Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 06/03/2018 19:45

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 <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

Date Of Accident Date Of Accident Date Of Accident Dexact Location Of Accident Dexact Location Of Accident Dexact Location Of Accident Dexact Location Of Accident Description Sungapore Description Number SLN349D Insured/Policyholder Name Of Registered Owner DAIMLER SOUTH EAST ASIA PTE. LTD Co Reg No 199000355E Molimation No Mobile Phone No (LOCAL) +65-90487171 Wehicle Particulars Wehicle Particulars Wehicle Particulars Wehicle Particulars Well Call Out Least Selection No Selection Selectio	aforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available
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Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 999996111	If No, Please state action to be taken	
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Fleet Policy NO Policy Number 999996111	Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Policy Number 999996111	Type Of Coverage	COMPREHENSIVE
•	Fleet Policy	NO
Cover Note Number	Policy Number	999996111
	Cover Note Number	

Driver

Name of Driver CHRISTINE TOH YAXIU

NRIC No S8947632A

Date Of Birth 25/12/1989

Occupation INDOOR

Date Of Driving Pass 23/01/2018

Driving Experience 0 YEAR AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-90487171

Fax Number Contact Number

EMail Address CHRISTINE.TOH@DAIMLER.COM

NA Address Postcode Was driver an employee of the Insured's Company YES If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 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) NO soliciting/offering accident claims assistance. 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 at basement car park of Hillview Heights. I was reversing left into car park lot when my car front right side collided onto parked car SKJ4568U front side. Damages to my car were on the front right side. No injuries were involved.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKJ4568U

Vehicle Make/Model/Colour VOLKSWAGEN/POLO 1.2 TS

Details Of Properties

PRIVATE CAR Vehicle Category LOU KOK YONG Name of Driver

NRIC/Passport Number

Contact Number 96853346

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

SKETCH PLAN

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 liability.
 4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 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.
 8. Consent under the Personal Data Protection Act (PDPA)
 1. Understand, acknowledge, agree and consent that:

Lunderstand, 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

- the porces; 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
- 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.

CA

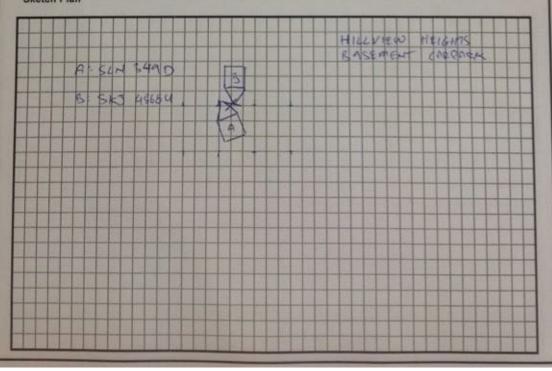
VERIFIED BY AJAX MARS REPORTING OFFICER

Muhammad Faizal

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Bin Pabila

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

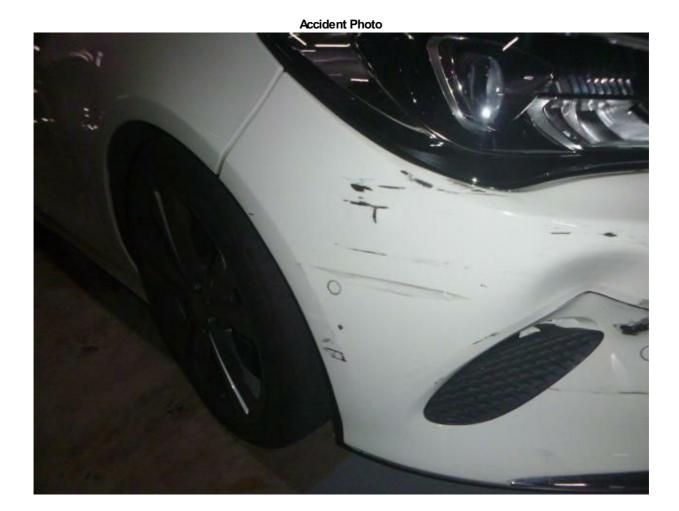
	eights. I was reversing left into carpark lot parked car SKJ4568U front side. Damages injuries were involved.
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provided by AJAX MARS REPORTING OFFICER - MUHAMMAD FAIZAL BIN PABILA	ed above are true in every aspect
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
6 March 2018 at 7:18 PM	6 March 2018 at 7:18 PM







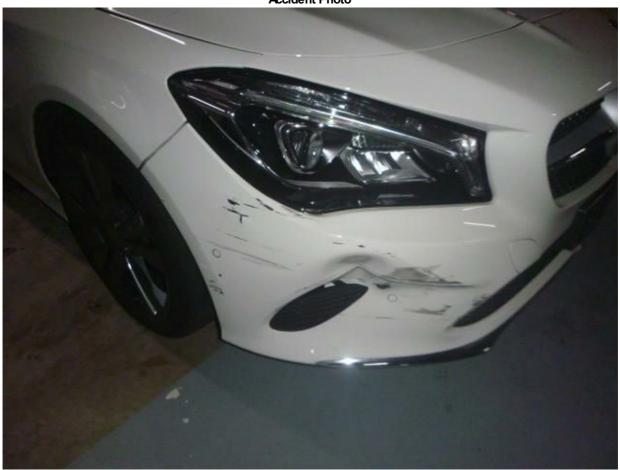








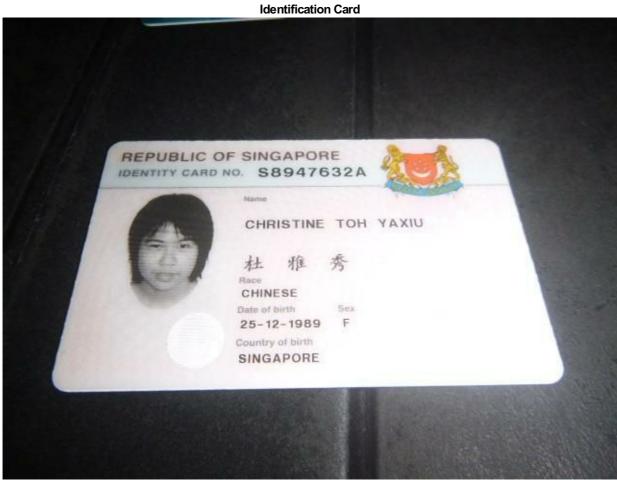




Driving License



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) LE DATE Class 3A Motor cars without clutch pedals (Auto) with unla weight = < 3000kg with = < 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight = < 2500kg Licence



Identification Card

