

# 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 ..... 12/05/2021 01:03 (SGT)  
Date of Accident ..... 11/05/2021 16:00 (SGT)  
Exact Location of Accident ..... Yio Chu Kang Rd, Singapore  
Additional Location Information ..... YIO CHU KANG ROAD TURNING RIGHT TO ANG MO KIO AVE 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMZ3347P

### INSURED/POLICYHOLDER

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

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... C180  
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  
Transmission ..... Auto  
CC ..... 1595

### 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 ..... ERIC LOH TIAN HON (ERIC LUO CANHONG)  
NRIC No ..... S7919748C

Date Of Birth .....	25/06/1979
Occupation .....	Indoor
Date Of Driving Pass .....	31/12/2004
Driving experience .....	16 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96530210
Alt. Phone Number .....	-
Email Address .....	elth79@gmail.com
Address .....	33 Bishan Street 11
Address complement .....	#07-10
Postcode .....	579820
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 .....	PASSENGER 1
Gender .....	Female

#### 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

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD, ON THE SECOND LANE FROM THE RIGHT AND CAME TO THE SAID JUNCTION. AS I WAS NEGOTIATING A RIGHT TURN, I HEARD A BEEPING SOUND FROM MY VEHICLE WARNING DEVICE AND FOLLOWED BY A SCREECHING SOUND AND DISCOVERED THAT VEHICLE B HAD SIDE SWIPE MY VEHICLE FROM MY LEFT. VEHICLE B HAD MADE A SHARP RIGHT TURN, PROTRUDING ON TO MY LANE AND CAME SO CLOSE TO MY VEHICLE THAT CAUSES THE BEEPING WARNING SOUND TO ACTIVATE AND FOLLOWED BY A CRASHING SCREECHING SOUND WHEN VEHICLE B CAME IN CONTACT WITH MY VEHICLE. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

#### 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 .....	YN1428Z
Vehicle Manufacturer .....	Isuzu
Vehicle Model .....	FRR34SUQC
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MR LAU
Contact Number .....	(Phone) +65-90128180
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN  
**SMZ3347P**

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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:

11 May 2021

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
HASHIM BIN KAMARI

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



**ACCIDENT STATEMENT (2000 characters)**

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD, ON THE SECOND LANE FROM THE RIGHT AND CAME TO THE SAID JUNCTION. AS I WAS NEGOTIATING A RIGHT TURN, I HEARD A BEEPING SOUND FROM MY VEHICLE WARNING DEVICE AND FOLLOWED BY A SCREECHING SOUND AND DISCOVERED THAT VEHICLE B HAD SIDE SWIPE MY VEHICLE FROM MY LEFT. VEHICLE B HAD MADE A SHARP RIGHT TURN , PROTRUDING ON TO MY LANE AND CAME SO CLOSE TO MY VEHICLE THAT CAUSES THE BEEPING WARNING SOUND TO ACTIVATE AND FOLLOWED BY A CRASHING SCREECHING SOUND WHEN VEHICLE B CAME IN CONTACT WITH MY VEHICLE. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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 -  
HASHIM BIN KAMARI

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

11 May 2021 at 5:48 PM

Date/Time:

11 May 2021 at 5:48 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: 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 : SA0A215B000F Vehicle Registration No: SMZ3347P  
 Name(as shown in NRIC) : ERIC LOH TIAN HON NRIC/FIN/Passport No : S7919748C  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 96530210  
 Email Address : elth79@gmail.com  
 Date of Accident : 11/05/2021 Time of Accident : 16:00  
 Place of Accident : YIO CHU KANG ROAD TURNING RIGHT TO ANG MO KIO AVE 3  
 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:

AMEND TO OD CLAIM

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

  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: SABITRA  
 NRIC/FIN No.:  
 Date: 28/05/2021