

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	23/08/2022 02:06 (SGT)
Reported by	Driver
Date of Accident	21/08/2022 23:00 (SGT)
Exact Location of Accident	1000 ECP, Singapore 449876
Additional Location Information	MARINE COVE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS514E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Company Reg No	199803778Z
Email Address	eugene1.koh@mercedes-benz.com
Mobile Phone No	(Phone) +65-68498118
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
Variant	PROGRESSIVE
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
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	KITRATIPRASAN KANAPHAT
NRIC No	S8173658H
Date Of Birth	22/07/1981
Occupation	Indoor

Date Of Driving Pass	05/02/2004
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91992865
Alt. Phone Number	-
Email Address	kanaphatk@hotmail.com
Address	78 MARINE DRIVE
Address complement	#03-38
Postcode	440078
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	TAY KAIYUN
Gender	Female

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

ON 21/8/2022 AT ABOUT 2300HOURS, I PARKED MY VEHICLE AT MARINE COVE CARPARK PARKING LOT. AFTER A FEW MINUTES, I FELT AN IMPACT FROM MY DRIVER'S DOOR AND NOTICED THAT VEHICLE B HAD KNOCKED ONTO MY VEHICLE AS HIS PASSENGER OPENED HIS DOOR. THEN I CAME OUT FROM MY VEHICLE AND TALK TO THE DRIVER BUT THE DRIVER KEPT SAYING SORRY AND DON'T WANT TO PAY ME.

WHEN I WANTED TO MOVE OFF, I OPENED MY DOOR AND IT ACCIDENTALLY KNOCKED ONTO HIS VEHICLE. WE AGREED TO A PRIVATE SETTLEMENT ON THE NEXT DAY.

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	SLP9489M
Vehicle Manufacturer	Audi
Vehicle Model	A4
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	RAHU
Contact Number	(Phone) +65-93631539
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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)**
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

 Driver's Signature (If driver is not the policyholder) / Date
 & Time **22/8/2022**

 Witnessed By Reporting Officer
 Wong Jun Keat

 Witnessed by Reporting Centre
 Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

ON 21/8/2022 AT ABOUT 2300HOURS, I PARKED MY VEHICLE AT MARINE COVE CARPARK PARKING LOT. AFTER A FEW MINUTES, I FELT AN IMPACT FROM MY DRIVER'S DOOR AND NOTICED THAT VEHICLE B HAD KNOCKED ONTO MY VEHICLE AS HIS PASSENGER OPENED HIS DOOR. THEN I CAME OUT FROM MY VEHICLE AND TALK TO THE DRIVER BUT THE DRIVER KEPT SAYING SORRY AND DON'T WANT TO PAY ME.

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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
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

0 TENTH 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Ver. Jun2022

MARKER CORE

A: 3M554E

B: 3M554E

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

AJAX MARS PTE LTD























