

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 02/08/2021 22:48 (SGT)
Date of Accident 01/08/2021 18:40 (SGT)
Exact Location of Accident 660 Jurong West Street 64, Singapore 640660
Additional Location Information Entrance of MSCP ramp going to level 1b
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ1651K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Company Reg No 199803778Z
Email Address eugene.koh@daimler.com
Mobile Phone No (Phone) +65-91876216
Alternative Phone No (Office) +65-68498118

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E250
Variant AVG (R18 LED)
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 2143

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 ZHENG HONGBO
NRIC No S8087430H

Date Of Birth	04/06/1980
Occupation	Indoor
Date Of Driving Pass	08/12/2011
Driving experience	9 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86619116
Alt. Phone Number	-
Email Address	jimmyongcb@gmail.com
Address	661C JURONG WEST STREET 64
Address complement	#06-436
Postcode	653661
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, J/20210802/7026 LODGE AT JURONG DIVISION HQ

CAR ACCIDENT REPORT:

I WAS DRIVING MY CAR: SLZ1651K ALONE TO THE PARKING LOT ON THE 3RD FLOOR WHICH USUALLY PARK AFTER ENTERING THE MSCP ENTRANCE 1, I DROVE ALONG THE CAR PARK LOT AND INTEND TO MAKE A RIGHT TURN UP THE STOP GOING TO LEVEL 1B. AS I WAS MAKING THE RIGHT TURN, MY HAND SLIP AND COULD NOT MAKE THE RIGHT TURN FULLY. DUE TO THIS, MY CAR HIT ON THE WALL PILLAR. (AS INDICATED IN THE ATTACHED LAYOUT) MY CAR WAS DAMAGED IN THE FRONT AND THERE IS SOME SMALL PAINT OFF THE PILLAR. THE AIR BAG OF MY CAR WAS DEPLOYED AND I DID NOT SUFFER ANY INJURIES. I HAVE ALSO CHECK THAT THERE S NO OTHER PERSON OR PROPERTY INJURED/DAMAGED

ATTACHMENT(S)

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

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:

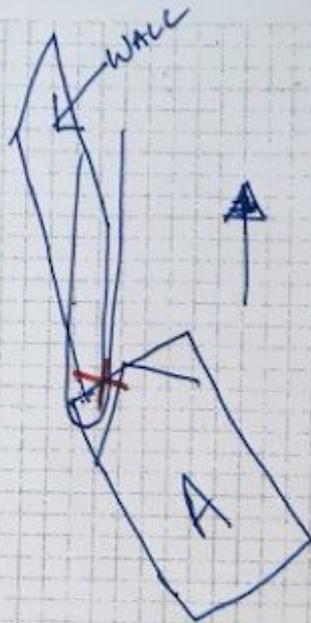
Driver's Signature
(If driver is not the policyholder)
Date & Time:

02082021

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

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

ACCIDENT DIAGRAM



JURONG
WEST
660 ST. 64.
MULTI STOREY
CARPARK
LEVEL 1.

A - SLZ1651K

[Handwritten signature]

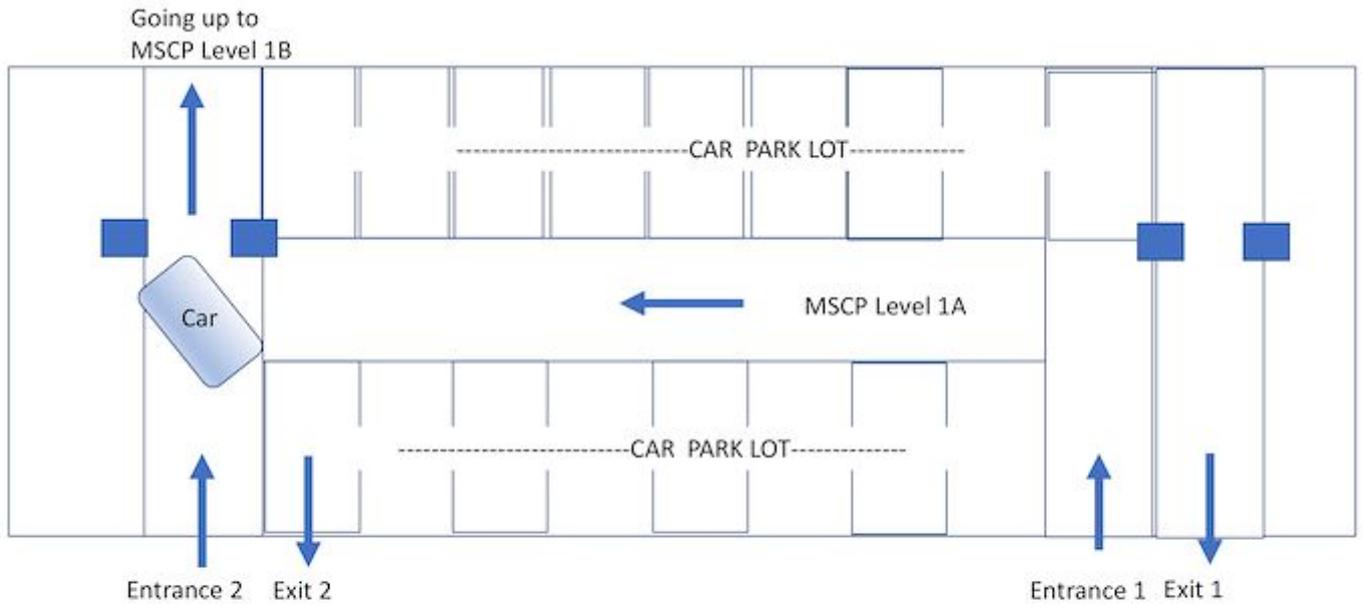
VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Policyholder's Signature
Date & Time:

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

02/08/21

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































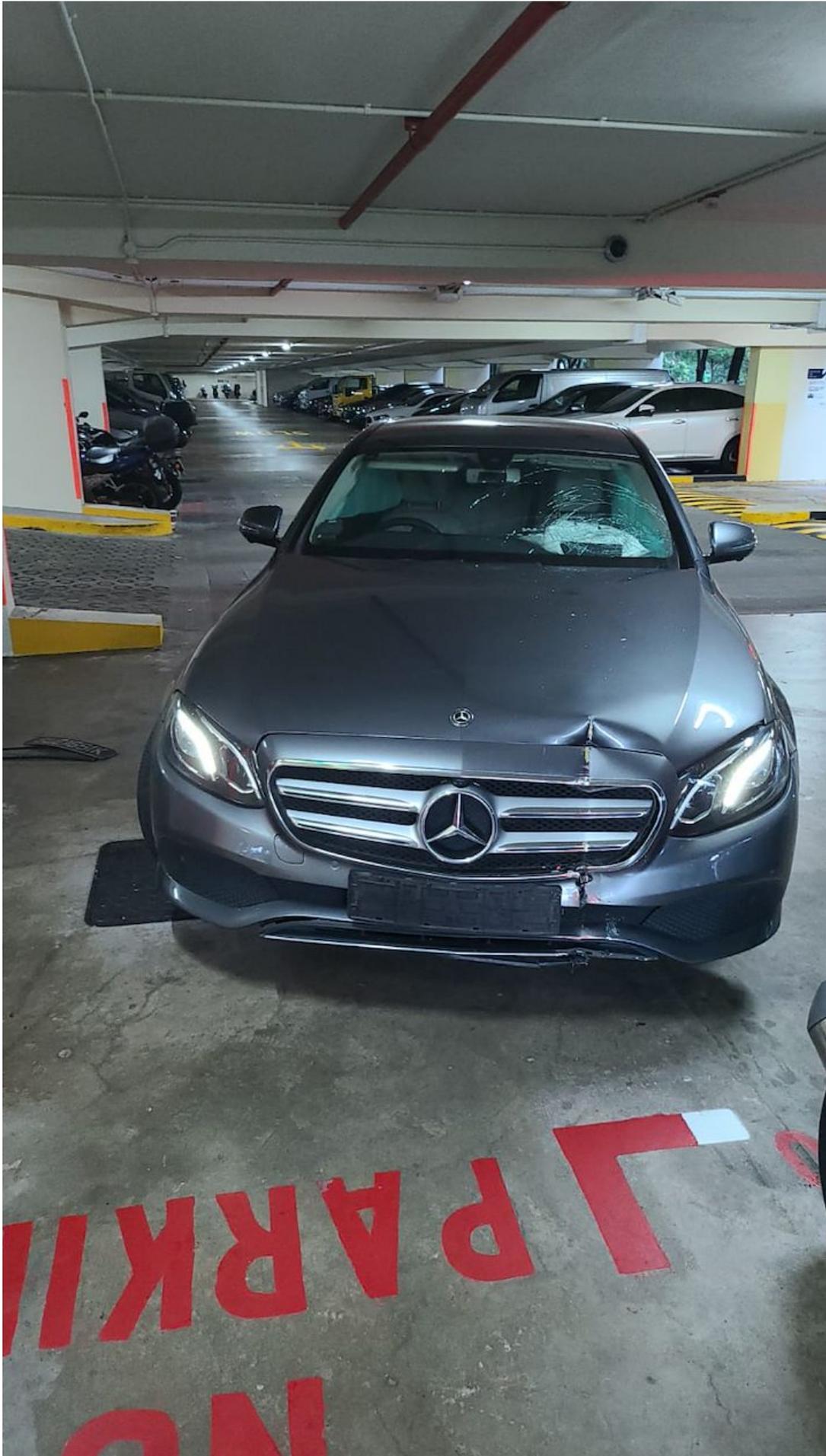
















**SINGAPORE
POLICE FORCE**



J/20210802/7026

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210802/7026

The air bag of my car was deployed and i did not suffer any injury. I have also check that there is no other person or property injured/damaged.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/08/2021 14:53
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	