

## 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 .....	06/04/2023 15:15 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	04/04/2023 17:45 (SGT)
Exact Location of Accident .....	Pasir Ris Dr 12, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNB6224E
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#### 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) +65-96879099
Alternative Phone No .....	(Office) +65-82821711

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Gla200
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? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1595

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver .....	TYE YOKE FOONG, GRACIA
NRIC No .....	S7304805B
Date Of Birth .....	08/02/1973

Occupation .....	Indoor
Date Of Driving Pass .....	20/12/1993
Driving experience .....	29 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96879099
Alt. Phone Number .....	-
Email Address .....	too_tong.tan@mercedes-benz.com
Address .....	18 PASIR RIS LINK #12-03
Address complement .....	-
Postcode .....	518156
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 .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 05/04/2023 AT ABOUT 17:45HRS, I WAS DRIVING VEHICLE A ( SNB6224E) ALONG PASIR RIS DR 12. APPROACHING TRAFFIC JUNCTION, I SLOW DOWN MY VEHICLE AND STOP DUE TO TRAFFIC LIGHT. AS MY VEHICLE WAS STATIONARY, VEHICLE B (SNC4689E) FROM BEHIND COLLIDED ONTO VEHICLE A REAR BUMPER. DUE TO THE IMPACT MY VEHICLE PUSHED FORWARD AND COLLIDED ONTO FRONT VEHICLE (SGT2302C). I SUSTAINED NECK PAIN DUE TO THE IMPACT.

#### 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 .....	SNC4689E
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White

Vehicle Category .....	Private car
Name of Driver .....	PEMA LIM FANG YI
Contact Number .....	(Phone) +65-83836655
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SGT2302C
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Fit
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	ADRIAN CHOONG KHAI MUN
Contact Number .....	(Phone) +65-97695231
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	REAR PORTION
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TYE YOKE FOONG, GRACIA
Gender .....	Female
Phone No .....	(Phone) +65-96879099
Address .....	18 PASIR RIS LINK #12-03
Address Complement .....	-
Post Code .....	518156
Approximate Age Years Old .....	50
Injuries Sustained .....	NECK PAIN
Injured person in which vehicle? .....	SNB6224E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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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

Sketch Plan

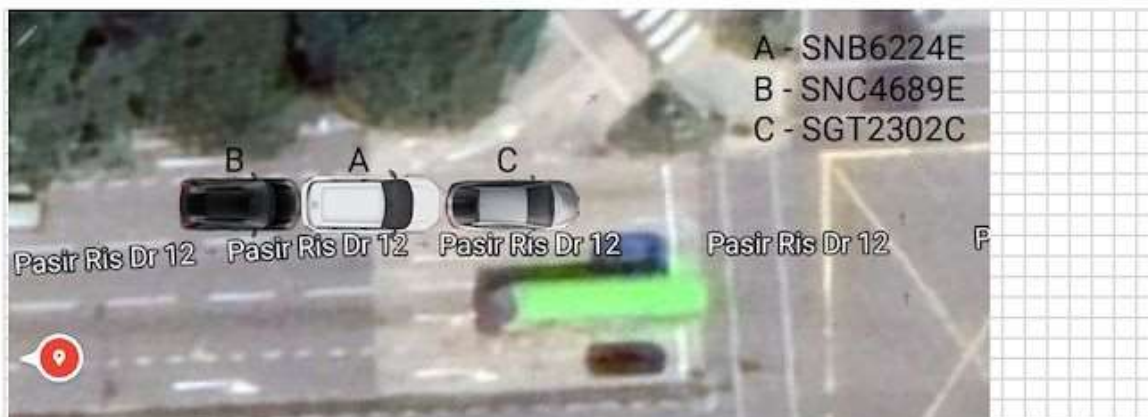
Driver's Signature (If driver is not the policyholder) / Date & Time

04/04/2023 - 18:20HRS

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ

Witnessed by Reporting Centre Personnel




## Describe Circumstances of the Accident

ON 05/04/2023 AT ABOUT 17:45HRS, I WAS DRIVING VEHICLE A ( SNB6224E) ALONG PASIR RIS DR 12. APPROACHING TRAFFIC JUNCTION, I SLOW DOWN MY VEHICLE AND STOP DUE TO TRAFFIC LIGHT. AS MY VEHICLE WAS STATIONARY, VEHICLE B (SNC4689E) FROM BEHIND COLLIDED ONTO VEHICLE A REAR BUMPER. DUE TO THE IMPACT MY VEHICLE PUSHED FORWARD AND COLLIDED ONTO FRONT VEHICLE (SGT2302C). I SUSTAINED NECK PAIN DUE TO THE IMPACT.

## Declaration

I/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

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO KHAMARAJ



\_\_\_\_\_  
Witnessed by Reporting Centre Personnel









































