

# 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 ..... 09/03/2023 10:10 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 03/03/2023 09:15 (SGT)  
Exact Location of Accident ..... 19 Pandan Ave, Singapore 609386  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH7542R

### 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) +65-89330490  
Alternative Phone No ..... (Office) +65-82821711

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... BENZ / VITO 109 CDI MT LONG  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2003902365

### DRIVER

Name of Driver ..... MOHAMAD RIZAL BIN NOORAINI  
NRIC No ..... S7804516G  
Date Of Birth ..... 11/02/1978

Occupation .....	Outdoor
Date Of Driving Pass .....	13/12/2017
Driving experience .....	5 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89513789
Alt. Phone Number .....	-
Email Address .....	too_tong.tan@mercedes-benz.com
Address .....	787D WOODLANDS CRESCENT #07-32
Address complement .....	-
Postcode .....	734787
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 on 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 .....	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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT No.T/20230305/7023

#### 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 .....	GBK7197M
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Hiace

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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**

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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.
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

Sketch Plan

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

08/03/2023 2230

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT No.T/20230305/7023

Declaration

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

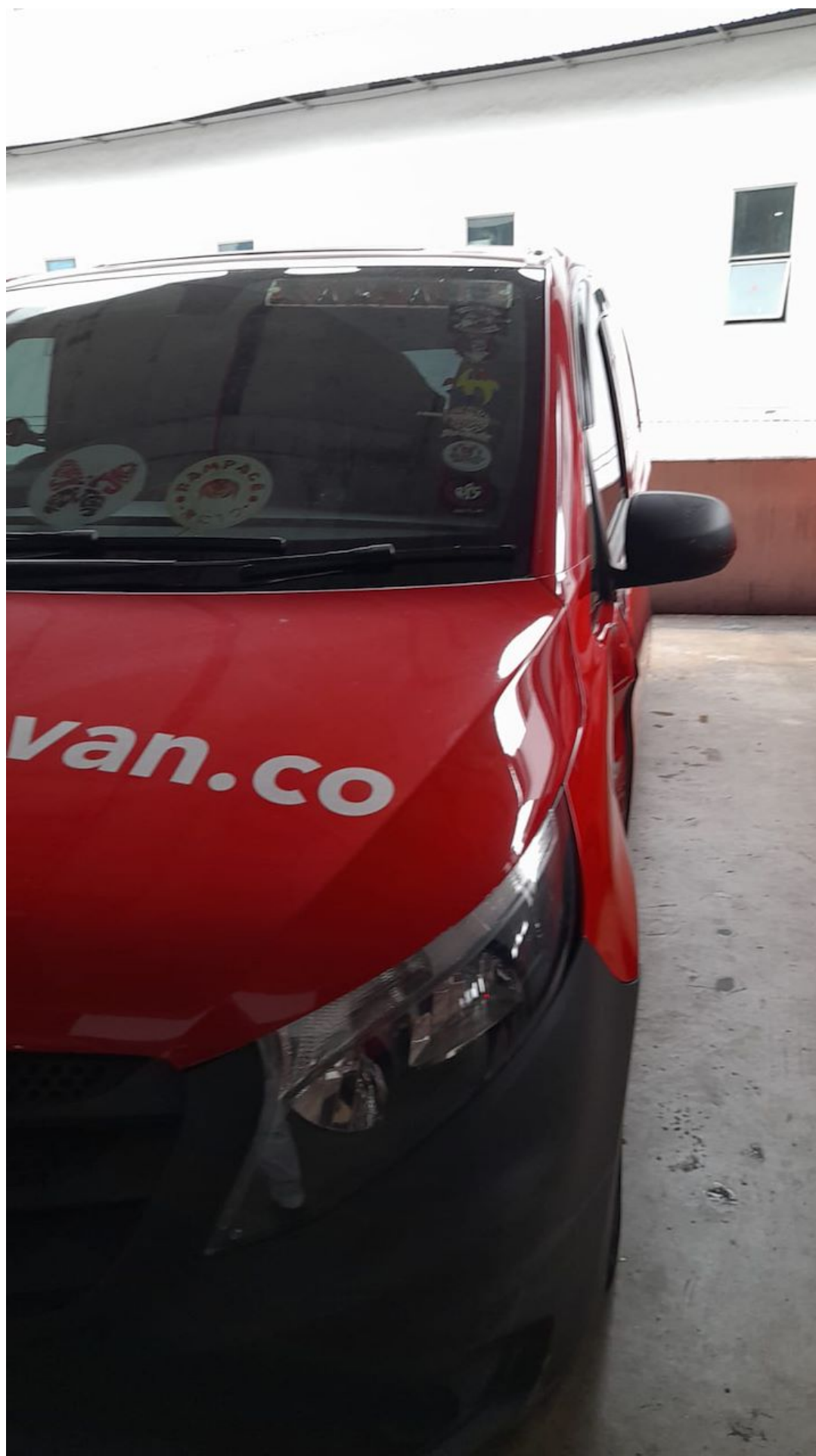
08/03/2023 2230

Witnessed by Reporting Centre Personnel



























**SINGAPORE  
POLICE FORCE**



T/20230305/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230305/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/03/2023 16:32		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMAD RIZAL BIN NOORAINI			Address: 787D WOODLANDS CRESCENT #07-32 SINGAPORE 734787		
ID Type / ID No.: NRIC NO / S7804516G			Contact No.: Home/Office: Mobile: 88166123		
Nationality: SINGAPORE CITIZEN			Email: GYLERSAN4516@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 11/02/1978	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Delivery Driver			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2023 09:15	Type of Location:
Location:  PANDAN AVENUE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH7542R	Van	MERCEDES BENZ	Vito	Red	Slightly Damaged	0
GBK7197M	Van	TOYOTA	Haice	White	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230305/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230305/7023

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBH7542R	NinjaVan			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMAD RIZAL BIN NOORAINI	ID No.	S7804516G
Related Vehicle	GBH7542R (Van)	Contact No.	88166123
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 0915hrs, 3 March 2023, I was at the above mentioned location 5th level preparing to park my company (NinjaVan) vehicle (Vehicle Detail, Brand: Mercedes-Benz, Model: Vito, License Plate Number: GBH7542R). Before I start reversing, I look at my surrounding and notice there wasn't any vehicle. And I started to reverse and park the vehicle. While reversing I felt an impact and I notice there was another vehicle (Vehicle Detail, Brand: Toyota, Model: Hiace, License Plate Number: GBK7197M) at my left side. I wasn't sure who collided with who.

After that I went down my company vehicle to inspect the damages.

I didn't manage to get the other driver particular as there was some conflict and argument after that. And we both settle this issue by asking our supervisor to handle it.

My company vehicle and the other vehicle sustain some damages. As my company vehicle sustain a big dent at the left side near the passenger door, and the passenger door can't be open



**SINGAPORE  
POLICE FORCE**



T/20230305/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230305/7023

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
05/03/2023 16:32

Classification Of Case:

This report is lodged at Woodlands West NPC Kiosk 3  
NP168