SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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 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	30/07/2019 13:54
Date Of Accident	29/07/2019 20:00
Exact Location Of Accident	BALMORAL CRESCENT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME8745B
Insured/Policyholder	
Name Of Registered Owner	DAIMLER SOUTH EAST ASIA PTE LTD
Co Reg No	199000355E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-68498000
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 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	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	999996111
Cover Note Number	NA
Driver	
Name of Driver	SEAN WONG JUN DA
NRIC No	S9813972I
Date Of Birth	29/04/1998
Occupation	INDOOR

16/07/2019

0 YEAR AND 0 MONTH

Gender MALE

Mobile Number (LOCAL) +65-82330730

Fax Number

Contact Number

EMail Address DANNY7767@GMAIL.COM

Address NA

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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? 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

YES

NO

2

NO

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)

Passenger 1 Name: : DANNY WONG

Gender: : Male

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 SME8745B was driving along Balmoral Crescent on a two way single white line with a slow speed. As I was driving, suddenly the 3rd party SLE9357T overtake my vehicle from behind and cut in front of my vehicle. As the 3rd party was trying to overtake my vehicle, the 3rd party's left middle side of the vehicle had side swiped onto my front right fender and bumper of my vehicle. I immediately stopped while the third party, refusing to stop in the exact spot and drove for a distance before stopping. We then got out of the car to take some photos and exchange our particulars, the 3rd party also admit that it was her fault. No injuries was involved at the scene.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE9357T

Vehicle Make/Model/Colour HONDA / VEZEL 1.5X A

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)

NA

PRIVATE CAR

NG TZE SIM

S7023706G

85222720

Sketch Plan

SKETCH PLAN IMPORTANT NOTICE

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 8. Consent under the Personal Data Protection Act (PDPA)

 I 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 information set out in this (form) and any other personal information provided by me or possessed by missurer (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 shall be collectively referred to as the the police), for the purpose(s) of:

 (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:

- (ii) investigating the accident and/or my claims:

 (iii) investigating the accident and/or my claims:

 (iii) 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
- packages); and/or
 (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
 (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use,
- (including their lawyers/taw firms), which may be sited outside of Singapore, for one or more of the above Purposes, and

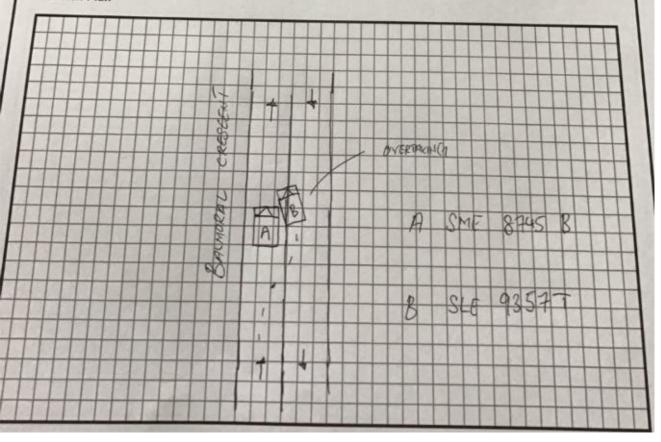
 (including their lawyers/taw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS REPORTING OFFICER MUHAMMAD SUMARDI BIN MOHD AFFANDI

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

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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 - MUHAMMAD SUMARDI BIN MOHD AFFANDI	AN
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
30 July 2019 at 10:49 AM	30 July 2019 at 10:45 AM

























Identification Card

