

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	14/01/2023 12:27 (SGT)
Reported by	Driver
Date of Accident	05/01/2023 14:30 (SGT)
Exact Location of Accident	Bishan Rd, Singapore
Additional Location Information	JUNCTION OF BISHAN STREET 22
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE7040X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Mercedes-Benz Singapore Pte. Ltd. (MBS)
Company Reg No	199000355E
Email Address	thanh_son.nguyen@mercedes-benz.com
Mobile Phone No	(Phone) +65-81215287
Alternative Phone No	(Office) +65-90038279

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E300
Variant	AVANTGARDE FL
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	1991

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003915046

DRIVER

Name of Driver	LIM SIN TECK
NRIC No	S7044774F
Date Of Birth	15/12/1970

Date Of Driving Pass	07/06/1988
Driving experience	34 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81215287
Alt. Phone Number	-
Email Address	thanh_son.nguyen@mercedes-benz.com
Address	11 GOLDHILL DRIVE
Address complement	-
Postcode	308960
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SPOUSE/EMPLOYEE
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)	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	VIVIENNE LIM
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 05/01/2023 AT AROUND 1430HRS, I WAS DRIVING VEHICLE A (SNE7040X) ALONG BISHAN ROAD. AS I APPROACHED THE JUNCTION WITH BISHAN STREET 22, THE TRAFFIC LIGHT HAD TURNED RED AND I STOPPED BEHIND THE LINE OF CARS. IMMEDIATELY AFTER STOPPING, I FELT AN IMPACT AT THE REAR OF MY VEHICLE. I THEN REALISED THAT VEHICLE B (FBN8938U) HAD COLLIDED ONTO THE LEFT REAR PORTION OF VEHICLE A. RIDER OF VEHICLE B DID NOT FALL ONTO THE ROAD. RIDER OF VEHICLE B AND I MANAGED TO EXCHANGE PARTICULARS. NOBODY WAS INJURED AND THERE WERE NO OTHER VEHICLES INVOLVED IN THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

Vehicle Registration Number	FBN8938U
Vehicle Manufacturer	Ktm
Vehicle Model	200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	HENG SI YUAN
Contact Number	(Phone) +65-92473345
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 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.



**FLASH ACCIDENT
REPORTING OFFICER**
FRO SUFIYAN



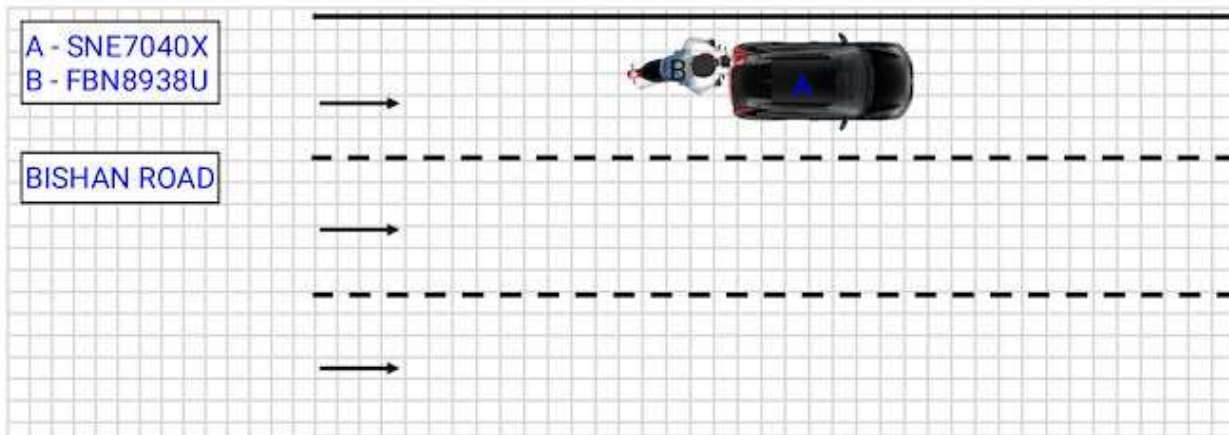
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

13/01/2023 2040HRS



Describe Circumstances of the Accident

ON 05/01/2023 AT AROUND 1430HRS, I WAS DRIVING VEHICLE A (SNE7040X) ALONG BISHAN ROAD. AS I APPROACHED THE JUNCTION WITH BISHAN STREET 22, THE TRAFFIC LIGHT HAD TURNED RED AND I STOPPED BEHIND THE LINE OF CARS. IMMEDIATELY AFTER STOPPING, I FELT AN IMPACT AT THE REAR OF MY VEHICLE. I THEN REALISED THAT VEHICLE B (FBN8938U) HAD COLLIDED ONTO THE LEFT REAR PORTION OF VEHICLE A.

RIDER OF VEHICLE B DID NOT FALL ONTO THE ROAD.

RIDER OF VEHICLE B AND I MANAGED TO EXCHANGE PARTICULARS

NOBODY WAS INJURED AND THERE WERE NO OTHER VEHICLES INVOLVED IN THE ACCIDENT.

Declaration

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

Policyholder's Signature / Date & Time

Lay Lin Teeb

Driver's Signature (If driver is not the policyholder) / Date & Time
13/01/2023 2040HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO SUFIYAN



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: SJ0G231E0000 Vehicle Registration No: SNE7040X
 Mercedes-Benz Singapore Pte. Ltd. (MBS)
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: 1XXXXX355E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 90038279
 Email Address: _____
 Date of Accident: 05/01/2023 Time of Accident: 14:30
 Place of Accident: Bishan Rd.
 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

 Policyholder / Driver's Signature
 Date:

Siti
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 26.01.2023