

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 29/11/2022 23:19 (SGT)
Reported by Driver
Date of Accident 28/11/2022 19:54 (SGT)
Exact Location of Accident Singapore
Additional Location Information BEACH ROAD TURNING TO BRAS BASAH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL5879L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE PTE. LTD
Company Reg No 199803778Z
Email Address derrick.lee@mercedes-benz.com
Mobile Phone No (Phone) +65-91876216
Alternative Phone No (Office) +65-68498118

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Vito
Variant 114 CDI PANEL VAN LONG AT ABS 5DR
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 Commercial vehicle
Transmission Auto
CC 2143

INSURANCE COMPANY

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

DRIVER

Name of Driver MOHAMMAD NOH BIN OSMAN
NRIC No S7429586Z
Date Of Birth 30/08/1974

Occupation	Outdoor
Date Of Driving Pass	28/11/2016
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-88511742
Alt. Phone Number	-
Email Address	derrick.lee@mercedes-benz.com
Address	38 Bedok South Road
Address complement	#04-653
Postcode	460038
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 - Cross Junction
Weather Conditions	Clear
Road Surface	Wet

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

AT THE TRAFFIC JUNCTION, WHEN THE LIGHT TURNED GREEN. BOTH VEHICLES WAS TURNING RIGHT AND I WAS IN MY LANE. SUDDENLY I FELT AN IMPACT FROM THE RIGHT. SAW A VEHICLE HAS ALREADY HIT INTO MY VEHICLE RIGHT SIDE PORTION. REFER TO VIDEO FOOTAGE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE8367X
Vehicle Manufacturer	Mercedes
Vehicle Model	Glc250
Vehicle Variant	-
Vehicle Colour	Gray

Vehicle Category	Private car
Name of Driver	JULIANA THERESA DORAI
NRIC No	S6822620A
Contact Number	(Phone) +65-91891797
Address	-
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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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



 Policyholder's Signature / Date &
Time

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

 Witnessed By Reporting Officer
Aizam Bin Atan

 Witnessed by Reporting Centre
Personnel
Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

AT THE TRAFFIC JUNCTION, WHEN THE LIGHT TURNED GREEN. BOTH VEHICLES WAS TURNING RIGHT AND I WAS IN MY LANE. SUDDENLY I FELT AN IMPACT FROM THE RIGHT. SAW A VEHICLE HAS ALREADY HIT INTO MY VEHICLE RIGHT SIDE PORTION. REFER TO VIDEO FOOTAGE.

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
Aizam Bin Atan
Witnessed by Reporting Centre
Personnel

Ver. Jun2022

ACCIDENT DIAGRAM

Bras Basah Road

Beach Road

A: GBL 5879L
B: SLE 8367X

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel

A IAX MARS PTE LTD



































