SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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 inont to the ort at the

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.	
	ACCIDENT STATEMENT
Date Of Report	04/05/2019 13:50
Date Of Accident	02/05/2019 16:15
Exact Location Of Accident	SLIP ROAD OR TURF CLUB AVENUE TOWARDS KRANJI MRT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ1611D
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	CITAN 109 CDI EL 5MT 6DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NA
Driver	
Name of Driver	XU KAISHENG
NRIC No	S8851490D
Date Of Birth	20/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2015

3 YEARS AND 10 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-81816385

Fax Number

Contact Number

EMail Address KAISHENG.XU@PUTZMESTER.COM

Address NA

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**

2

NO

NO

NO

2

NO

NO

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

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 : CHRISTIE Name:

> Gender: : Female

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

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID SLIP ROAD FOLLOWING VEHICLE B. WHEN I SAW VEHICLE B MOVED PASSED THE GIVE WAY LINE, CHECKED MY RIGHT FOR TRAFFIC, AND THAT WAS WHEN VEHICLE B MADE ANOTHER STOP AND WHEN SEEING THIS IT WAS TOO LATE FOR ME TO AVOID HITTING THE REAR OF VEHICLE B. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT

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 SMF6643U

HYUNDAI/ELANTRA AD 1.6 GLS AT (AMS) Vehicle Make/Model/Colour

Details Of Properties NA Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

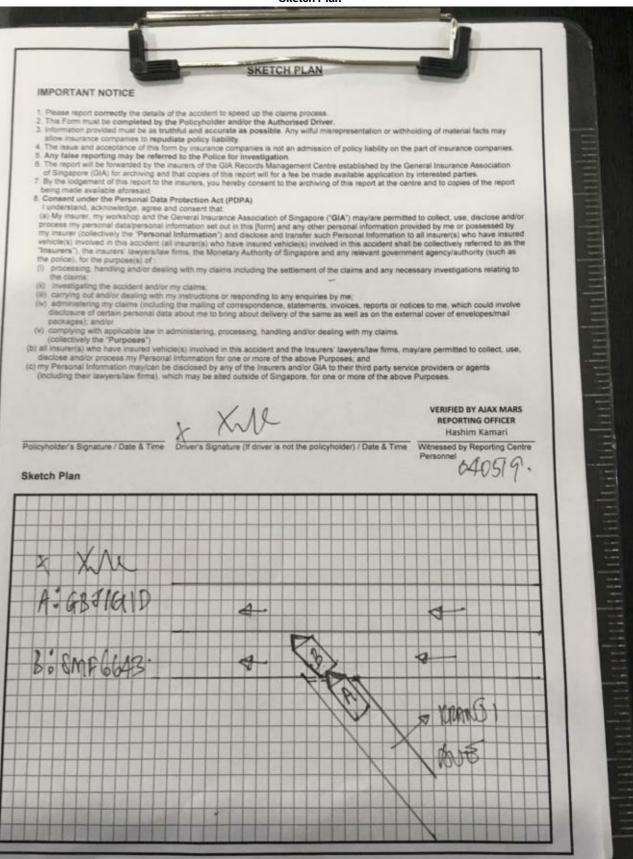
Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR ANG CHING SENG

S6907833H

UNKNOWN



ACCIDENT STATEMENT (2000 characters)

ROAD FOLLOWING VEHICLE B. WHE GIVE WAY LINE, CHECKED MY RIGH VEHICLE B MADE ANOTHER STOP A	O I WAS DRIVNG ALONG THE SAID SLIP EN I SAW VEHICLE B MOVED PASSED THE HT FOR TRAFFIC, AND THAT WAS WH IND WHEN SEEING THIS IT WAS TO LATE AR OF VEHICLE B. NO NE WAS NJURED. I ACKNOWLEDGED IT.
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provi	ided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - HASHIM BIN KAMARI	XX
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
4 May 2019 at 10:33 AM	4 May 2019 at 10:33 AM

Accident Photo











Accident Photo







Accident Photo



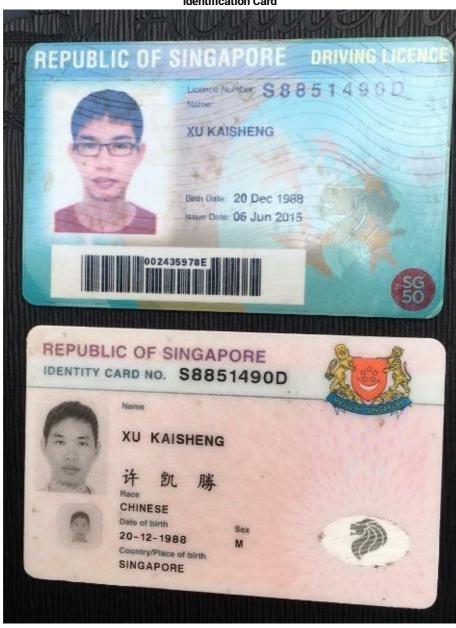








Identification Card



Identification Card

