Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 29/01/2019 20:49

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 witholding 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 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	29/01/2019 20:36
Date Of Accident	21/01/2019 08:00
Exact Location Of Accident	WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF9602Z
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Co Reg No	GBF9602Z
Email Address	FAIZAL.MOHAMED@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	Office-68498118
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VITO
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	999995580
Cover Note Number	N.A.
Driver	
Name of Driver	ALKHANSA' BINTE AHZAMSHAH
NRIC No	S9708098D
Date Of Birth	04/03/1997
Occupation	INDOOD

INDOOR

29/12/2017

1 YEAR AND 0 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-83991403

Fax Number

Contact Number OFFICE-83991403

EMail Address NOEMAIL

BLK 140A CORPORATION DRIVE Address

#15-24

Postcode 611140

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 **CHAIN COLLISION**

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

NO

NO

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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) 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 was travelling on west coast highway towards Jalan Buroh. I was at third lane when this motorbike FM8673R tried to do illegal left turn. When this vehicle SGJ6748B jammed braked, I managed to react to brake on time when vehicle SJL8180D couldn't braked on time and hit my rear portion of my vehicle and my vehicle move forward and hit the rear of the front vehicle.Damages to my car were in the front and back portion. No injuries were involved.

Attachment(s)

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

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL8180D

Vehicle Make/Model/Colour HONDA/CIVIC 1.6L 5AT

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver TEO EE TONG NRIC/Passport Number S7146415F

Contact Number 94501108

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

1

Vehicle Registration Number FM8673R

Vehicle Make/Model/Colour SUZUKI/VS400GLR

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGJ6748B

Vehicle Make/Model/Colour NISSAN/LATIO 1.5L T_

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

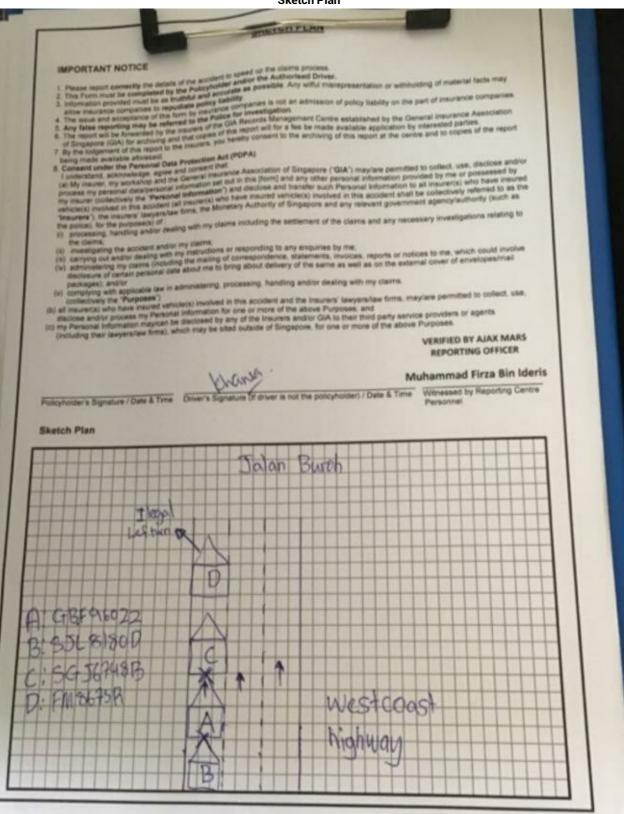
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information providence.	ded above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MUHAMMAD FIRZA BIN IDERIS	
	Knowsa
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
28 January 2019 at 4:57 PM	28 January 2019 at 4:57 PM