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.
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7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	26/08/2018 16:12	
Date Of Accident	25/08/2018 19:15	
Exact Location Of Accident	MAUDE RD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBC4158M	
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-68498118	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	VITO 113 LONG	
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	99995580	
Cover Note Number		
Driver		
Name of Driver	MUHAMMAD AMIRUDIN BIN ZULKIFLI	
NRIC No	S8611004J	
Date Of Birth	16/04/1986	

INDOOR 02/05/2008

10 YEARS AND 3 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-86964231

Fax Number

Contact Number

EMail Address ARYAN_DANISH@MAIL.COM

Address HDB FERN GROVE @ YISHUN, 675B YISHUN AVENUE 4 762675 #09-782

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 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

YES 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?

If Yes, against whom?

Circumstances of Accident

I (GBC4158M) was driving along maude rd when a car (SKE3302C) in front slows down and stop. I braked but didn't manage to stop in time and as a result I hit the back of the car. No injuries involved.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NΩ NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKE3302C Vehicle Registration Number

Vehicle Make/Model/Colour BMW / BLACK

Details Of Properties

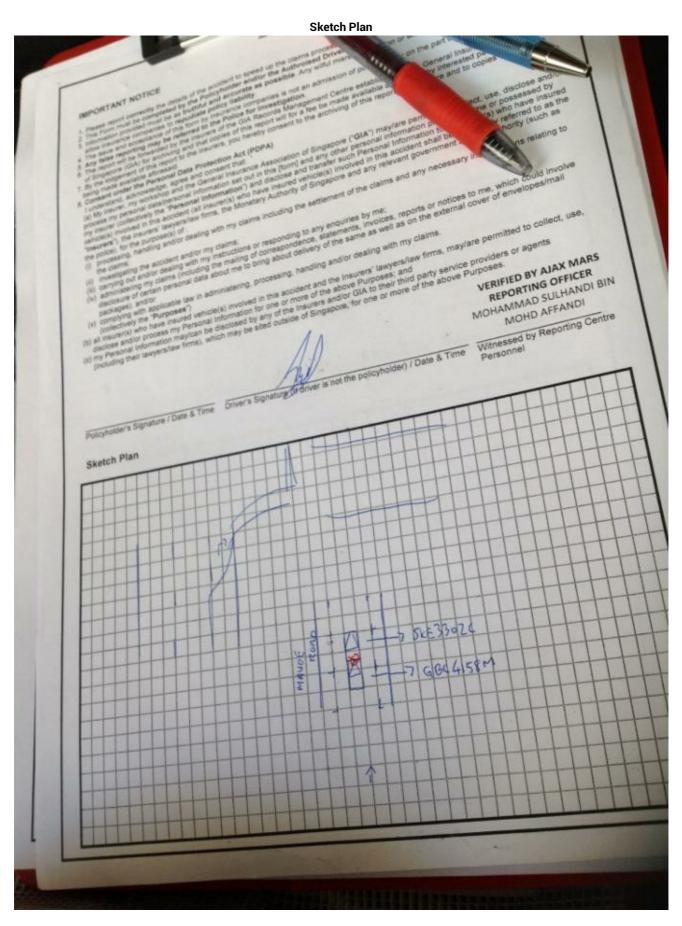
PRIVATE CAR Vehicle Category

Name of Driver WEE MING HONG

S8714688Z NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I (GBC4158M) was driving along maude rd when a car (SKE3302C) in front slows down and stop. I braked but didn't manage to stop in time and as a result I hit the back of the car. No injuries involved.	
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provide	ded above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMMAD SULHANDI BIN MOH AFFANDI	A
	J. C. J.
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
26 August 2018 3:20 pm	26 August 2018 3:20 pm

Identification Card



Identification Card



Driving License



Driving License

