

# 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 ..... 31/07/2022 19:25 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 30/07/2022 17:45 (SGT)  
Exact Location of Accident ..... Near 22 Bedok S Rd, Singapore 469278  
Additional Location Information ..... ALONG BEDOK SOUTH ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC3756C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD  
Company Reg No ..... 199803778Z  
Email Address ..... derrick.lee@mercedes-benz.com  
Mobile Phone No ..... (Phone) +65-87768026  
Alternative Phone No ..... (Office) +65-68498118

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... HIACE HIGH ROOF COMMUTER TURBO AUTO  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 999995580

### DRIVER

Name of Driver ..... FONG CHIN CHEONG  
NRIC No ..... S1167458E  
Date Of Birth ..... 02/11/1956  
Occupation ..... Outdoor

Date Of Driving Pass .....	25/07/1984
Driving experience .....	38 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-94478445
Alt. Phone Number .....	-
Email Address .....	simonor388@gmail.com
Address .....	22 JALAN MEMBINA
Address complement .....	#21-64
Postcode .....	166022
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 .....	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 .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS REVERSING ALONG BEDOK SOUTH ROAD NEAR TO BLK 17 AND COLLIDED ONTO THIRD PARTY FRONT. NO INJURIES WERE INVOLVED.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMV3621T
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Vios
Vehicle Variant .....	-
Vehicle Colour .....	Brown
Vehicle Category .....	Private car
Name of Driver .....	KANG PEP KONG

NRIC No ..... S2579462A  
Contact Number ..... (Phone) +65-98687198  
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 ..... Passenger 1  
Gender ..... Female



**Describe Circumstances of the Accident**

I WAS REVERSING ALONG BEDOK SOUTH ROAD NEAR TO BLK 17 AND COLLIDED ONTO THIRD PARTY FRONT. NO INJURIES WERE INVOLVED.

**Declaration**

We declare the foregoing particulars are true in every respect.

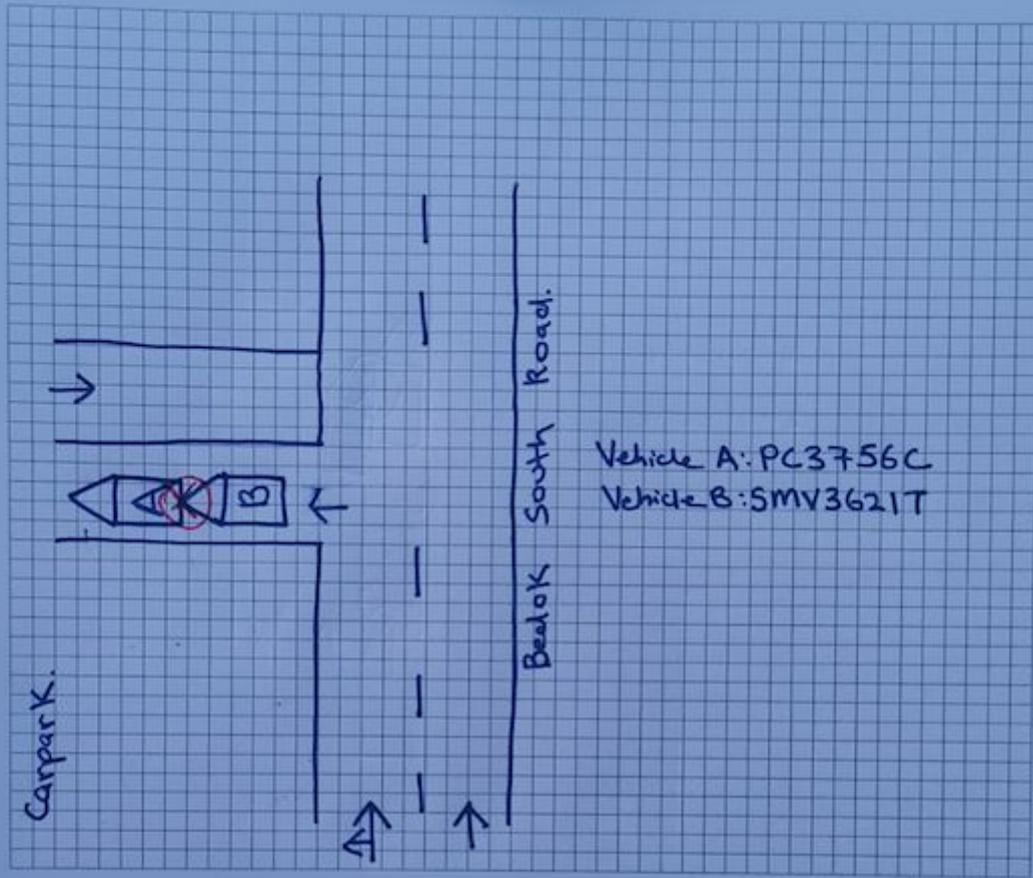
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time 31 July 2022

\_\_\_\_\_  
Witnessed By Reporting Officer  
Mohamed Saifullah S/O Syed Masood  
Witnessed by Reporting Centre  
Personnel

ACCIDENT DIAGRAM

Ver. Jun2022



Vehicle A: PC3756C  
Vehicle B: SMV3621T

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
Mohamed Saifullah S/O Syed Masood  
Witnessed by Reporting Centre Personnel

AJAX MARS PTE LTD

























