

# 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 ..... 16/12/2022 15:32 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 12/12/2022 09:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG PIE TUAS NEAR JALAN BAHAR  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ1702R

### 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) +65-81268670  
Alternative Phone No ..... (Office) +65-68498118

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... SPRINTER 516CDI/4325 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 ..... 2143

### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... LAW SOW WAH  
Passport No/FIN ..... F8407279Q  
Date Of Birth ..... 09/07/1978

Occupation .....	Outdoor
Date Of Driving Pass .....	02/10/2020
Driving experience .....	2 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87773900
Alt. Phone Number .....	-
Email Address .....	www.andylaw78@gmail.com
Address .....	NO 5 JALAN NB 14/7
Address complement .....	TAMAN NUSA BESTARI 2
Postcode .....	81300 SKUDAI, JOHOR
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	Passenger 1
Gender .....	Male

#### 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 PIE TOWARDS TUAS NEAR JALAN BAHAR exit it was a 4 lane traffic and my vehicle was positioned in the 2nd lane and collided onto third party vehicle which was stationary ahead of me.

#### 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 .....	YP6662U
Vehicle Manufacturer .....	Isuzu

Vehicle Model .....	NPR75UH5A
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
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 .....	LAW SOW WAH
Gender .....	Male
Phone No .....	(Phone) +65-87773900
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	Right side hip bone fractured
Injured person in which vehicle? .....	YQ1702R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes



**Describe Circumstances of the Accident**

I was traveling along PIE TOWARDS TUAS NEAR JALAN BAHAR exit it was a 4 lane traffic and my vehicle was positioned in the 2nd lane and collided onto third party vehicle which was stationary ahead of me.

**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 16 Dec 2022

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























