

## 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	26/09/2020 00:23
Date Of Accident	23/09/2020 16:30
Exact Location Of Accident	LEVEL 2 NORTHLINK MULTI STOREY CARPARK.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6621C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Co Reg No	1XXXXX778Z
Email Address	BENNY.CHONG@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68498118

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO 114 CDI PANEL VAN LONG AT ABS 5DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	999995580
Cover Note Number	

### Driver

Name of Driver	SUBRAMANIYAN MANIKANDAN
NRIC No	GXXXX787K
Date Of Birth	01/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2017
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90606506
Fax Number	
Contact Number	
EMail Address	SMAMIKANDAN220@GMAIL.COM

Address NIL  
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 Weather Conditions NA  
 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? NO  
 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) 1

#### 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

ON THE DATE AND TIME MENTIONED I HAD PARKED MY VEHICLE AT THE SAID LOCATION WHEN IT WAS HIT BY A MOVING VEHICLE B, I HAD ASKED THE PARTICULARS OF THE DRIVER OF VEHICLE B, BUT THE DRIVER DID NOT GIVE ME ANY PARTICULARS AND MOVED AWAY FROM THE ACCIDENT SCENE. THERE IS A SECURITY CAMERA IN THE BUILDING AND MY COMPANY

#### 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 XD2328L  
 Vehicle Make/Model/Colour MITSUBISHI / FV51JP4RDEA  
 Details Of Properties NA  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver NA  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)



### SKETCH PLAN

A: G6H6621C  
B: XD2328L

6:XD2328L

LEVEL 2, NORTHLINE MS/CP.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

REFER TO ATTACHED STATEMENT.

### DECLARATION

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

Policyholder's Signature  
Date & Time:

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

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

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

**ACCIDENT STATEMENT (2000 characters)**

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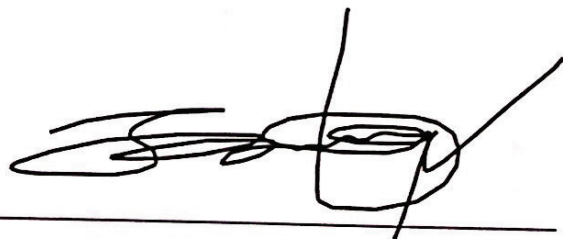
Taxi Voucher No.:

**DECLARATION**

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

24 September 2020 at 6:46 PM

Date/Time:

25 September 2020 at 6:46 AM