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 ins ent to the archiving of this i ort at the

7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/08/2019 15:14
Date Of Accident	03/08/2019 14:20
Exact Location Of Accident	ADMIRALTY ROAD NEAR MOSQUE BEFORE BUS STOP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMF8296A
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-92203185
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLA180 URBAN (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	99995580
Cover Note Number	
Driver	
Name of Driver	NORLILAH BINTE ZAINAH
NRIC No	S8214241Z
Date Of Birth	01/06/1982

INDOOR

04/02/2012

7 YEARS AND 5 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-81121460

Fax Number

Contact Number

EMail Address NOEMAIL

Address 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

NO

2

NO

NO

YES

NO

1

NO

NO

NIL

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?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

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

My vehicle was stopped, stationary at the left side before the bus stop. While waiting, suddenly I felt an impact from behind and saw a bus had already brushed onto my vehicle right rear side portion.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: PENDING VIDEO FROM INSURED

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB235A

Vehicle Make/Model/Colour MAN / NL320F (A22)

Details Of Properties

BUS Vehicle Category

Name of Driver DICKIE GOH THIEN HOCK NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

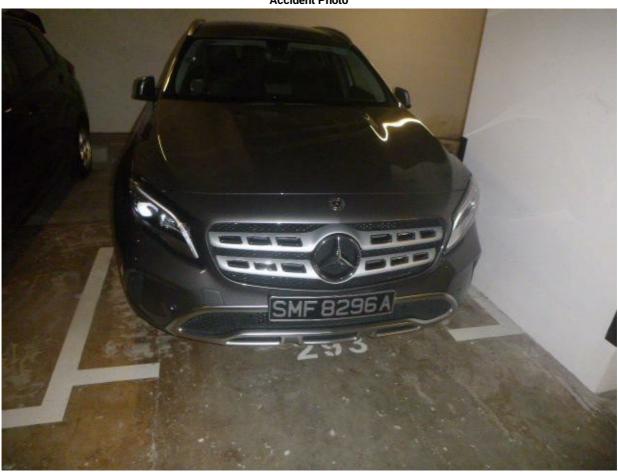
No. Of Passenger (Including Driver)

Sketch Plan SKETCH PLAN IMPORTANT NOTICE IMPORTANT NOTICE 1. Please report correctly the details of the accident to speed up the claims process. 2. This Form has the completed by the Policyholder and/or the Authoriteed Driver. 3. Information provided must be as withful and accurate as possible. Any with managementation or withholding of material facts may allow insurance completes to repudding 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. The report will be forewarded by the insurance of the GRA Records Management Centra established by the Claiman Insurance Association of Singapore (GAI) for exchances a sealed short on the report will be forewarded by the claiman of Singapore (GAI) for extrained particle. 7. By the lodgement of this report to the insurance, you hereby contains to the accident application by the Claiman Insurance Association of Singapore (GAI) for extrained particle. 8. Consider under the Personal Data Protection Act (POPA) 9. Inunderstand, advicementage, agree and consent that 9. In understand, advicementage agree that General Insurance Association of Singapore ("GAI") may/are permitted to coalect, use, disclose and/or prescription of the accident and the processes of the processes of the green and the processes of the processes of the processes of the green and the processes of th VERIFIED BY AJAX MARS REPORTING OFFICER AIZAM BIN ATAN Policyholder's Signature / Date & Time Criver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Control Sketch Plan 自白 ALSMF 8296A

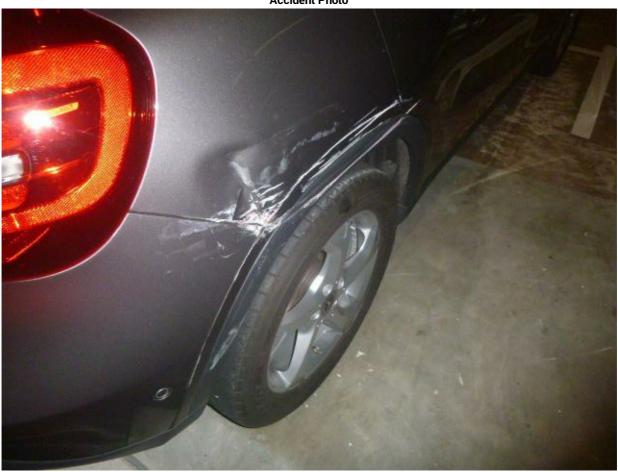
Common Statement

ACCIDENT STATEMENT (2000 characters)

My vehicle was stopped, stationary at the waiting, suddenly I felt an impact from be my vehicle right rear side portion.	e left side before the bus stop. While whind and saw a bus had already brushed onto
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provide	ded above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER -	
AIZAM BIN ATAN	\wedge
	$/ VM/N \wedge /$
MARS Officer	
MANS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
4 August 2019 at 2:00 PM	4 August 2019 at 2:00 PM







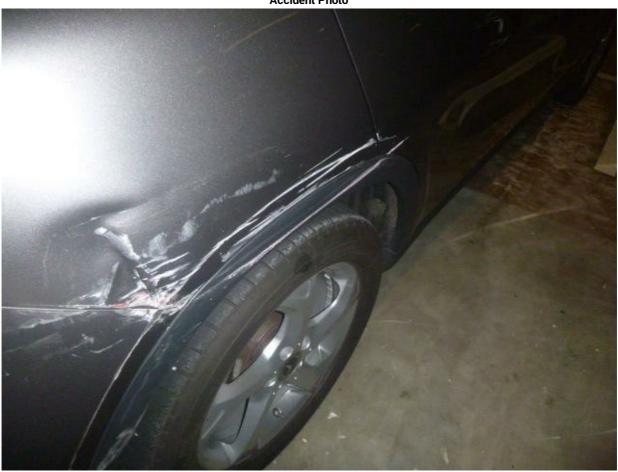






















Driving License



Driving License

