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.

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 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 15/10/2021 19:09 (SGT) Date of Accident 15/10/2021 14:10 (SGT) Exact Location of Accident 37 Tannery Ln, Singapore 347790 Additional Location Information Along tannery lane Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR9046K

INSURED/POLICYHOLDER

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

Seat

VEHICLE PARTICULARS

Manufacturer

Model Leon Variant ST 1.0 TSI 116 STYLE 7AT 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 999

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 TAN SEOW SEONG NRIC No. S7409132F

Date Of Birth 19/03/1974 Occupation Outdoor Date Of Driving Pass 22/08/1996 Driving experience 25 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-92221288 Alt. Phone Number Email Address Derektan0319@gmail.com Address 580 HOUGANG AVE 4 Address complement #08-626 Postcode 530580 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 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 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 I was driving out from noble logistics building and I saw third party vehicle along tannery lane stationary as I proceed to make a right turn onto tannery lane the stationary vehicle started to reversed into the parallel parking along the roadside therefore my vehicle front left area scrapped onto third party front right area. No injuries involved. ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

No

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

SJV9925M

Toyota

Corolla

Corolla

Private car

LIU LEI

S8583264F

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Contact Number	(Phone) +65-81571986
Address	<u>.</u>
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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.

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature Name:

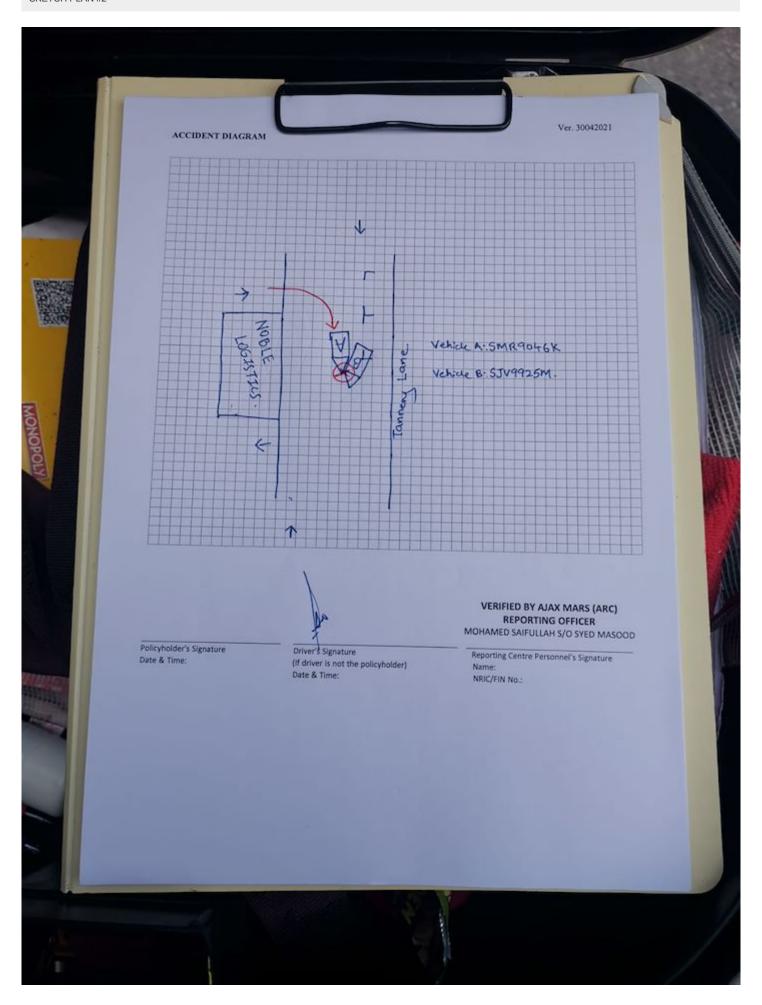
NRIC/FIN No.:

Policyholder's Signature Date & Time:

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

15 Oct 2021

GIARMC SketchPlanForm V3



SKETCH PLAN		
REFER TO ATTAC	CHED ACCIDENT DIAGRAM	
DESCRIBE CIRCUMSTANCES I was driving out fro	of the accident m noble logistics building and I	saw third party vehicle
along tannery lane lane the stationary	stationary as I proceed to mak vehicle started to reversed into ore my vehicle front left area so	e a right turn onto tannery the pararell parking along
DECLARATION I/We declare the foregoing parti	culars are true in every respect.	VEDIEV DV ALAV MADE (ADC)
	1	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SAIFULLAH S/O SYED MASOOD
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.:
GIARMC SketchPlanForm_V3	15 Oct 2021	2

