

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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 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.

ACCIDENT STATEMENT

Date Of Report	23/03/2020 19:32
Date Of Accident	20/03/2020 15:15
Exact Location Of Accident	CAR PARK IN SINGAPORE ISLAND COUNTRY CLUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ET3633P
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-68498326

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	AMG C63 S (R19 LED SR)
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?	YES
If No, Please state action to be taken	
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	N.A

Driver

Name of Driver	HAGENBURGER PHILIPP NIKOLAUS WILHELMINA ARNOLD
Passport No/FIN	G3848179M
Date Of Birth	24/10/1964
Occupation	INDOOR
Date Of Driving Pass	23/11/1982
Driving Experience	37 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-82020833
Fax Number	
Contact Number	
EMail Address	NOEMAIL
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : 1 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 was reversing my vehicle from the parking Lot,accidentally bumped onto the stationary vehicle.

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	SGD2929D
Vehicle Make/Model/Colour	NISSAN / SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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 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 shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) 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, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

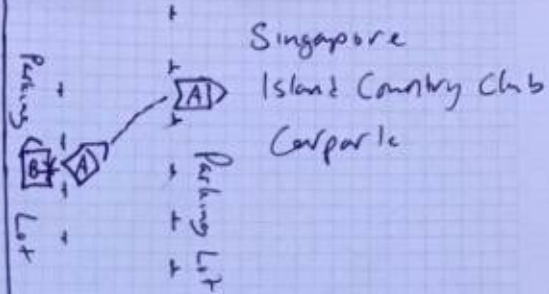
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

A: ET 3633P
B: SGU 29290



REFER TO ATTACHED STATEMENT.

I/We declare the foregoing particulars are true in every respect.

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

Sketch Plan #3

ACCIDENT STATEMENT (2000 characters)

I was reversing my vehicle from the parking Lot, accidentally bumped onto the stationary vehicle.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

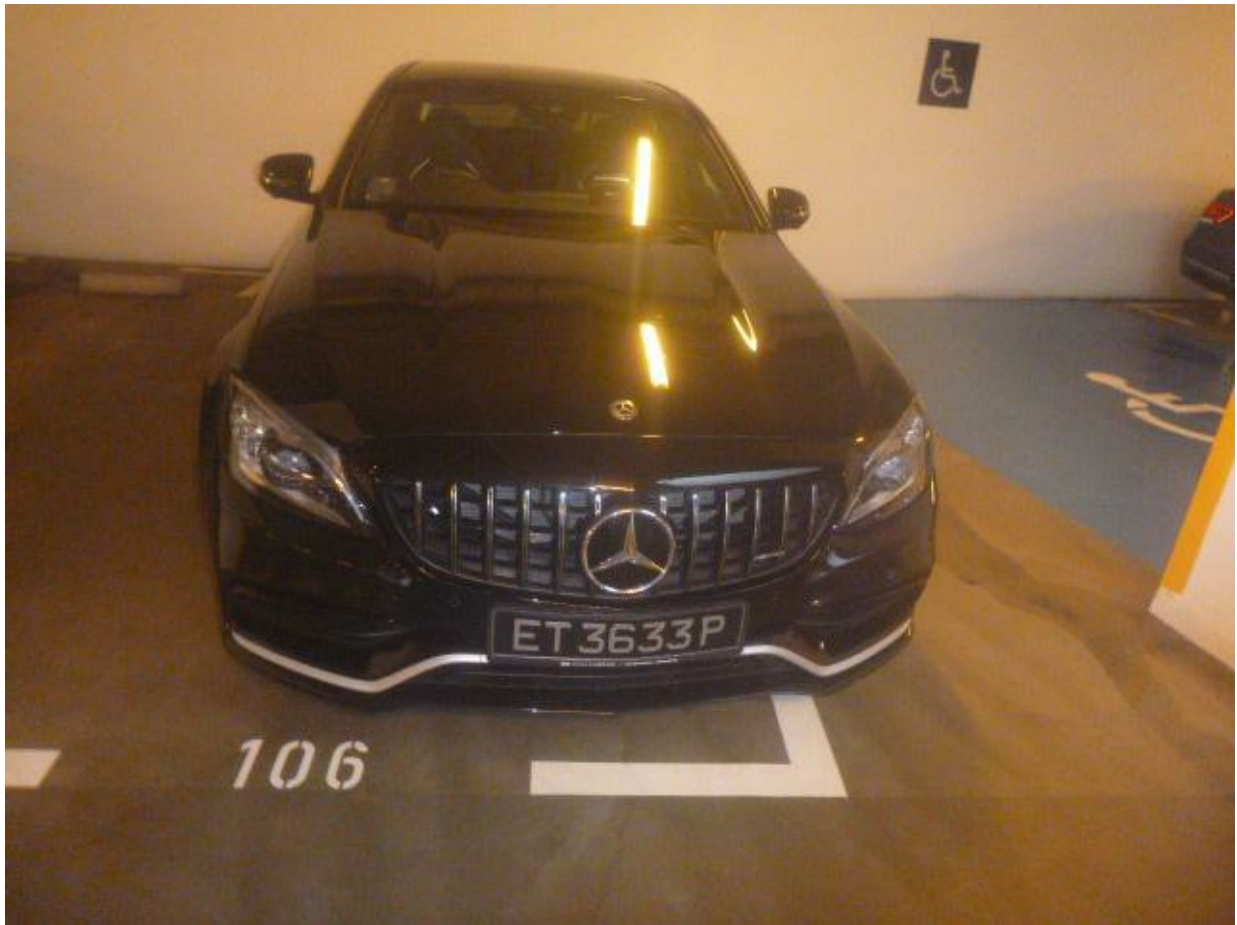
Job Complete Date/Time

23 March 2020 at 5:00 PM

Date/Time:

23 March 2020 at 5:00 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Identification Card

VISIT PASS
Immigration Regulations 19.01.2019

Name
HAGENBURGER PHILIPP NIKOLAUS WILHELM ARNOLD

Download SGWissPass
App to check status

Pin
038481798

Date of Birth
24-10-1964

Sex
M

Nationality
GERMAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Driving License

HAGENBURGER
PHILIPP NIKOLAUS WILHELM

erhöht die Erlaubnis,
ein Kraftfahrzeug mit Antrieb durch

Verbrennungsmaschine

der Klasse eins - ~~zwei~~ - drei - ~~vier~~ - fünf*)
zu führen:

8000 München, den

Landeshauptstadt München
Kreisverwaltungsreferat
im Auftrag

504
Liste Nr. B 013 067

*) Kraftfahrzeugkategorie ist zu verstehen

504

Eigenhändige Unterschrift des Inhabers



Driving License

(Raum für weitere schriftliche Ergänzungen, insbesondere über Bedingungen der Erlaubnis oder die Ausübung der Erlaubnis nach Ergänzungsprüfungen)

INNABER BESITZ DER FÄHRERLAUBNIS
DER KLASSE - DNEI - SEIT 23.11.1963
DER KLASSE - EINS - SEIT DEM TAG DER
AUSHAENDIGUNG
AUFLAGE (N)
BEIM FUEHREN VON KRAFTFAHRZEUGEN IST
GEEIGNETES AUGENGLAS ZU TRAGEN.


504

Führerschein
Name
HAGENSCHNER
PHILIPP NIKOLAUS WILHELM
Geboren am 24. OKTOBER 1964
WUENCHEN
WUENCHEN
ELEKTRASTR. 36 A
O. Ergänzungen