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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 26/09/2021 14:13 (SGT) Date of Accident 25/09/2021 20:00 (SGT) Exact Location of Accident Singapore Additional Location Information HANDY ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI 77111M

INSURED/POLICYHOLDER

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

Mercedes

VEHICLE PARTICULARS

Manufacturer

Model A180 Variant SALOON PROGRESSIVE 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 SEAN WONG JUN DA NRIC No. S9813972I



Date Of Birth 29/04/1998 Occupation Indoor Date Of Driving Pass 16/07/2019 Driving experience 2 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-90603103 Alt. Phone Number Email Address danny7767@gmail.com Address One Balmoral, 1A Balmoral Road Address complement #11-05 Postcode 259821 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Driving on the extreme right lane going straight, taxi in front of me jam -braked. I collided into his rear because i didnt have time to stop. After that, when we got out of our cars, the driver apologised to me and said that he had suddenly braked because a car in front of him had done an illegal u-turn, no one was hurt. 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 NumberSHB796GVehicle ManufacturerToyotaVehicle ModelPRIUS TAXI (SMRT)Vehicle Variant-Vehicle Colour-Vehicle CategoryTaxiName of DriverHAN CHIN HONGNRIC No\$0170790F

Contact Number	
Address	
Address complement	
Postcode	
nsurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- The 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,
- 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:
 - 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:

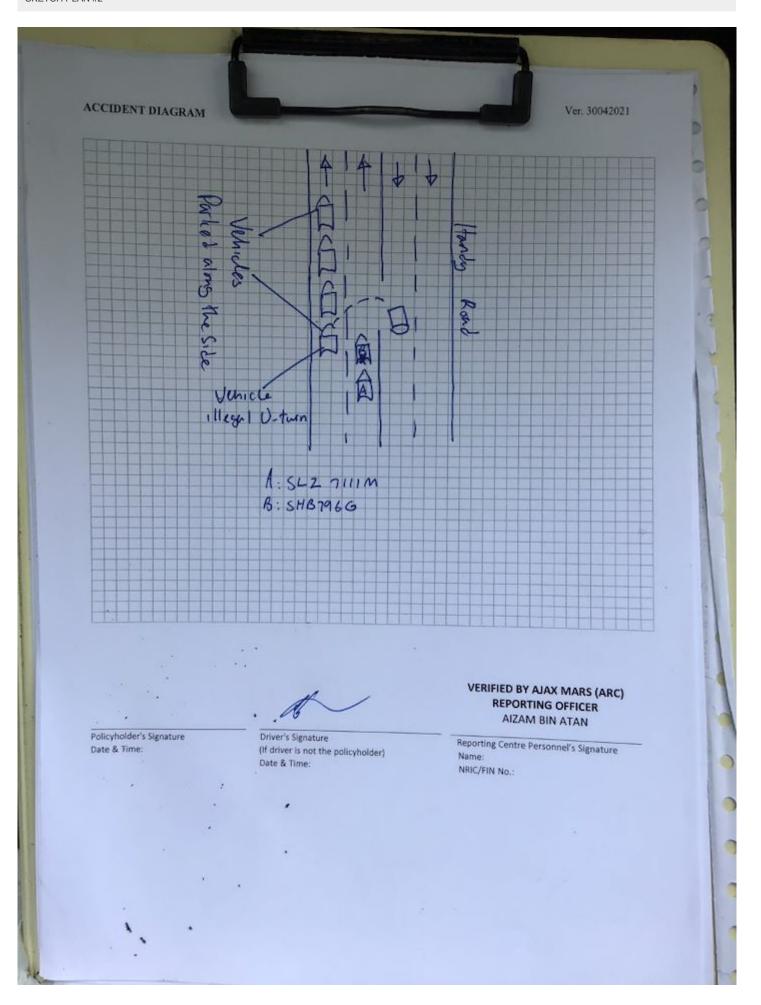
VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

AIZAM BIN ATAN

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIAHMC SketchPlanForm, V3



SKETCH PLAN

REFER TO ATTA	CHED ACCIDENT DIAGRAM	
SCRIBE CIRCUMSTANCE	C OF THE ACCIDENT	
		t toul in front of monitors
	eme right lane going straight	
	f our cars, the driver apolog	t have time to stop. After that,
	ed because a car in front of	
turn, no one was		mining dono an mogar
	1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
CLARATION		
e declare the foregoing par	ticulars are true in every respect.	VERIFY BY AJAX MARS (ARC)
	15m	REPORTING OFFICER
cubalder's Signature	Driver's Signature	AIZAM BIN ATAN Reporting Centre Personnel's Signature
cyholder's Signature e & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:

GIARMC SketchPlanForm_V3

2





