MBHH19061332 / Ajax Mars Pte Ltd - Bukit Merah ENTRY DATE & TIME: 11/05/2019 15:31 SUBMITTED BY: Victor Ang

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 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	11/05/2019 15:31
Date Of Accident	09/05/2019 18:30
Exact Location Of Accident	STEVENS ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV2477L
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Co Reg No	199803778Z
Email Address	BENNY.CHONG@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	Office-68498118
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 AVG (R18 LED)
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	THIRD PARTY
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	WAHID BIN DOLLAH
NRIC No	S7012492J
Date Of Birth	17/04/1970
Occupation	INDOOR
Date Of Driving Pass	19/07/1994

24 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86138308

Fax Number

Contact Number

EMail Address WAHID3@TCHOSPITALITY.ASIA

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 - U-TURN

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

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

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) 3

Passenger 1 Name: : PASSENGER 1

Gender: : Male

Passenger 2 Name: : PASSENGER 2

Gender: : Female

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I (SLV2477L) was driving straight towards Scotts Road, on the left lane, along Stevens road, when suddenly a car (SJP2989G) who was making a u turn from the opposite side of Stevens road, hit me. The front of the car make contact with the front right side of my car. No injuries 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 SJP2989G

Vehicle Make/Model/Colour BMW 520I LED NAV

Details Of Properties Vehicle Category

NRIC/Passport Number

Contact Number

Name of Driver

Address Postcode

Insurance Company Name

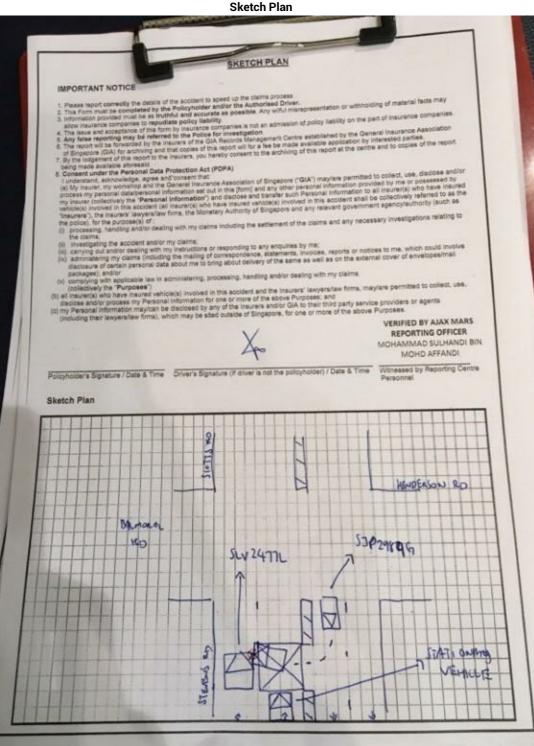
Nature Of Damage

No. Of Passenger (Including Driver)

NA

PRIVATE CAR KOH CHUIN AN S7914297B

96699979



Common Statement

ACCIDENT STATEMENT (2000 characters)

road, when suddenly a car (SJP2989G)	ds Scotts road, on the left lane, along Stevens who was making a u turn from the opposite of the car make contact with the front right side
Taxi Voucher No.:	
DECLARATION I/We declare that the above particulars & information provi	ded above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMMAD SULHANDI BIN MOH AFFANDI	
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
11 May 2019 at 2:21 PM	11 May 2019 at 2:22 PM









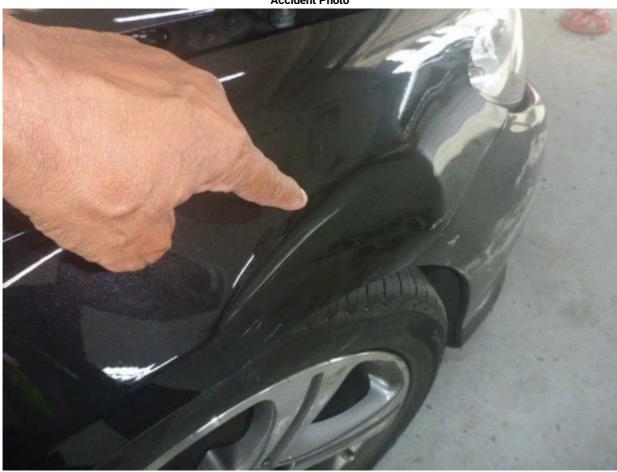
Accident Photo



Accident Photo





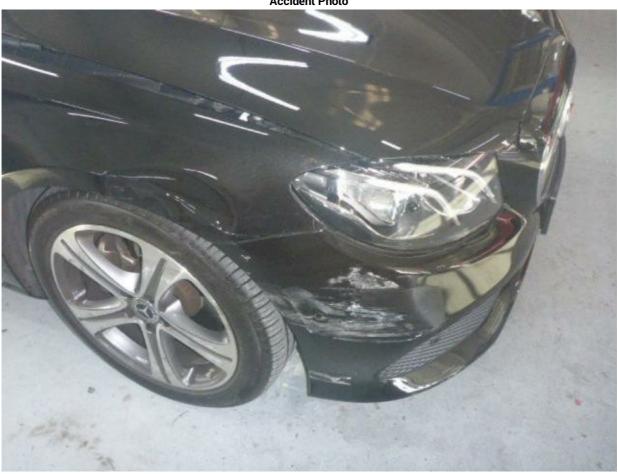














Driving License

