# SINGAPORE ACCIDENT STATEMENT

# **IMPORTANT NOTICE**

Contact Number EMail Address

Address

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised 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 ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policyliability 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 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

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 Report	13/12/2017 21:28	
Date Of Accident	13/12/2017 18:30	
Exact Location Of Accident	WEST GATE PARKING LOT	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLP8097S	
Insured/Policyholder		
Name Of Registered Owner	DAIMLER SOUTH EAST ASIA PTE. LTD.	
Co Reg No	199000355E	
Email Address	ANAMIKA.TALWAR@DAIMLER.COM	
Mobile Phone No		
Alternative Phone No	Office-98377412	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	E200 AVG	
Exact Purpose for which vehicle was being used at time of accident	Private	
Are you claiming under your own insurance policy for repair to your vehicle?	YES	
If No, Please state action to be taken		
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	YES	
Policy Number	999996111	
Cover Note Number	N.A.	
Driver		
Name of Driver	TALWAR ANAMIKA	
NRIC No	G5156964X	
Date Of Birth	20/02/1973	
Occupation	INDOOR	
Date Of Driving Pass	04/09/2012	
Driving Experience	5 YEARS AND 3 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-98377412	
Fax Number		

ANAMIKA.TALWAR@DAIMLER.COM

Postcode Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

YES

Insurance Company of Driver's Own Vehicle

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# 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 this accident? NO Was any body injured in the Accident? NO Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

# **Details of Police Action**

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

Exiting from the parking Lot, making left turn and accidentally brushed onto the vehicle on my left. Due to the vehicle on my right parked too close to my vehicle.

# Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKU3566Z

Vehicle Make/Model/Colour BMW/ 316l/ BLACK

**Details Of Properties** 

Name of Driver THIEN SOOK KYEN

NRIC/Passport Number

Contact Number 97588030

NΑ Address NΑ

Postcode

Insurance Company Name

Nature Of Damage

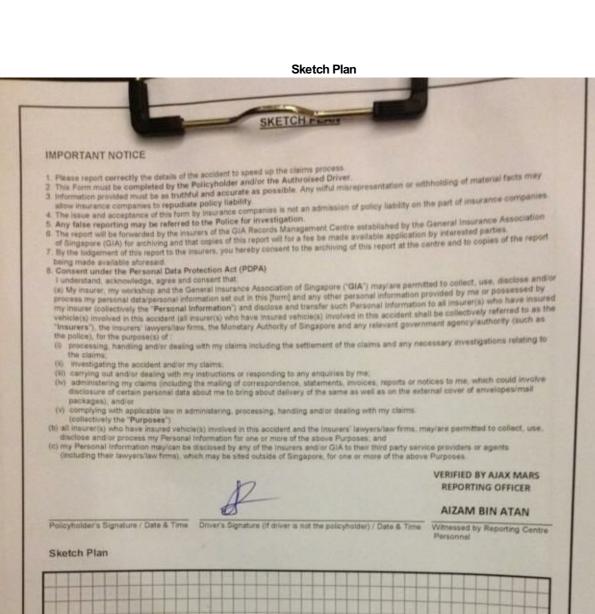
No. Of Passenger (Including Driver)

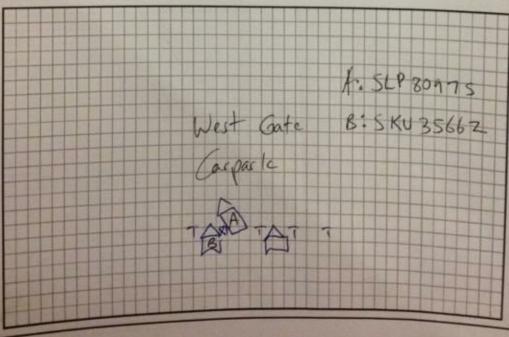
### **Details of Witness**

Name

Phone Number

**Email Address** 



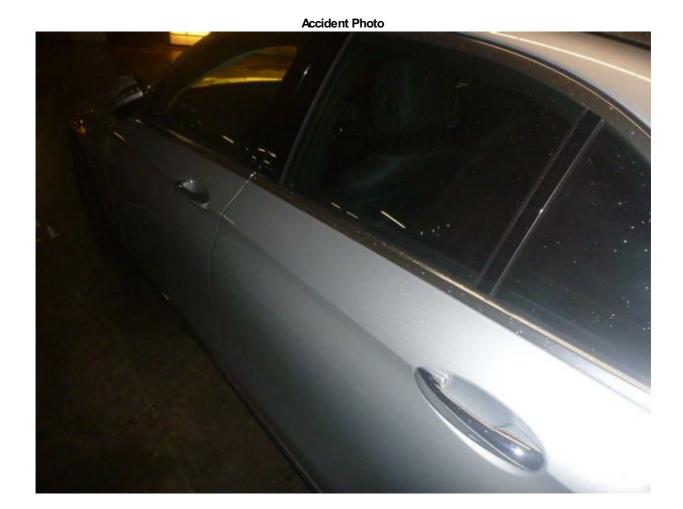


Exiting from the parking Lot,making leads on my left. Due to the vehicle on my r	eft turn and accidentally brushed onto the vehicle right parked too close to my vehicle.
Taxi Voucher No.:	
1	
Are you claiming your own insurance policy for the repair of your vehicle?	
DECLARATION  I/We declare that the above particulars & information provided by AJAX MARS REPORTING OFFICER - AIZAM BIN ATAN	rovided above are true in every aspect
MARS Officer	
	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
13 December, 2017 9:00 pm	13 December, 2017 9:00 pm



**Accident Photo** 





**Accident Photo** 



**Accident Photo** 



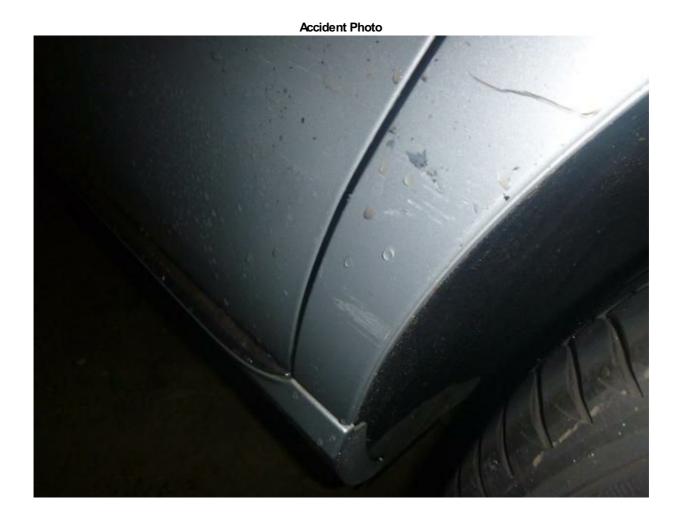


















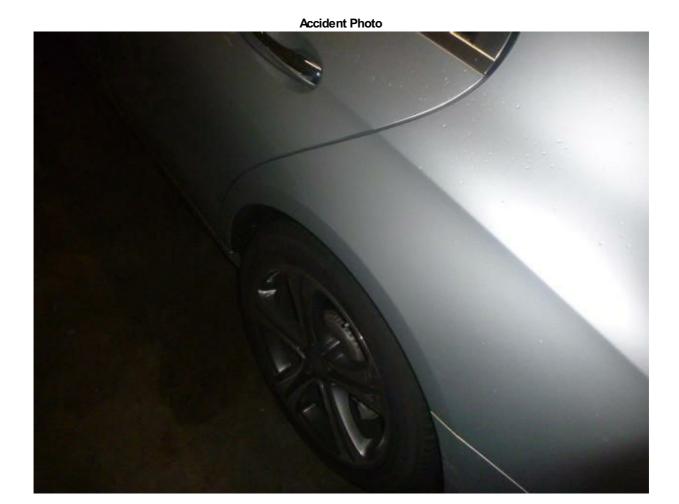


**Accident Photo** 









**Driving License** 



**Driving License** 

