

# 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 ..... 05/05/2023 16:29 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 03/05/2023 19:50 (SGT)  
Exact Location of Accident ..... Martin PI, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMD1878C

### 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) +65-91059684  
Alternative Phone No ..... (Office) +65-91085157

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E200  
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 ..... 1991

### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... WONG SZE PENG, DANNY (WANG ZHIBIN)  
NRIC No ..... S7907850F  
Date Of Birth ..... 22/03/1979  
Occupation ..... Indoor

Date Of Driving Pass .....	17/07/2000
Driving experience .....	22 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91059684
Alt. Phone Number .....	(Office) +65-91085157
Email Address .....	too_tong.tan@mercedes-benz.com
Address .....	261 RIVER VALLEY ROAD #06-16
Address complement .....	-
Postcode .....	238307
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 .....	Collided into Parked Vehicle
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

IN 03052023 AT ABOUT 1950HRS , I WAS STATIONARY VEHICLE A(SMD1878C) AT THE SAID LOCATION , AT SECOND LAST CAR LOT.

AS I TAKING BREAK OUTSIDE OF VEHICLE A , THERE WAS A VEHICLE B(CB8336H) FRONT PORTION ACCIDENTALLY HIT ONTO VEHICLE A REAR PORTION

NOBODY WAS INJURED.

#### 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 .....	CB8336H
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LEE KOK CHIANG
Contact Number .....	(Phone) +65-96892970
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN**

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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:

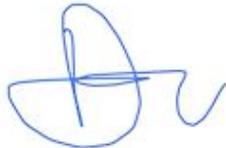
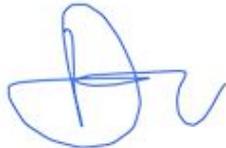
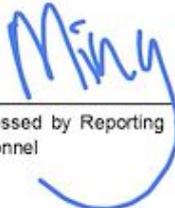
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 :

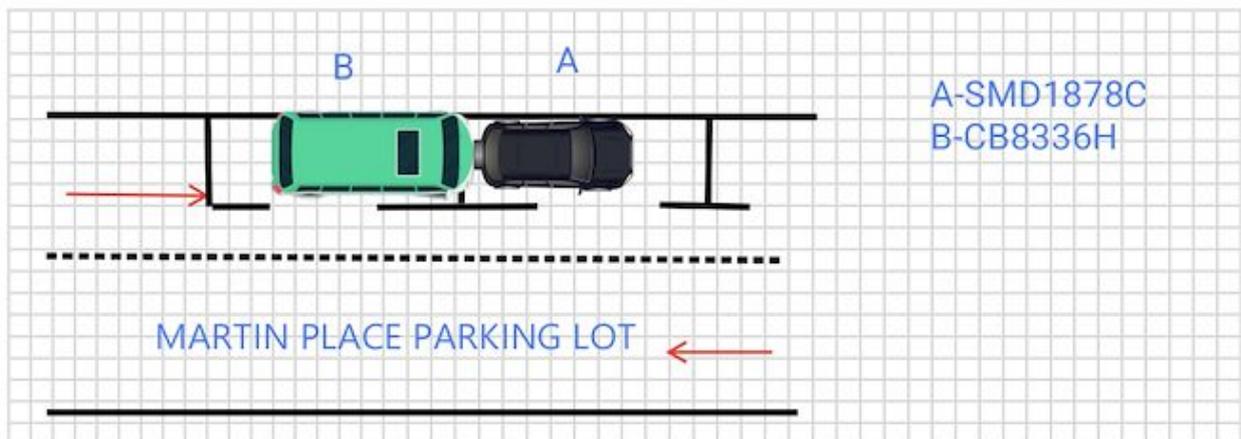
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
- (ii) investigating the accident and/or my claims.
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (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.

 <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Policyholder's Signature / Date & Time <b>Sketch Plan</b>	 <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Driver's Signature (If driver is not the policyholder) / Date & Time <b>04052023-0015HRS</b>	 <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Witnessed by Reporting Centre Personnel
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Describe Circumstances of the Accident

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NOBODY WAS INJURED.

**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

Witnessed by Reporting Centre Personnel

04052023-0015HRS













