

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 06/01/2023 09:36 (SGT)
Reported by Driver
Date of Accident 05/01/2023 09:00 (SGT)
Exact Location of Accident Lavender St., Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNE8906S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Mercedes-Benz Fleet Management Singapore Pte Ltd
Company Reg No 199803778Z
Email Address too_tong.tan@mercedes-benz.com
Mobile Phone No (Phone) +65-96469575
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Cla180
Variant -
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1332

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2003907937

DRIVER

Name of Driver DHRITI VAIDYANATHAN
NRIC No S9073422I
Date Of Birth 23/12/1990
Occupation Indoor

Date Of Driving Pass	07/11/2019
Driving experience	3 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96469575
Alt. Phone Number	-
Email Address	too_tong.tan@mercedes-benz.com
Address	271 GREENWOOD AVENUE #01-35
Address complement	-
Postcode	286623
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?	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

ON 05/01/2023 AROUND 0900HRS I WAS DRIVING VEHICLE A (SNE8906S) AT KALLANG ROAD TOWARDS VICTORIA STREET I WAS ON LANE 3. VEHICLE A WAS AT TRAFFIC LIGHT JUNCTION WAITING FOR GREEN, WHEN THE LIGHT CHANGED GREEN VEHICLE A STARTED MOVING BUT UNFORTUNATELY THERE WAS THIS VEHICLE B(SMQ5193A) DID NOT MOVE ON GREEN SINCE THE DISTANCE WAS TOO NEAR AND VEHICLE A REAR ENDED VEHICLE B BECAUSE THERE WASNT MUCH TIME TO REACT.

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	SMQ5193A
Vehicle Manufacturer	BMW
Vehicle Model	X5
Vehicle Variant	-
Vehicle Colour	White

Vehicle Category	Private car
Name of Driver	KACHALOV VILEN
NRIC No	S8468027C
Contact Number	(Phone) +65-91809107
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

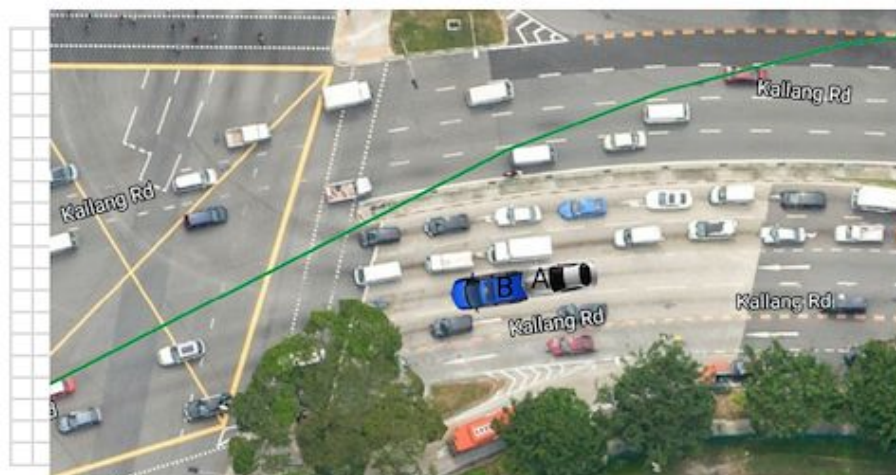


 Policyholder's Signature / Date &
Time 05/01/2023 1420HRS

Sketch Plan

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

**FLASH ACCIDENT
REPORTING OFFICER**
FRO VICKY

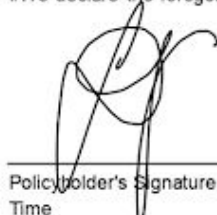
 Witnessed by Reporting Centre
Personnel

 A-SNE8906S
B-SMQ5193A

Describe Circumstances of the Accident

ON 05/01/2023 AROUND 0900HRS I WAS DRIVING VEHICLE A (SNE8906S) AT KALLANG ROAD TOWARDS VICTORIA STREET I WAS ON LANE 3. VEHICLE A WAS AT TRAFFIC LIGHT JUNCTION WAITING FOR GREEN, WHEN THE LIGHT CHANGED GREEN VEHICLE A STARTED MOVING BUT UNFORTUNATELY THERE WAS THIS VEHICLE B(SMQ5193A) DID NOT MOVE ON GREEN SINCE THE DISTANCE WAS TOO NEAR AND VEHICLE A REAR ENDED VEHICLE B BECAUSE THERE WASNT MUCH TIME TO REACT.

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

05/01/2023 1420HRS

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

**FLASH ACCIDENT
REPORTING OFFICER**

FRO VICKY



Witnessed by Reporting Centre
Personnel

















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G23160006 Vehicle Registration No: SNE8908S
 Name (as shown in NRIC): Mercedes-Benz Singapore Pte. Ltd. (MBS) NRIC/FIN/Passport No: 1XXXXX355E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 05/01/2023 Time of Accident: 09:00
 Place of Accident: Lavender St.
 Insurance Company: Allianz Insurance Singapore Pte. Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE CLAIM STATUS TO OWN DAMAGE CLAIM

 Policyholder / Driver's Signature
 Date:

Siti
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 12.01.2023

STARMC Addendum Form

