Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 21/02/2019 16:43

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 <u>truthful and accurate</u> 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 consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	21/02/2019 16:31
Date Of Accident	30/01/2019 16:50
Exact Location Of Accident	ALONG JOHOR CIQ TOWARDS SINGAPORE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW8025A
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Co Reg No	199803778Z
Email Address	KATHRYN.ADRIANO@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	Office-68498118
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	MERCEDES BENZ/S400L (R19 LED)
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	
Driver	
Name of Driver	LAM CHER KIAN
NRIC No	S1200589Z
Date Of Birth	04/08/1956

INDOOR

27/07/1976

42 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-87973981

Fax Number

Contact Number

EMail Address CKMARWIN@GMAIL.COM

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 SIDE SWIPE **Weather Conditions CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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)

Passenger 1 Name: : Lam Jian ping

> Gender: : Male

Passenger 2 Name: : Ng yet chow

Gender: : Female

Details of Police Action

Was the accident reported to the police?

NO

NO

2

NO

NO

NO

3

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I was driving my car along Johor Bahru CIQ Towards Singapore. The traffic was heavy. Suddenly vehicle SKB8919G cut over me and hit onto my car front left side position. Damages of my car front left side position. No injuries were 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 SKB8919G

Vehicle Make/Model/Colour PEUGEOT/3008 TURBO 1.6 ADVENTURE

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

UNKNOWN DRIVER

SKETCH PLAN 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 Authrolsed 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 failse 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: (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal informations set out in this florm) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) invo IMPORTANT NOTICE (ii) investigating the accident and/or my claims (all) 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. disclosure or certain personal data accounts to dring about owners of the later of **VERIFIED BY AJAX MARS** REPORTING OFFICER JOHNNY VOO Jones . Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Sketch Plan Singapore A SKW8025A 13 5KB8919G

ACCIDENT STATEMENT (2000 characters)

	CIQ Towards Singapore. The traffic was heavy. ne and hit onto my car front left side position. on. No injuries were involved.
Taxi Voucher No.:	
DECLARATION We declare that the above particulars & information provious verified by AJAX MARS REPORTING OFFICER - JOHNNY VOO CHEON YEE	ided above are true in every aspect
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
21 February 2019 at 2:33 PM	21 February 2019 at 2:33 PM





























Driving License



Driving License

