

# 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 ..... 21/04/2021 01:15 (SGT)  
Date of Accident ..... 17/04/2021 15:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Along changi village rd  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN3961L

### INSURED/POLICYHOLDER

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

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... Nhr85aue4a  
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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2999

### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... MAH CHOO SOON  
NRIC No ..... S9071622J

Date Of Birth .....	19/09/1990
Occupation .....	Outdoor
Date Of Driving Pass .....	03/09/2012
Driving experience .....	8 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96262519
Alt. Phone Number .....	-
Email Address .....	mahchoosoon@gmail.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? .....	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 .....	Lee wei jin - CHINESE
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

1545 Myself and LEE Wei Jian stopped the truck (YN3961L) along Changi Village Road and intended to park the vehicle near to Guru's Banana Leaf Cuisine Pte Ltd for buying food at hawker center after topped up the fuel from petrol station.

1547 During adjustment of the position for side parking, I accidentally hit a taxi (SHD7066Z) left hand side with my vehicle's right front head light which the taxi was came from behind. The incident had causes my vehicle's headlight glasses was broken and scratches of the left hand side taxi's doors and vehicle's body.

1549 Both parties of the vehicles were came down from our vehicles to exchange the driver's particulars and snap shot the damaged of the vehicle for further claiming. They're total 3 passengers inside the taxi with no injuries were incurred and no police report were filed.

1553 DHL's Team Leader Azlan and Hamzah were notified about the incidents.

The particulars of the taxi's driver were provided as follow:

Name: Nur Latifah Binte Yahya

I/C: S7935296I

Address: APT BLK 195A Punggol Road #06-500, Singapore 821195

Contact Number: 84810075

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SHD7066Z  
Vehicle Manufacturer ..... Hyundai  
Vehicle Model ..... Ae ioniq  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
Name of Driver ..... NUR LATIFAH  
- ..... S7935296I  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 4

##### PASSENGER 1

Name ..... PASSENGER 1  
Gender ..... -

##### PASSENGER 2

Name ..... PASSENGER 2  
Gender ..... -

##### PASSENGER 3

Name ..... PASSENGER 3  
Gender ..... -

**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.

**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.:

SKETCH PLAN

A-YN3961L

B-SHD70662

CONTACT

CHANGI  
VILLAGE  
RD

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 SHARIL BIN SATAR

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

**ACCIDENT STATEMENT (2000 characters)**

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I/C: S7935296I

Address: APT BLK 195A Punggol Road #06-500, Singapore 821195

Contact Number: 84810075

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 -  
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

20 April 2021 at 10:32 AM

Date/Time:

20 April 2021 at 10:32 AM







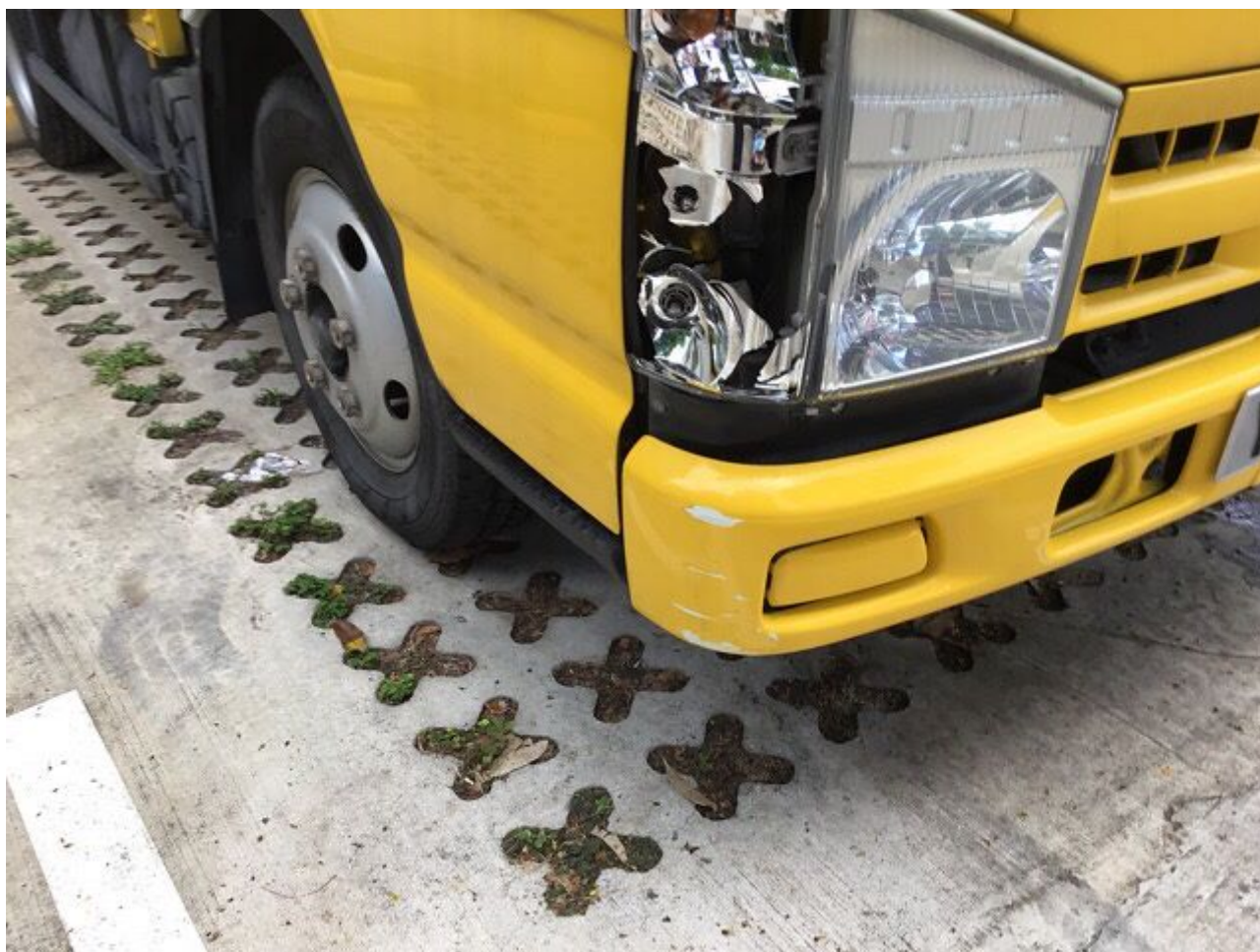




















**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**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 : SA0A214K000E Vehicle Registration No: YN3961L  
 Name (as shown in NRIC) : NRIC/FIN/Passport No :  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : Singapore ( )  
 Contact (Tel) : Mobile No. :  
 Email Address :  
 Date of Accident : 17/04/2021 Time of Accident : 15:45 (SGT)  
 Place of Accident : Along changi village rd  
 Insurance Company : AIG Asia Pacific Insurance Pte. Ltd

**(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:

1. ADDING STATEMENT

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Policyholder / Driver's Signature  
 Date:

  
 Reporting Centre Personnel's Signature  
 Name: SUGANYA  
 NRIC/FIN No.:  
 Date: 21042021