

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 Authorised 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 ability.
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 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 Report	23/12/2017 14:21
Date Of Accident	22/12/2017 18:10
Exact Location Of Accident	CTE (SLE) FLYOVER BEFORE ANG MO KIO EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3881D
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Co Reg No	199803778Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68498118

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX 1.6 A

Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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Are you claiming under your own insurance policy for repair to your vehicle?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995580
Cover Note Number	N.A

Driver

Name of Driver	LARRY WONG KAI
NRIC No	S2203157J
Date Of Birth	15/07/1970
Occupation	INDOOR
Date Of Driving Pass	02/11/1992
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96816716
Fax Number	
Contact Number	
Email Address	BBKAI@YAHOO.COM

Address	BLK 299B COMPASSVALE STREET #17-108 SINGAPORE 542299
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was driving along CTE(SLE) on the extreme left lane. The roads were slippery and it was a declining road. The vehicle in front slowed down and I was a bit too close and as I hit the brakes, the ABS came on and my vehicle skidded forward and collided onto the rear portion of SFA8666A. No injuries were involved.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFA8666A
Vehicle Make/Model/Colour	TOYOTA ESTIMA AERAS
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	TONG KAH WAI
NRIC/Passport Number	S7021963H
Contact Number	94876877
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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7. In the event 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 thereof.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) the 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 me (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured my vehicle(s) in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"); the insurer, lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the Police) for the purposes of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the accident;
(ii) settling the accident and/or my claims;
(iii) communicating with my institutions or responding to any enquiries by me;
(iv) processing my claims including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve the use of the express mail service to bring about delivery of the same as well as on the external cover of envelopes/mail;
(v) processing, handling and/or dealing with my claims;
(b) the insurer, my workshop 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents for the purposes of processing, handling and/or dealing with my claims, which may be used outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Amhar Hamizan Bin
Khairudin

Witnessed by Reporting Centre
Personnel

454320810
61504866A

ACCIDENT STATEMENT (2000 characters)

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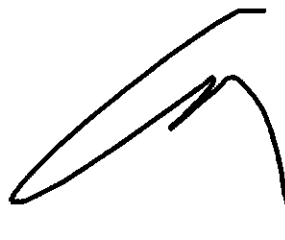
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AMMAR HAMIZAN

MARS Officer

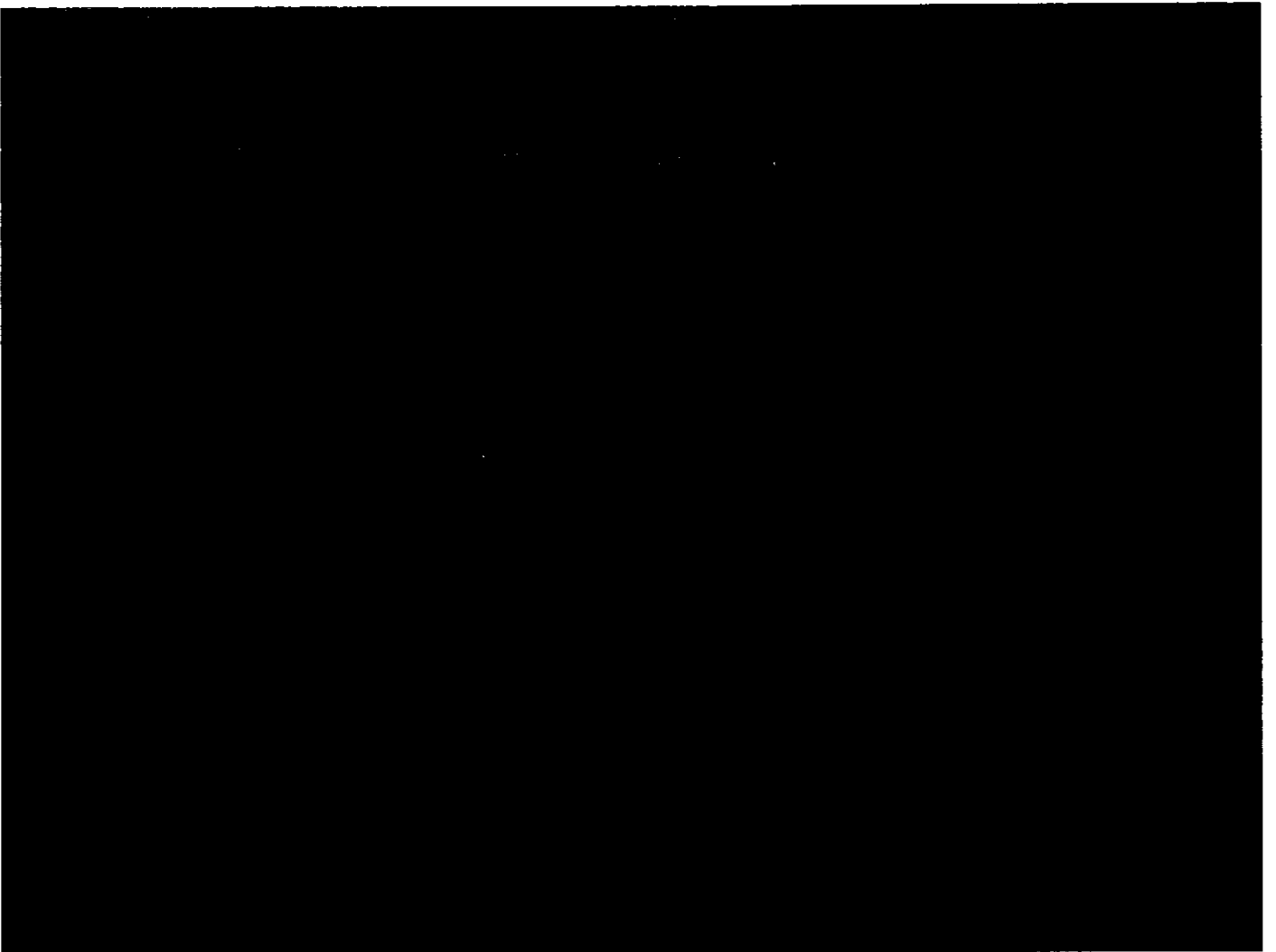


Registered Owner or Driver's Signature

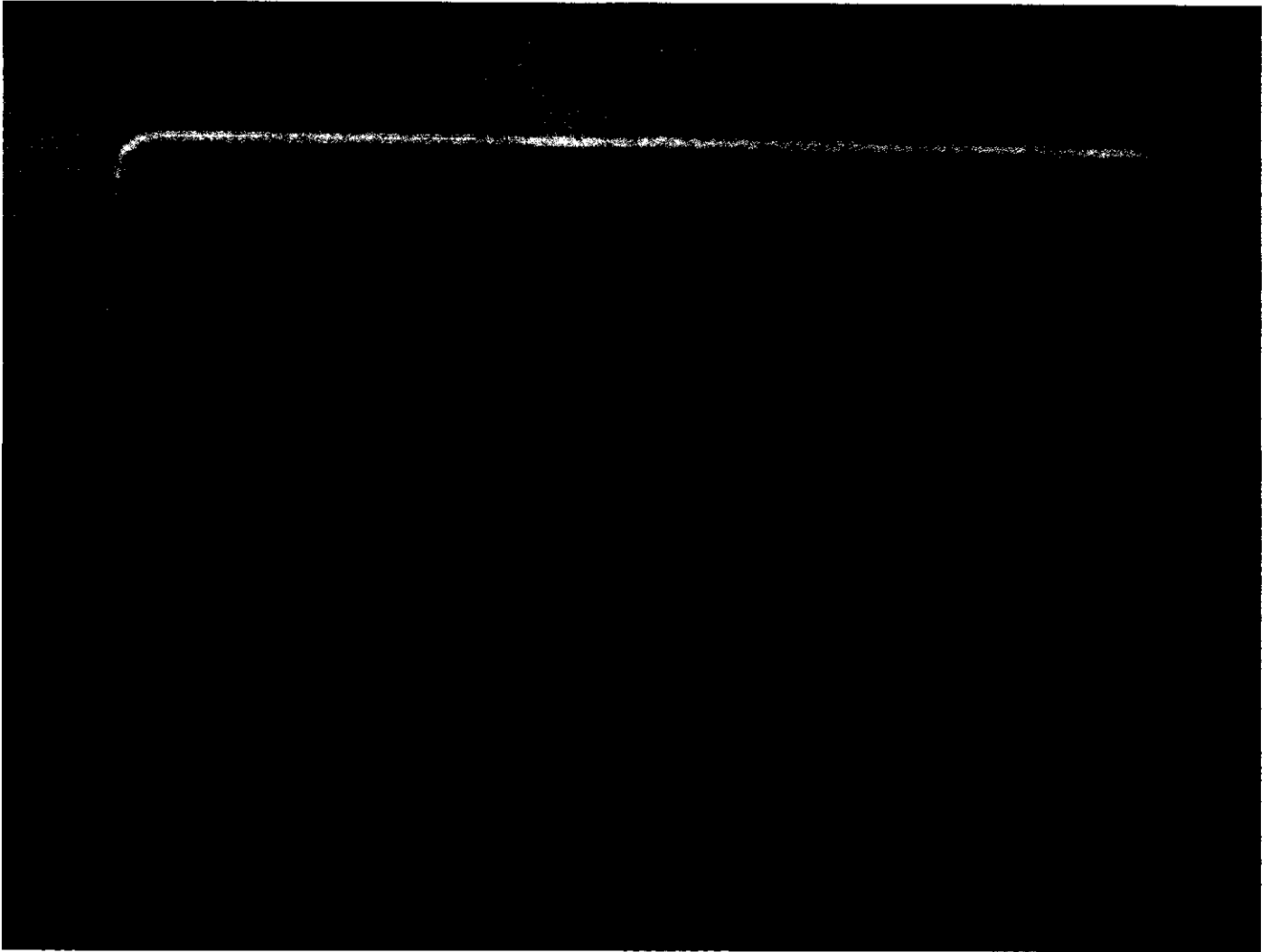
Job Complete Date/Time

Date/Time:

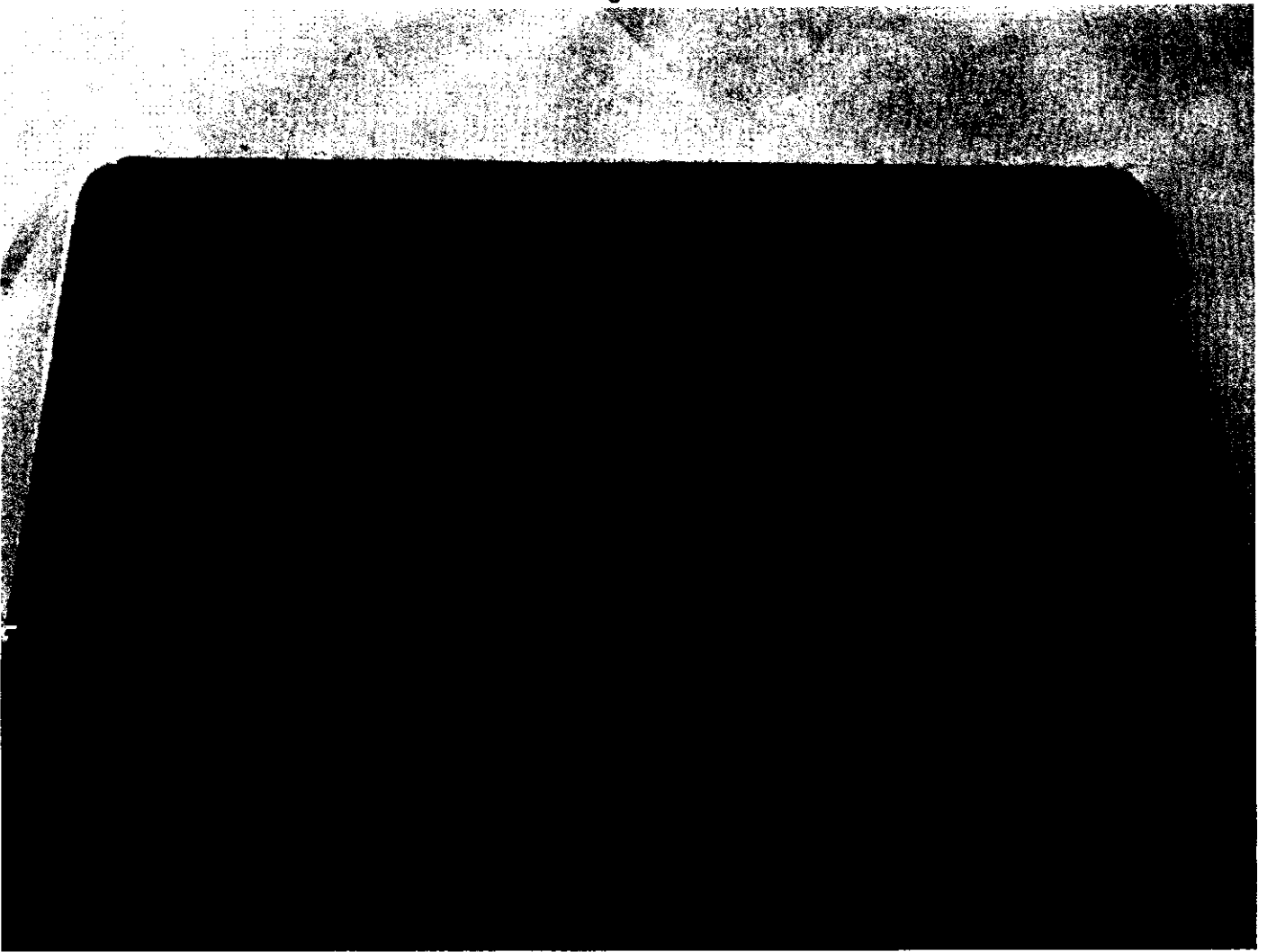
Identification Card



Identification Card



Driving License



Driving License

