

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 12/12/2022 16:08 (SGT)
Reported by Driver
Date of Accident 10/12/2022 14:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG TANGLIN ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT9071M

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) +65-88762075
Alternative Phone No (Office) +65-68498118

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180 AVANTGARDE (R17 LED)
Variant -
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 1595

INSURANCE COMPANY

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

DRIVER

Name of Driver KIN KWOK LAWRENCE LEE
NRIC No S2597091H
Date Of Birth 05/11/1948

Occupation	Indoor
Date Of Driving Pass	04/07/1990
Driving experience	32 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97995173
Alt. Phone Number	+65-97995173
Email Address	bettylarrylee@yahoo.com.sg
Address	18 Shelford, 18 Shelford Road
Address complement	#02-02
Postcode	288407
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 on 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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 traveling along Tanglin road it was a 2 way traffic with 1 lane each suddenly I felt discomfort in my eyes and the next moment my vehicle already collided onto third party vehicle which was coming from the opposite direction.

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	XD3276X
Vehicle Manufacturer	Mitsubishi
Vehicle Model	FV51JJD4RDEA
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Commercial vehicle

Name of Driver	KUNG HEE SOON
NRIC No	S0749176Z
Contact Number	(Phone) +65-88038195
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KIN KWOK LAWRENCE LEE
Gender	Male
Phone No	(Phone) +65-97995173
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Insured suffered a fractured on the left hand and some abrasion on the left knee area.
Injured person in which vehicle?	SLT9071M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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.

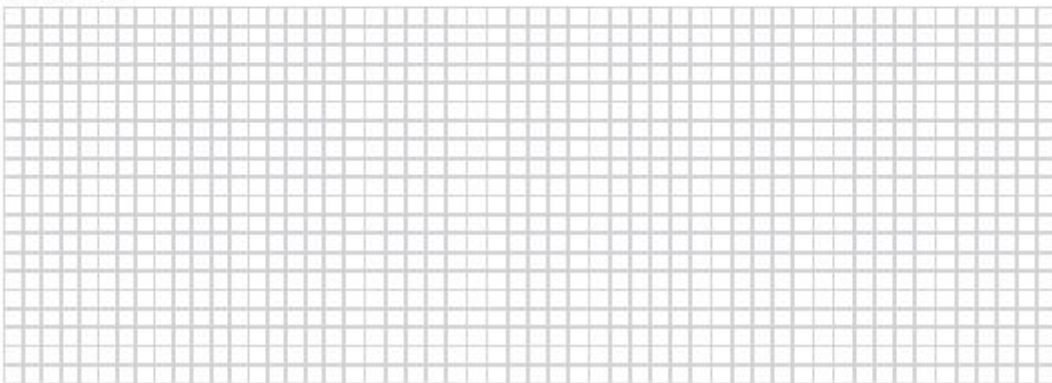
Policyholder's Signature / Date &
Time

Sketch Plan



Driver's Signature (If driver is not the policyholder) / Date
& Time **11 Dec 2022**

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



Describe Circumstances of the Accident

I was traveling along Tanglin road it was a 2 way traffic with 1 lane each suddenly I felt discomfort in my eyes and the next moment my vehicle already collided onto third party vehicle which was coming from the opposite direction.

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 11 Dec 2022

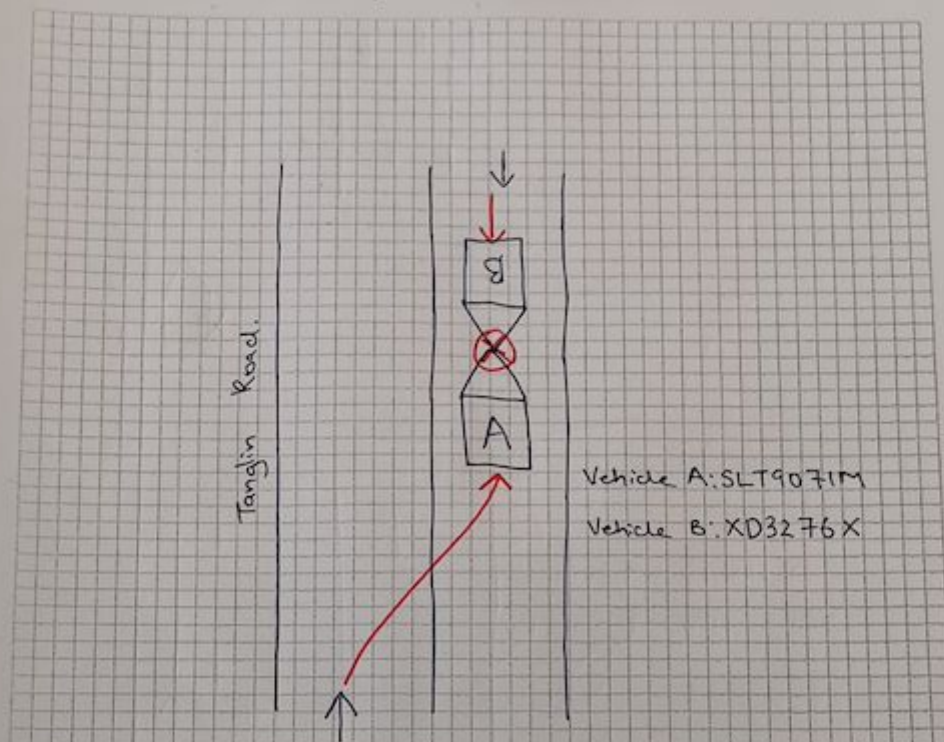


Witnessed By Reporting Officer
Mohamed Saifullah S/O Syed Masood

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

Ver. Jun2022



[Signature]

Witnessed By Reporting Officer
Mohamed Saifulah S/O Syed Masood

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

AJAX MARS PTE LTD







