

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 Submission	22/02/2022 23:35 (SGT)
Date of Accident	22/02/2022 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	31 Lorong 5 changi
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP3973J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD
Company Reg No	1XXXXXX78Z
Email Address	derrick.lee@daimler.com
Mobile Phone No	(Phone) +65-82821711
Alternative Phone No	(Office) +65-68498118

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
Variant	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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

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	-

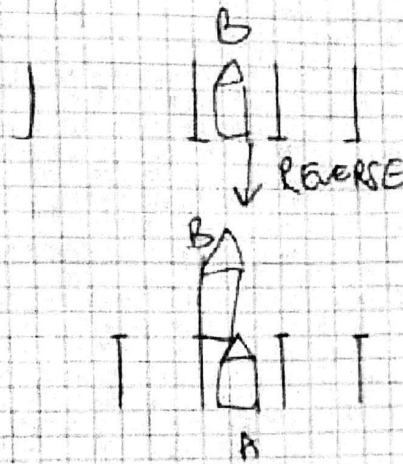
DRIVER

Name of Driver	VICTOR CHEW SZE CHYE
NRIC No	SXXXX330E

A-SMP3973J

B-SJB 9308S

31
LORONG 105
changi



Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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