant's Particulars**

|  |  |                              |
|--|--|------------------------------|
| Name of Informant:<br>QUEK CHIN HENG     | Address:<br>27 EWE BOON ROAD #03-01 SINGAPORE 259390 |                              |
| ID Type / ID No.:<br>NRIC NO / SD185900F | Contact No.:<br>Home/Office:      Mobile: 94848919   |                              |
| Nationality:<br>SINGAPORE CITIZEN        | Email:   |                              |
| Sex:<br>Male                             | Age:<br>71   | Date of Birth:<br>08/10/1949 |
| Race:<br>Chinese                         | Type of Informant:<br>Driver                         |                              |
| Occupation:<br>PRIVATE DRIVER            | Language:<br>English                                 | Institution / School Name:   |
| Driving Licence Information:<br>Class: 3 |  | Date of Expiry:              |

**General Information of the Accident**


|  |                                    |                          |  |                                    |
|--|------------------------------------|--------------------------|--|------------------------------------|
| Type of Accident:  | Non-Injury<br>Others               | Drink Drive:<br>No       | Date/Time of Accident:<br>02/03/2021 13:05 | Type of Location:<br>Straight Road |
| Location:<br>FLORA DRIVE                                     |                                    |                          |  |                                    |
| Weather:<br>Clear  | Road Surface:<br>Dry               | Road Speed Limit:        |  |                                    |
| Traffic Flow:<br>One Way                                     | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Light |  |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                                    |                          | Anyone conveyed by ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model                                   | Color | Condition        | No of Passenger |
|-------------|------|--------|---|-------|------------------|-----------------|
| SMJ8940H    | Car  | TOYOTA | VELLFIRE<br>ELEGANCE<br>MOONROOF (AUTO) | Black | Slightly Damaged | 1               |

**Details of Person Involved**

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

 **SINGAPORE POLICE FORCE**

Police Station Of Origin:  
Bukit Tanah N.P.C.  
1 Duke's Road SINGAPORE 268914  
Tel No. 1800-6529999

Barcode: T022103022094  
2 of 3  
Report No. T022103022094

CONTINUATION OF REPORT

|                                   |                |  |                                 |
|-----------------------------------|----------------|--|---------------------------------|
| Driver Name                       | QUEK CHIN HENG | ID No.                                 | S0165900F                       |
| Related Vehicle                   | NIL            | Contact No.                            | 94848919                        |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 3<br>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 3/2/2021 at 1305hrs, I was in my company vehicle (SMJ8640H) and I had accidentally overshoot the entry of No 1 Flora Drive. As such, I need to reverse my car slowly back into the entry. However, there is a car (SJR6918A) was driving out of the condo and he collided onto my vehicle.

After the accident, I wanted to exchange particulars but he refused. He wish to settle the matter privately with me but I told him that it is not possible as it is a company vehicle. I wish to state that there is a slight scratch on right rear bumper of my vehicle.

I am lodging this police report for company and record purpose.

| SINGAPORE<br>POLICE FORCE  |  | 1/20210302/2094  |  |
|--|--|--|--|
| Police Station Of Origin<br>Bukit Timah N.P.C<br>1 Duke's Road SINGAPORE 268914<br>Tel No: 1800-4629999  |  | 3 of 3<br>Report No: 1/20210302/2094   |  |
| CONTINUATION OF REPORT   |  |  |  |
| Sketch Plan<br>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 <u>report number</u> as reference. |  |  |  |
| Signature Of Officer Recording The Report:<br>E /<br>Sgt 2 TEO KENG LENG   |  | Signature Of Informant:<br> |  |
| Signature Of Interpreter:<br>Not applicable  |  | Date/Time:<br>02/03/2021 18:10   |  |
| Officer In Charge Of Case:<br>TP / GIA /<br>Staff Sgt WONG SIEU LUI<br>Contact No.: 65476151   |  | Classification Of Case:<br>05  |  |
| Authentication Stamp<br>NP168  |  | SIGNATURES<br>              |  |