

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 Actual 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 27/08/2022 23:21 (SGT)
Reported by Driver
Date of Accident 27/08/2022 13:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Farrer Rd towards Queensway
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ7955S

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) +65-68498118
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Cla180
Variant AVANTGARDE (R17 LED)
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1800

INSURANCE COMPANY

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

DRIVER

Name of Driver KAIZAR ROHINTON KARKARIA
NRIC No S7870519A
Date Of Birth 28/08/1978
Occupation Indoor

Date Of Driving Pass	15/03/2011
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83822878
Alt. Phone Number	-
Email Address	kaizar.sunita@gmail.com
Address	Hillcrest Park
Address complement	76 Hillcrest Road
Postcode	288950
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

My vehicle SLQ7955S was stationary along Farrer Rd towards Queenstown while in the queueing due to the traffic light. While stationary, Suddenly I felt an impact coming from my rear bumper and discover that the 3rd party SMX9317X had collided onto my vehicle. It involved 3 vehicle in total. I managed to take some photos and exchange contact details with both parties, no injuries was involved at the scene.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE PENDING TO BE PROVIDED FROM DAIMLER FLEET MANAGEMENT.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX9317Y
Vehicle Manufacturer	BMW
Vehicle Model	X1
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	QIKAI HU
Contact Number	(Phone) +65-85008342
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	Na
Details of property damaged in accident	Na
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER 1
Gender	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGL8487E
Vehicle Manufacturer	Lexus
Vehicle Model	Rx200t
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TED
Contact Number	(Phone) +65-98203675
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	Na
Details of property damaged in accident	Na
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER 1
Gender	-

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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.
8. **Consent under the Personal Data Protection Act (PDPA)**

(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.

Witnessed By Reporting Officer
Muhammad Sumardi Bin Mohd Affandi

Witnessed by Reporting Centre
Personnel

REFER TO ATTACHED ACCIDENT DIAGRAM


Describe Circumstances of the Accident

My vehicle SLQ7955S was stationary along Farrer Rd towards Queenstown while in the queueing due to the traffic light. While stationary, Suddenly I felt an impact coming from my rear bumper and discover that the 3rd party SMX9317X had collided onto my vehicle. It involved 3 vehicle in total. I managed to take some photos and exchange contact details with both parties, no injuries was involved at the scene.

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

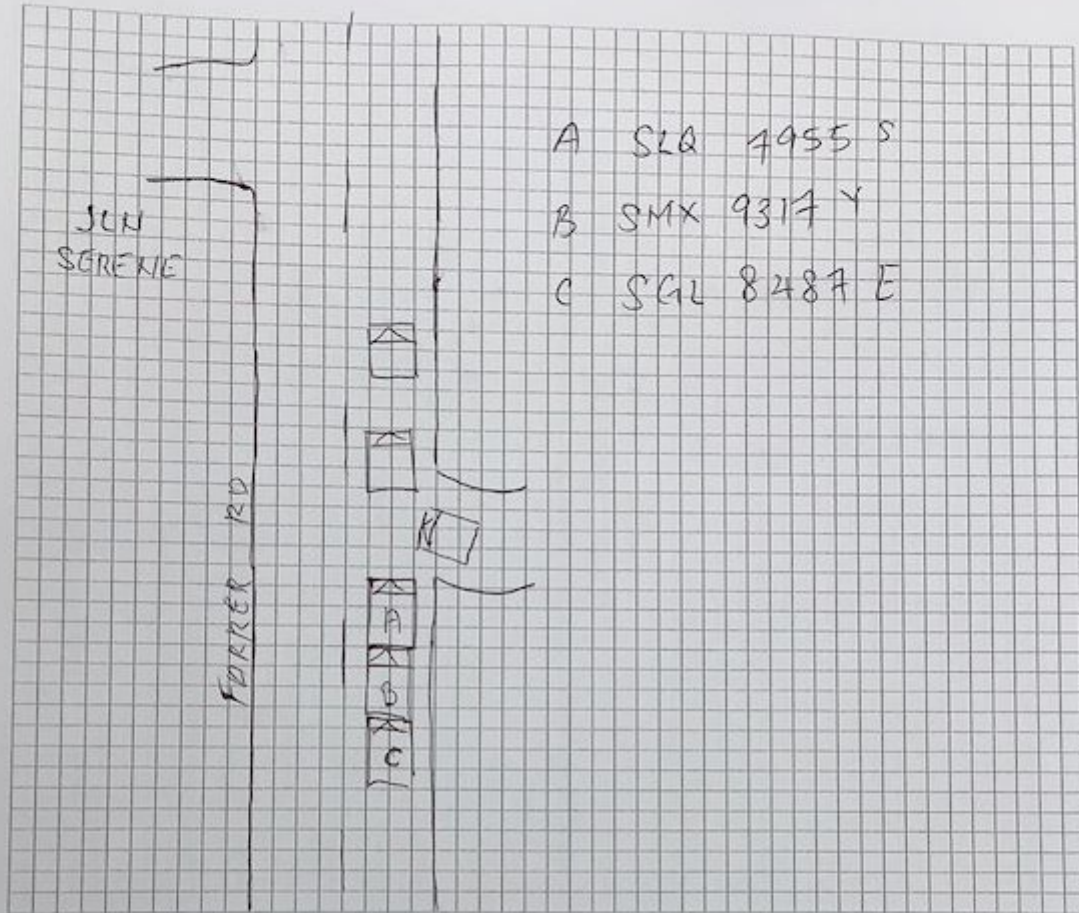
Witnessed By Reporting Officer
Muhammad Sumardi Bin Mohd Affandi

Witnessed by Reporting Centre
Personnel

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ACCIDENT DIAGRAM

Ver. Jun2022



Policyholder's Signature / Date & Time

[Signature]

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

Witnessed By Reporting Officer
Muhammad Sumardi Bin Mohd Affandi

Witnessed by Reporting Centre
Personnel

AJAX MARS PTE LTD



























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1D228R0006 Vehicle Registration No: SLQ7955S
Name (as shown in NRIC) : KAIZAR ROHINTON KARKARIA NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Hillcrest Park 76 Hillcrest Road 288950 Singapore ()
Contact (Tel) : _____ Mobile No. : 83822878
Email Address : kaizar.sunita@gmail.com
Date of Accident : 27/08/2022 Time of Accident : 14:00 (SGT)
Place of Accident : Farrer Rd towards Queensway
Insurance Company : AIG Asia Pacific Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMENDED ACCIDENT TME.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: THRUGA
NRIC/FIN No.: _____
Date: 28/08/2022