### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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 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 conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/07/2018 12:15
Date Of Accident	18/07/2018 15:10
Exact Location Of Accident	NEWTON CIRCLE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU695S
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Co Reg No	199803778Z
Email Address	FAIZAL.MOHAMED@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	Office-82821711
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLA180
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	99995580
Cover Note Number	
Driver	
Name of Driver	LEE SIN KAI
NRIC No	S7630818G
Date Of Birth	27/09/1976

**INDOOR** 

24/10/1997

20 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90020146

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address BLK 30 JALAN DAUD #03-04

Postcode 419572 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 - CHANGE/CROSS LANE

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

NO

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NO

NO

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

### **Circumstances of Accident**

I was on the 2nd lane inside the roundabout. I wanted to go to the 3rd lane so I signal and do my checks. Upon turning into the lane I did not notice a car just pass by mine and I accidentally hit my front left bumper to the rear right part of the vehicle on the 3rd lane. We exchange particulars No injury 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 SKM1878D

Vehicle Make/Model/Colour VOLKSWAGEN/GOLF CABRIOLET/WHITE

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver DAI JING
NRIC/Passport Number S7488867D

Contact Number 97261039

1

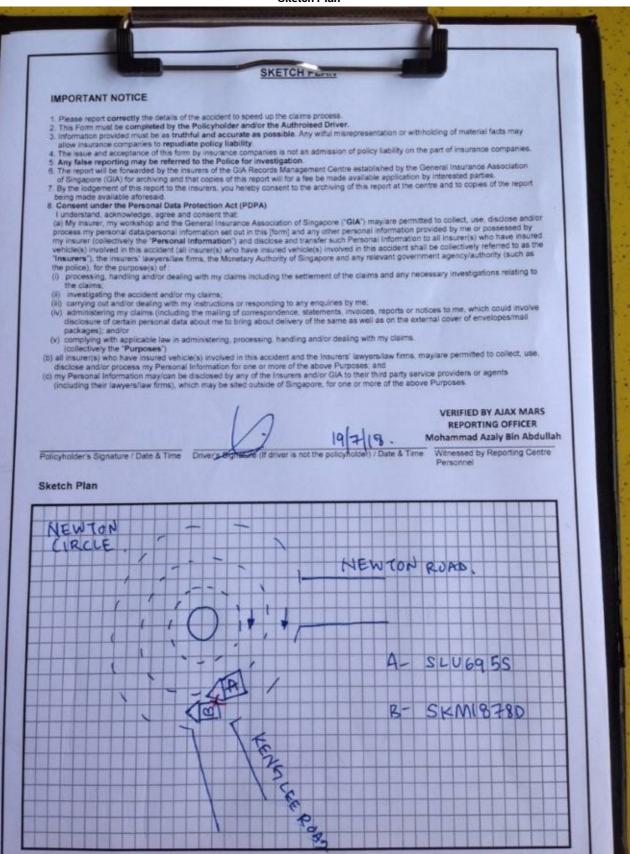
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



# **ACCIDENT STATEMENT (2000 characters)**

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We exchange particulars	
No injury involved.	
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Taxi Voucher No.:	
DECLARATION  I/We declare that the above particulars & information provi	idad abayo ara trua in ayany aspact
•	ded above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMMAD AZALY BIN ABDULLAH	
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
19 July 2018 at 11:01 AM	19 July 2018 at 11:01 AM













**Accident Photo** 





## **Identification Card**



## **Identification Card**

