

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 07/03/2023 10:14 (SGT)
Reported by Driver
Date of Accident 05/03/2023 12:50 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY6053Y

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) +65-82286267
Alternative Phone No (Office) +65-82821711

VEHICLE PARTICULARS

Manufacturer Audi
Model A4
Variant 2.0 TFSI S TRONIC
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 1984

INSURANCE COMPANY

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

DRIVER

Name of Driver MOHAMAD ANSARI BIN SUKRI
NRIC No S1191121H
Date Of Birth 25/11/1955

Occupation	Indoor
Date Of Driving Pass	16/01/1979
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82286267
Alt. Phone Number	-
Email Address	too_tong.tan@mercedes-benz.com
Address	200 TOA PAYOH NORTH #07-1045
Address complement	-
Postcode	310200
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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 MARCH 2023 AT ABOUT 1250HRS I WAS DRIVING VEHICLE A SMY6053Y ALONG PIE TOWARDS TUAS. I WAS AT SECOND LANE FROM EXTREME RIGHT AS THERE WAS LITTER PICKERING ALONG EXTREME RIGHT LANE WHEN SUDDENLY VEHICLE B SKU5759X APPLIED BRAKE AND I UNABLE TO STOP ON TIME RESULTING MY VEHICLE TO REAR ENDED VEHICLE B. ONCE I ALIGHT I REALISED ITS WAS CHAIN COLLISION INVOLVED WITH THREE MORE VEHICLES. EXCHANGED PARTICULAR WITH VEHICLE B DRIVER AND NO INJURIES AT POINT OF TIME.

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	SKU5759X
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMMED NASIR BIN SAHUL HAMEED
NRIC No	S8414822I
Contact Number	(Phone) +65-87875759
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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) -

Describe Circumstances of the Accident

ON 05 MARCH 2023 AT ABOUT 1250HRS I WAS DRIVING VEHICLE A SMY6053Y ALONG PIE TOWARDS TUAS. I WAS AT SECOND LANE FROM EXTREME RIGHT AS THERE WAS LITTER PICKERING ALONG EXTREME RIGHT LANE WHEN SUDDENLY VEHICLE B SKU5759X APPLIED BRAKE AND I UNABLE TO STOP ON TIME RESULTING MY VEHICLE TO REAR ENDED VEHICLE B. ONCE I ALIGHT I REALISED ITS WAS CHAIN COLLISION INVOLVED WITH THREE MORE VEHICLES. EXCHANGED PARTICULAR WITH VEHICLE B DRIVER AND NO INJURIES AT POINT OF TIME.

Declaration

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



FLASH ACCIDENT
REPORTING OFFICER

FRC BALAJI



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

1900HRS 06 MARCH 2023















