

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	22/06/2023 10:50 (SGT)
Reported by	Actual Driver
Date of Accident	19/06/2023 16:00 (SGT)
Exact Location of Accident	Tampines Link, Singapore
Additional Location Information	TOWARDS TAMPINES AVENUE 10 (T-JUNCTION)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR6287B

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) +65-83889168
Alternative Phone No	(Office) +65-82821711

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	CHAN LEE PENG (ZENG LIPING)
NRIC No	S7832815J
Date Of Birth	14/11/1978

Occupation	Indoor
Date Of Driving Pass	02/03/1998
Driving experience	25 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83889168
Alt. Phone Number	-
Email Address	too_tong.tan@mercedes-benz.com
Address	402 ANG MO KIO AVENUE 10 #10-611
Address complement	-
Postcode	560402
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	PAID DRIVER
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 to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	-

PASSENGER 1

Name	LIN XINYI
Gender	Female

PASSENGER 2

Name	CHILD
Gender	Female

PASSENGER 3

Name	CHILD
Gender	Female

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 T/20230619/7077

Are accident photos available for attachment? No
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMS39K
 Vehicle Manufacturer Toyota
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver EDDY
 Contact Number (Phone) +65-87186099
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LIN XINYI
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NOSE BLEEDING
 Injured person in which vehicle? SMR6287B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person CHILD
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained CHEST , NECK AND BACK PAIN
 Injured person in which vehicle? SMR6287B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person CHILD
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained CHEST , NECK AND BACK PAIN
 Injured person in which vehicle? SMR6287B
 Were seat belts worn? Yes

Was this injured conveyed to hospital by ambulance? Yes

INJURED 4

Name of injured person	CHAN LEE PENG (ZENG LIPING)
Gender	Female
Phone No	(Phone) +65-83889168
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	DISCOMFORT TO HER NECK , CHEST AND BACK
Injured person in which vehicle?	SMR6287B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any willful 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. 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

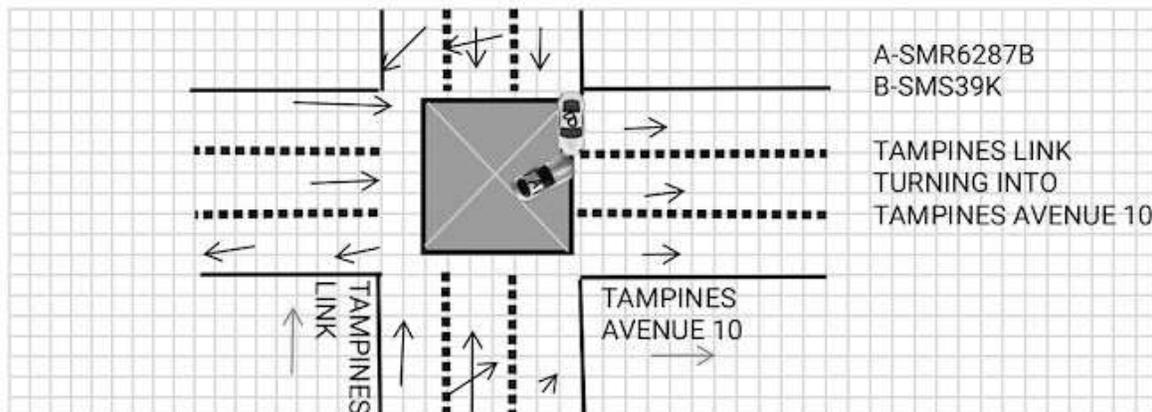
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
21062023 1200HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT
T/20230619/7077

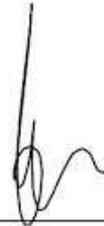
Declaration

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 21062023 1200HRS



Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20230619/7077

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

2 of 3
Report No. T/20230619/7077

CONTINUATION OF REPORT

Driver			
Name	CHAN LEE PENG		ID No. S7832815J
Related Vehicle	SMR6287B (Car)		Contact No. 83889168
Hospital/Clinic	PINNACLE FAMILY CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	19/06/2023	Date	19/06/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was making a right turn into Tampines Ave 10 upon traffic light green indicator and suddenly a vehicle from opposite direction came seemed traveling at speed and hit my vehicle on the left bonnet/tyre side of the vehicle. There was no high beams and horn by the incoming vehicle. Driver did not come out from his vehicle and render assistance after the accident. He seems to be oblivious. There were a total of 4 people in my vehicle consisting of me as the driver along with 3 children aged 12, 14 and 15.

Front passenger is 14 and seated behind two passengers aged 12 and 15.

One passenger, Lin Xinyi, aged 12, was bleeding from the nose after the impact and the ambulance was called in. Two other passengers also reported of chest, neck and back pain during triage at the KK hospital. All 3 of them were conveyed to the hospital by the ambulance.

As for myself, I visited the clinic due to pain and discomfort to my neck, chest and back. I wish to state that all the passengers in my vehicle were wearing seat belt.
Traffic police duly arrived at scene to provide assistance and car camera SD card was collected.



**SINGAPORE
POLICE FORCE**



T/20230619/7077

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

3 of 3
Report No. T/20230619/7077

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/06/2023 20:52
Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65476200	Classification Of Case:

NP168