SJ0G2337000D / JP Knights Pte Ltd ENTRY DATE & TIME: 07/03/2023 10:14 (SGT) SUBMITTED BY: Siti VERSION: 1 (07/03/2023 10:14 (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 07/03/2023 10:14 (SGT) Reported by 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? 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 Α4 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? Nο 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 Chain Collision 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? Was any injured conveyed to hospital by ambulance? 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 DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο 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** 

SKU5759X

Mercedes

Vehicle Variant

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

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)

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process.
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- 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.
- 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)

Lunderstand, 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.
- (ii) 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.

2/10-1

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

1900HRS 06 MARCH 2023

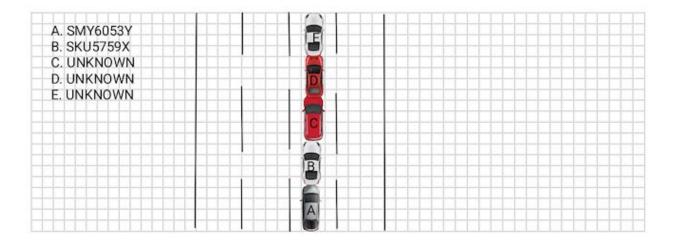
FLASH ACCIDENT

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

Policyholder's Signature / Date &



#### 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.

In.

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT REPORTING OFFICE FRO BALAJI

Policyholder's Signature / Date & Time

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

1900HRS 06 MARCH 2023



