

# 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 ..... 01/06/2021 18:00 (SGT)  
Date of Accident ..... 01/06/2021 06:30 (SGT)  
Exact Location of Accident ..... River Valley, Singapore  
Additional Location Information ..... Along River Valley road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKW5517S

### 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 ..... Mercedes  
Model ..... E250 SEDAN EDITION E (R18 LED)  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1991

### 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 ..... NA

### DRIVER

Name of Driver ..... KANG JAE YEON  
NRIC No ..... S2722311G

Date Of Birth .....	21/06/1966
Occupation .....	Indoor
Date Of Driving Pass .....	12/01/2001
Driving experience .....	20 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98159584
Alt. Phone Number .....	-
Email Address .....	Jypalais@gmail.com
Address .....	118 Kim Seng road
Address complement .....	#25-10
Postcode .....	239435
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle 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 .....	Orchard Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007359999
Alt. Police Station Phone No .....	(Fax) +65-67331934
Police Station Address .....	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

At about 0630 to 0700 hrs, I was driving Mercedes Benz E250 bearing registration plate : SKW5517S. I had rented the vehicle under car leasing company (Daimler Fleet Management ) I had exited Trillium Condominium and was turning left towards River Valley road. at that time, there was a motorcycle coming. As it was a two-lane traffic, I thought the said bike (FBF4348R) would had stayed on the outer most lane. As much, I turned left and stayed on the left most lane. however the said bike hit unto the front driver side of the door. The rider and pillion of the bike was later conveyed to Singapore General Hospital. I did not sustain any physical injuries.

The Traffic Police attended to me and I am lodging this report to facilitate in their investigation. They can contact Seri at mobile number (91500968). She was driving behind when the accident took place and she alighted and informed me that she has a in-car camera which captured the incident.

#### 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 .....	FBF4348R
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	YZF-R15
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	M Aravin ashton
Contact Number .....	(Phone) +65-82921534
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	NA
Gender .....	Female

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	M ARAVIN ASHTON
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	RIDER SUSTAIN INJURY AND WAS CONVEYED TO HOSPITAL BY AMBULANCE
Injured person in which vehicle? .....	FBF4348R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**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:

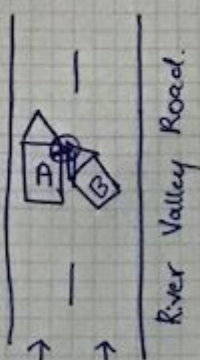
**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MOHAMED SAIFULLAH S/O SYED MASOOD  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

1 June 2021



ACCIDENT DIAGRAM

Ver. 30042021



Vehicle A: SKW 5517S.

Vehicle B: FBF 4348R.

Policyholder's Signature  
Date & Time:

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

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

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

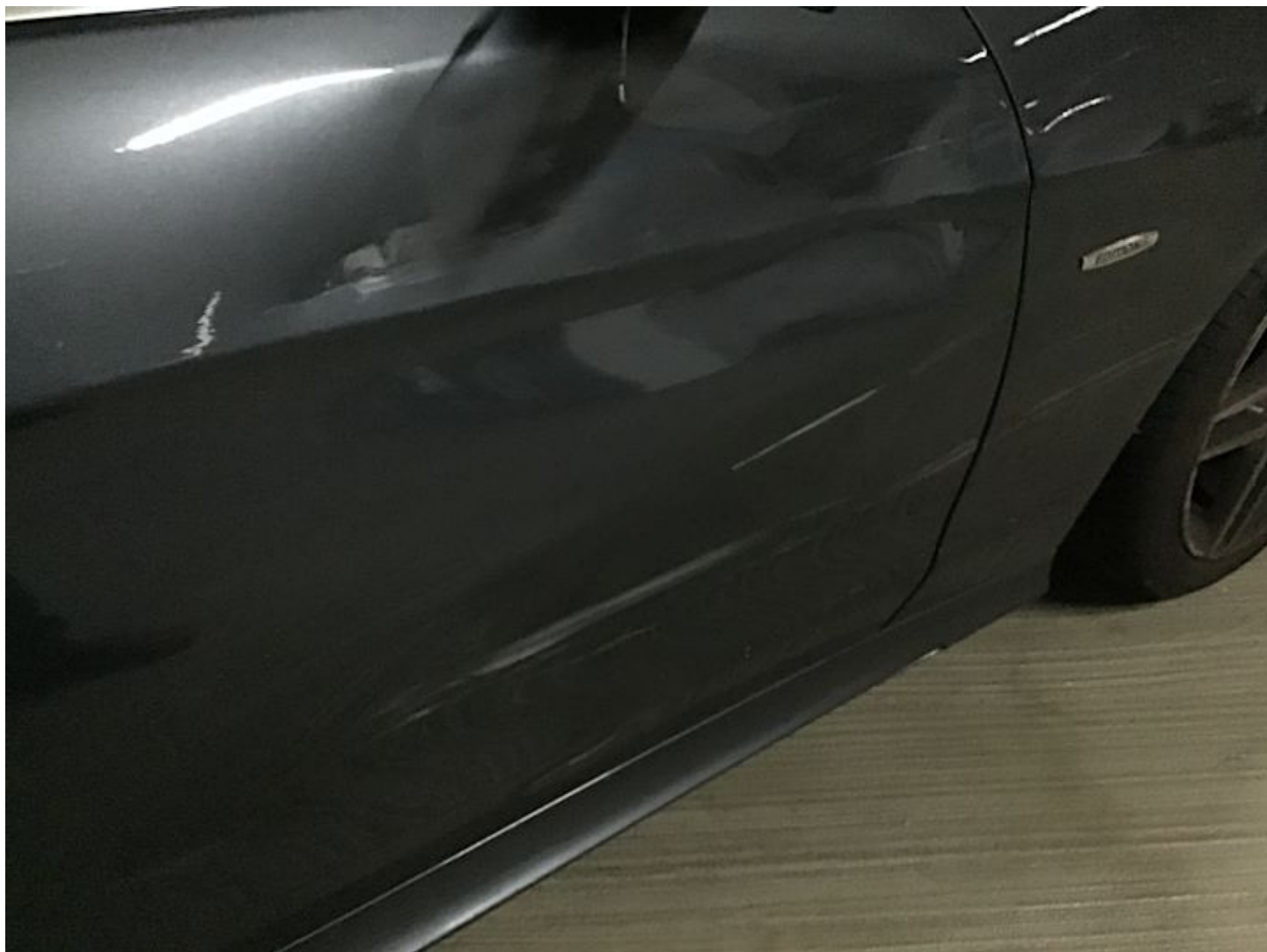




















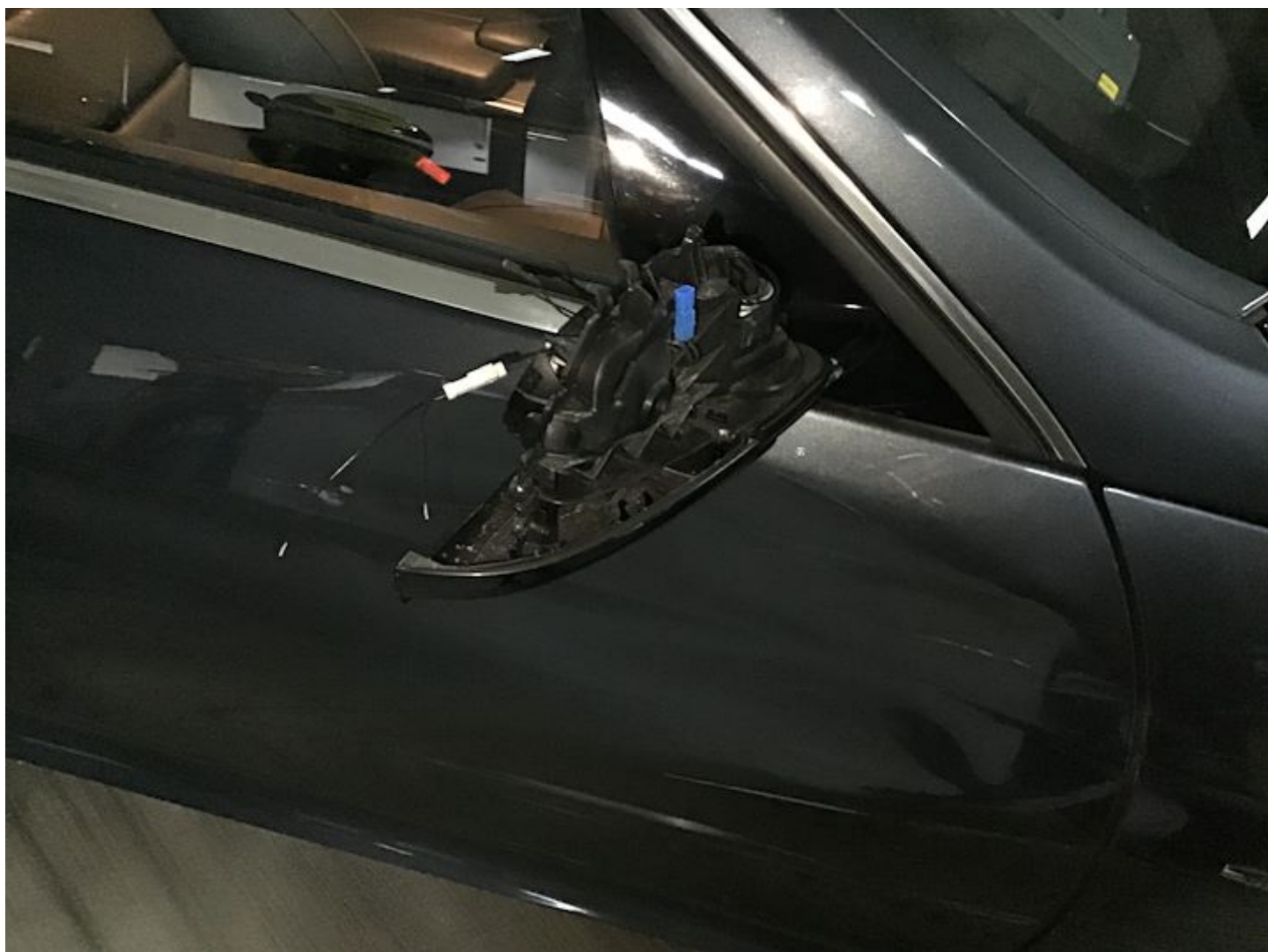


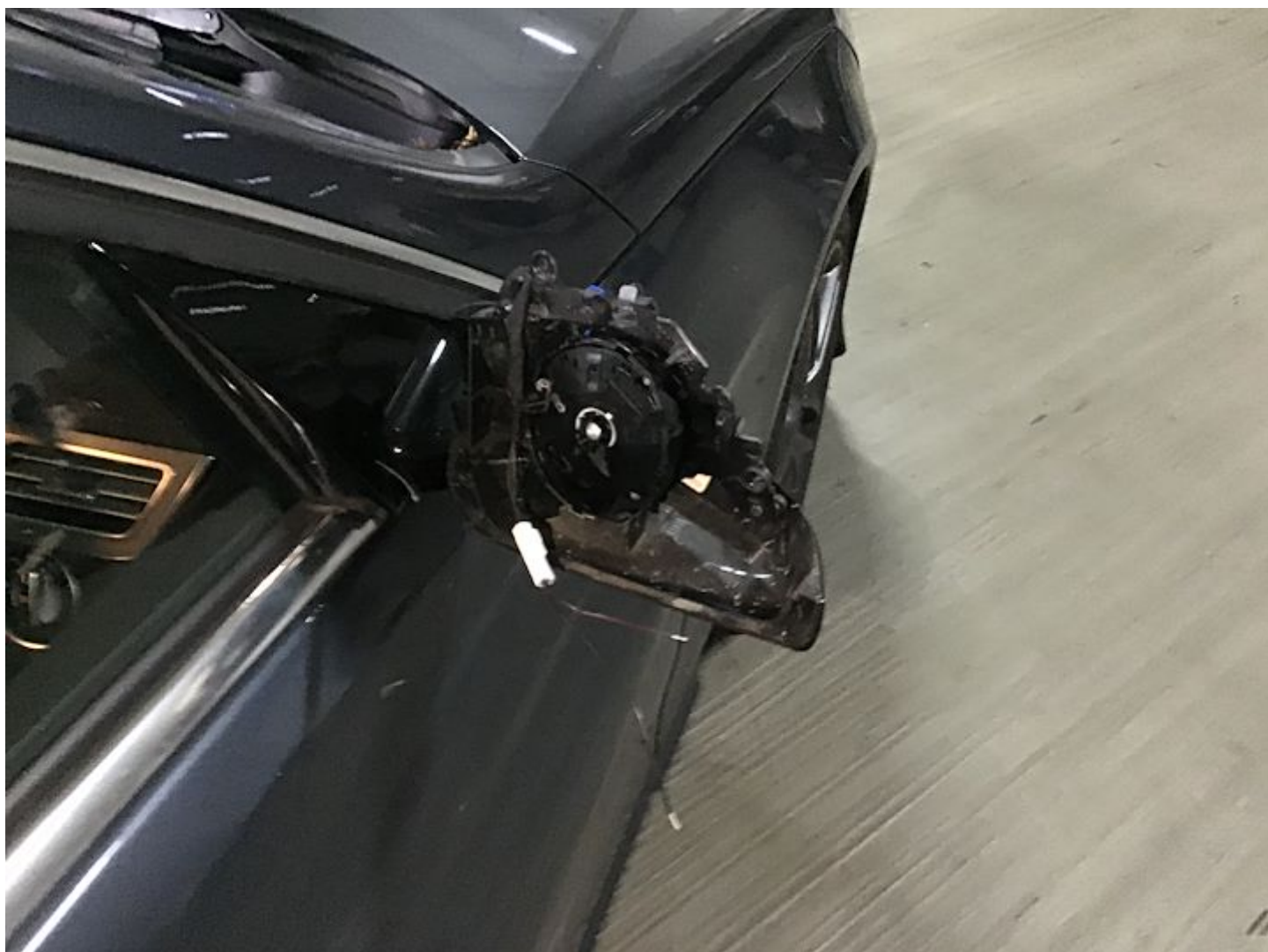
































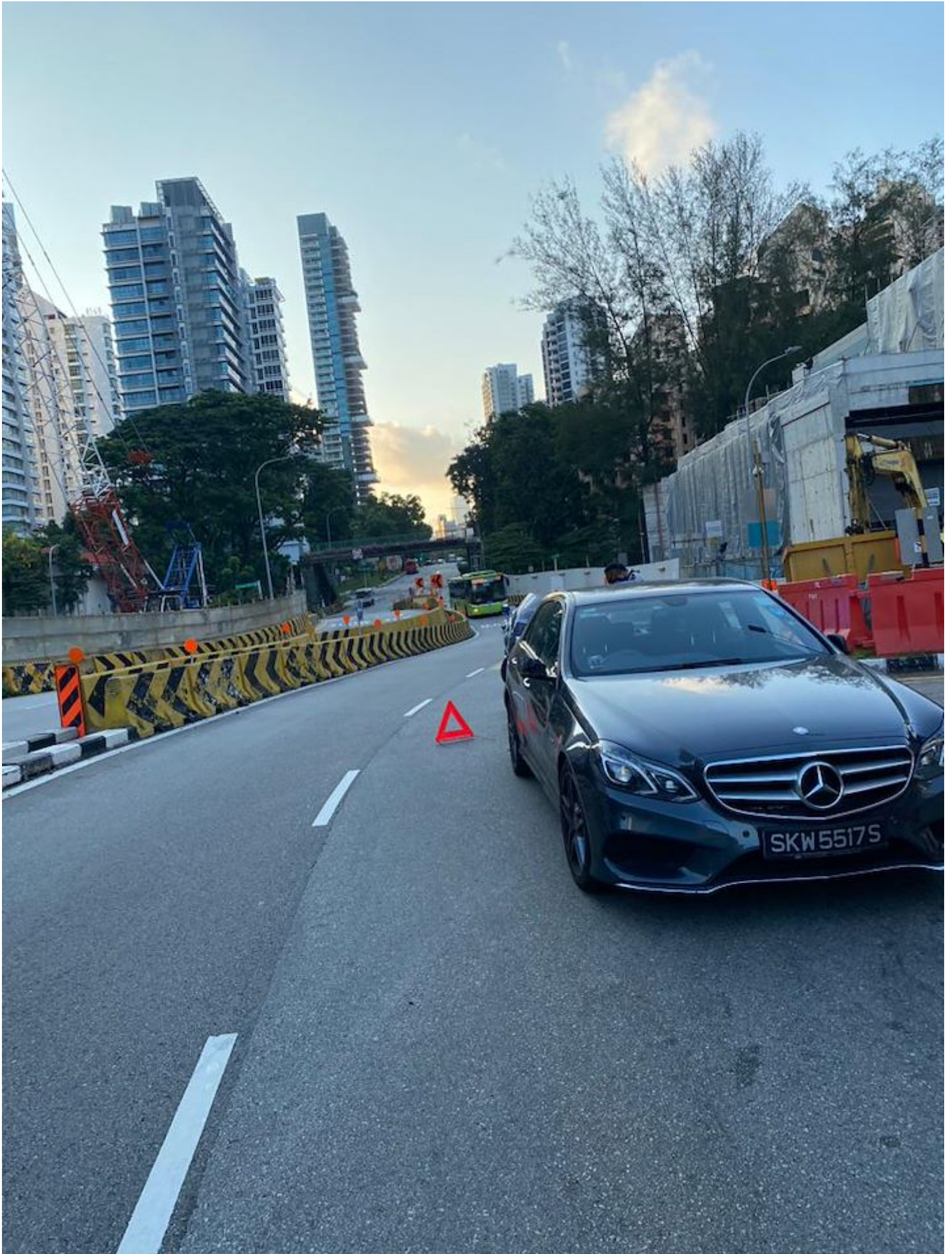




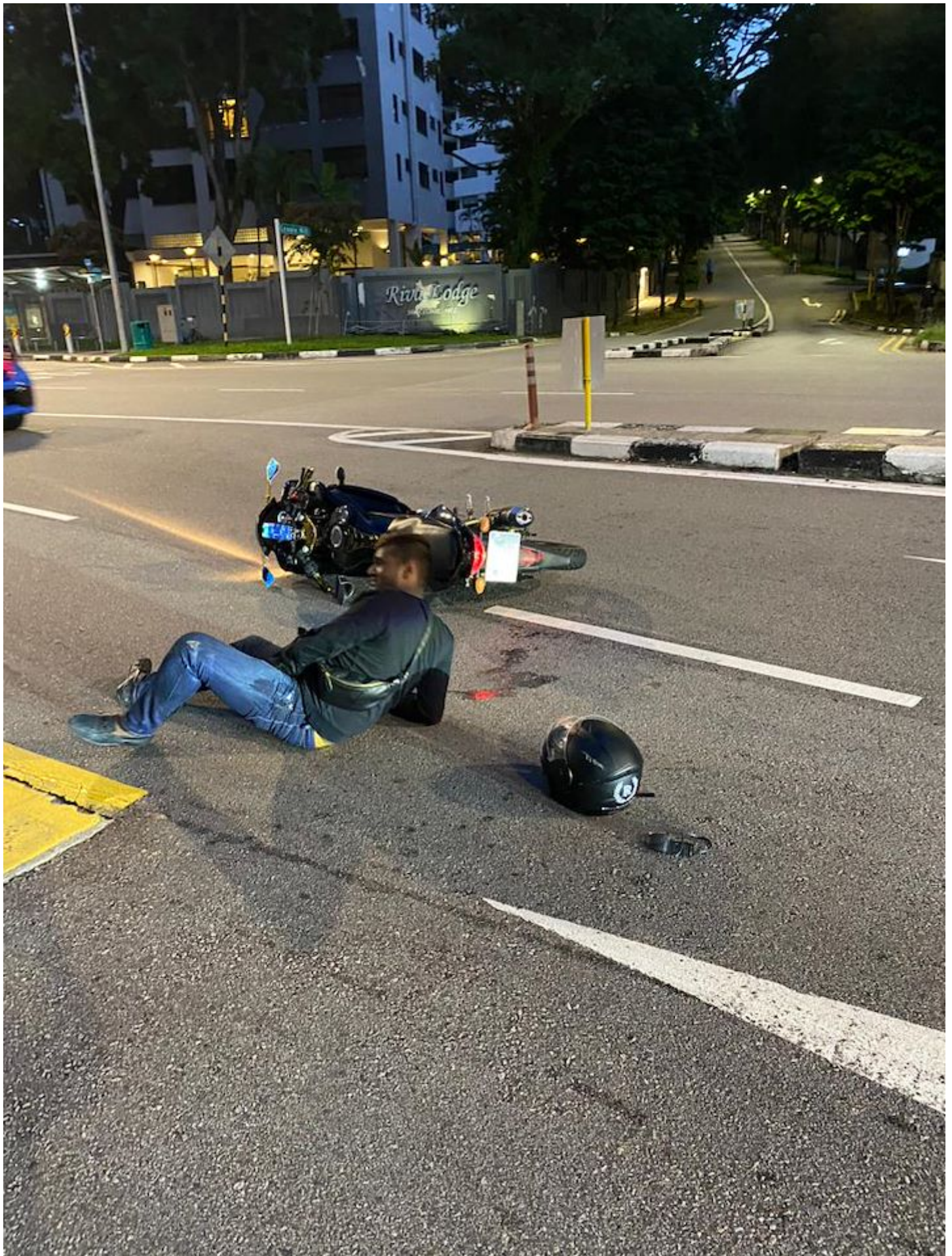




















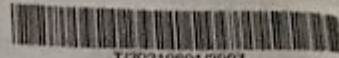







**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999



T/20210601/2007

1 of 3

Report No. T/20210601/2007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/06/2021 08:37	Vide Report No.: E/20210601/0023	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: KANG JAE YEON			Address: BLK 118 KIM SENG ROAD #25-10 SINGAPORE 239435		
ID Type / ID No.: NRIC NO / S2722311G			Contact No.: Home/Office: Mobile: 98159584		
Nationality: KOREAN, SOUTH			Email:		
Sex: Female	Age: 54	Date of Birth: 21/06/1966	Type of Informant: Driver		
Race: Korean			Language:		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/06/2021 06:30	Type of Location: Straight Road
Location:  KIM SENG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF4348R	Motorcycle				Slightly Damaged	2
SKW5517S	Car				Slightly Damaged	0

**Details of Person Involved**

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




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51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999



T/20210601/2007

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Report No. T/20210601/2007

**CONTINUATION OF REPORT**

Name	Unknown		ID No.	NIL
Related Vehicle	FBF4348R (Motorcycle)		Contact No.	NIL
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	
<b>Driver</b>				
Name	KANG JAE YEON		ID No.	S2722311G
Related Vehicle	SKW5517S (Car)		Contact No.	98159584
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

At about 0630 to 0700hrs, I was driving Mercedes Benz E250 bearing registration plate: SKW5517S. I had rented the vehicle under car leasing company (Daimler Fleet Management). I had exited Trillium Condominium and was turning left towards River Valley Road. At that time, there was a motorcycle coming. As it was a two-lane traffic, I thought the said bike (FBF4348R) would have stayed on the outer most lane. As such, I turned left and stayed on the left most lane. However, the said bike hit onto the front driver side of the door. The rider and pillion of the bike was later conveyed to Singapore General Hospital. I did not sustain any physical injuries.

The Traffic Police attended to me and I am lodging this report to facilitate in their investigation. They can contact Seri at mobile number (91500968). She was driving behind when the accident took place and she alighted and informed me that she has a in-car camera which captured the incident.

**SINGAPORE  
POLICE FORCE**

T/20210601/2007

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

3 of 3

Report No. T/20210601/2007

**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:  
E /  
Sgt 2 TAY WAN YI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/06/2021 08:37

Officer In Charge Of Case:  
TP / GIT /   
Sgt 3 MUHAMMAD FARHAN BIN SAIRI  
Contact No.: 65476224

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 : SA0A21610002 Vehicle Registration No: SKW5517S  
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 : 01/06/2021 Time of Accident : 06:30 (SGT)  
Place of Accident : River Valley, Singapore  
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. AMEND TO OD CLAIM

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: SUGANYA  
NRIC/FIN No.:  
Date: 26062021