SA1D22CG0009 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 16/12/2022 15:32 (SGT) SUBMITTED BY: Susan VERSION: 1 (16/12/2022 15:32 (SGT))

## **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 witholding 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.

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   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 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? 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

(Office) +65-68498118

## VEHICLE PARTICULARS

Alternative Phone No

Manufacturer 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 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? If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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? Number of vehicles involved in the accident 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) 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** 

YP6662U

Isuzu

Vehicle Registration Number

Vehicle Manufacturer

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	<del>-</del>
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

### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. The 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.
- 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	A	Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masoo	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time 16 Dec 2022	Witnessed by Reporting Centre Personnel	
Sketch Plan			

# 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 We declare the foregoing particulars are true in every respect. Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Witnessed by Reporting Centre & Time 16 Dec 2022 Personnel Time













