MBH-118019317 / AJAX MARS PTELTD - Bukit Merah ENTRY DATE & TIME 07/02/2018 21:26 SUBMITTED BY: SUSAN

# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 08/02/2018 03:13

### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Gender

Mobile Number

Fax Number Contact Number EMail 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 <u>truthful and accurate</u> 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 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

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	ACCIDENT STATEMENT	
Date Of Report	07/02/2018 21:26	
Date Of Accident	06/02/2018 15:20	
Exact Location Of Accident	ALONG TAMPINES ST 11	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBG7498R	
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-90677711	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	VITO 114 CDI	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	REPORTING ONLY	
Vehicle Category	COMMERCIAL VEHICLE	
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	OO SUAY TEE	
NRIC No	S1408957H	
Date Of Birth	06/03/1960	
Occupation	INDOOR	
Date Of Driving Pass	27/11/1979	
Driving Experience	38 YEARS AND 2 MONTHS	

MALE

NOEMAIL

(LOCAL) +65-90677711

Address NIL 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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

#### **Details of Police Action**

Was the accident reported to the police?

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 tamp st 11 when i accidentally touch against rear of veh b. However no damages on my vehicle and no i jury involved. I hv video footage of the incident. And the footage also shows that there is already damages on d rear of the bumper.

#### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera?

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHA8660S
Vehicle Make/Model/Colour HYUNDAl/ I40

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver UNKNOWN DRIVER

NRIC/Passport Number

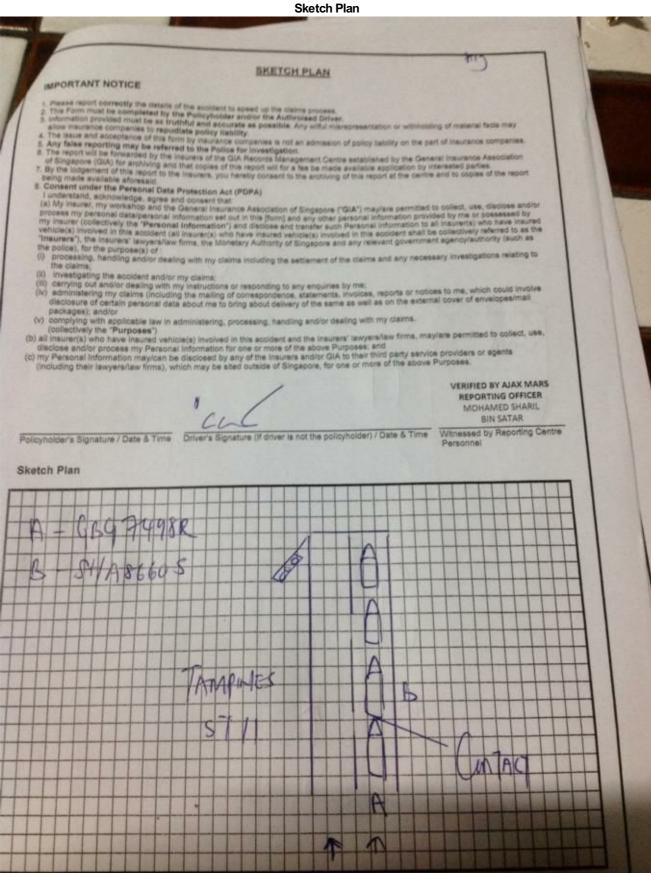
Contact Number NA
Address NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



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Taxi Voucher No.:	
Are you claiming your own insurance	
policy for the repair of your vehicle?	No, Reporting only
DECLARATION  I/We declare that the above particulars & information of the second secon	
MARS Officer	
	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
7 February, 2018 2:41 pm	7 February, 2018 2:41 pm

































**Identification Card** 





**Driving License** 



# **Driving License**

