

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 Report	19/11/2020 13:16
Date Of Accident	18/11/2020 21:55
Exact Location Of Accident	BLK 93A TOA PAYOH LOR 4 CARPARK DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5241Y
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Co Reg No	199803778Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68498118

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO 114 CDI PANEL VAN LONG AT ABS 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

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	KOOH WEE HOU
NRIC No	S8832353Z
Date Of Birth	03/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2008
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90036604
Fax Number	
Contact Number	
Email Address	WEEHOU@NINJAVAN.CO

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRH4250M (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : DANIEL NG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TANGLIN DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS REVERSING TRYING TO PARK (COMPANY VAN PLATE:GBH5241Y), AND LIGHTLY SCRATCHED ONTO A STATIONARY VEHICLE (JR4250), PARKED ALONG SIDE THE BUILDING, WITHOUT ANY PERSONNEL INSIDE. NO DENT, JUST LIGHT SURFACE SCRATCHES. CALLED THE OWNER OF THE VEHICLE IMMEDIATELY AND ASKED TO MEET HIM. CONCLUSION WAS TO SETTLE IT WITH COMPANY INSURANCE INSTEAD.

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	JRH4250M
Vehicle Make/Model/Colour	NISSAN BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81221277
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN


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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.

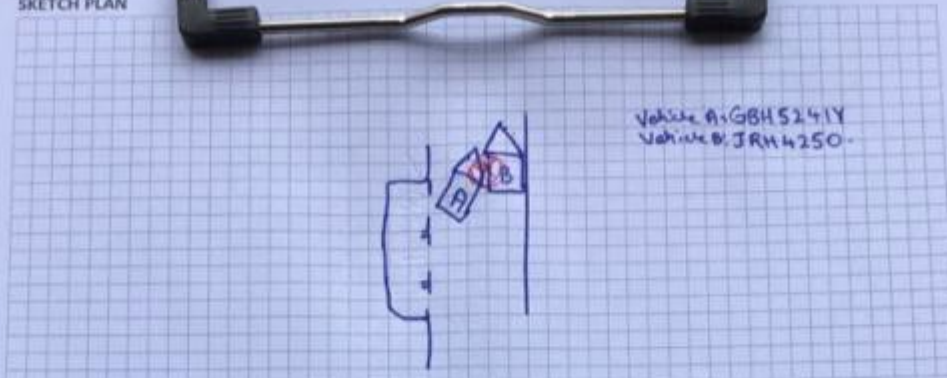
Policyholder's Signature
Date & Time:


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

19 Nov 2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



E/20201119/7000

1 of 2

POLICE REPORT (NP299)

Report No. E/20201119/7000

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 19/11/2020 00:09	Vide Report No.	Station Diary No.
Name Of Informant KOOH WEE HOU	Address 842 TAMPINES STREET 82 #05-145 SINGAPORE 520842	
ID Type / ID No. NRIC NO / S8832353Z	Contact No. Home/Office: Mobile: 90036604	
Nationality SINGAPORE CITIZEN	Email Address WEEHOU@GMAIL.COM	
Occupation Management executive	Sex Male	Age 32
Institution/School Name	Date of Birth 03/09/1988	Race Chinese
Date/Time Of Incident 18/11/2020 21:55 - 18/11/2020 22:00	Location Of Incident 60A LORONG 4 TOA PAYOH MULTI STOREY CAR PARK SINGAPORE 311060	

Brief details.

I was reversing trying to park (company van plate:gbh5241y), and lightly scratched onto a stationary vehicle (jrh4250), parked along side the building, without any personnel inside. No dent, just light surface scratches.

Called the owner of the vehicle immediately and asked to meet him.

Conclusion was to settle it with company insurance instead.

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: 19/11/2020 00:09
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



E/20201119/7000

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20201119/7000

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: 19/11/2020 00:09
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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