

## 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 Actual 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 First Submission .....        | 30/07/2024 09:12 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 27/07/2024 22:00 (SGT)              |
| Exact Location of Accident .....      | Singapore                           |
| Additional Location Information ..... | 31 SELETAR GREEN WALK (805218)      |
| Country/State of Loss .....           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SBC6611H |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | No                   |
| Name Of Registered Owner ..... | TENG ZI PING KEMMY   |
| NRIC No .....                  | S8617630J            |
| Email Address .....            | kemmyteng@gmail.com  |
| Mobile Phone No .....          | (Phone) +65-97767526 |
| Alternative Phone No .....     | -                    |

#### VEHICLE PARTICULARS

|                                                                                    |                           |
|------------------------------------------------------------------------------------|---------------------------|
| Manufacturer .....                                                                 | BMW                       |
| Model .....                                                                        | 420i                      |
| Variant .....                                                                      | -                         |
| Exact purpose for which vehicle was being used at time of accident .....           | -                         |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Claiming third party |
| Vehicle Category .....                                                             | Private car               |
| Transmission .....                                                                 | Auto                      |
| CC .....                                                                           | 2000                      |
| Vehicle Fuel .....                                                                 | -                         |
| First Registration Date .....                                                      | -                         |
| Chassis no .....                                                                   | -                         |
| Effective Date/Time of Ownership .....                                             | -                         |

#### INSURANCE COMPANY

|                                         |                          |
|-----------------------------------------|--------------------------|
| Name of Insurance Company .....         | Income Insurance Limited |
| Policy Number / Cover Note Number ..... | 5135503388-01            |

#### DRIVER

|                                                                    |                       |
|--------------------------------------------------------------------|-----------------------|
| Name of Driver .....                                               | TENG ZI PING KEMMY    |
| NRIC No .....                                                      | S8617630J             |
| Date Of Birth .....                                                | 30/06/1986            |
| Occupation .....                                                   | Indoor                |
| Driving Pass Date .....                                            | 31/03/2006            |
| Driving License Pass Class .....                                   | -                     |
| Driving License Validity .....                                     | -                     |
| Driving experience .....                                           | 18 YEARS AND 4 MONTHS |
| Gender .....                                                       | Female                |
| Mobile Number .....                                                | (Phone) +65-97767526  |
| Alt. Phone Number .....                                            | -                     |
| Email Address .....                                                | kemmyteng@gmail.com   |
| Address .....                                                      | 31 SELETAR GREEN WALK |
| Address complement .....                                           | -                     |
| Postcode .....                                                     | 805218                |
| Is the driver the policyholder? .....                              | Yes                   |
| If No, Relationship of the Driver with the Insured .....           | -                     |
| Does Driver Own Other Vehicles? .....                              | No                    |
| Vehicle Registration Number of Other Vehicle Owned by Driver ..... | -                     |
| Insurance Company of Other Vehicle Owned by Driver .....           | -                     |

#### 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 the accident? .....                                                   | No  |
| Number of vehicles involved in the accident .....                                                         | 2   |
| Was anybody injured in the Accident? .....                                                                | No  |
| Was any injured conveyed to hospital by ambulance? .....                                                  | -   |
| Was any other vehicle or property damaged? .....                                                          | Yes |
| Number of Passengers (Including Driver) .....                                                             | 0   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |
| Translator's name .....                                                                                   | -   |
| Translator's ID .....                                                                                     | -   |
| Translator's phone number .....                                                                           | -   |
| Translator's email .....                                                                                  | -   |
| Original language used in the statement .....                                                             | -   |

#### DETAILS OF POLICE ACTION

|                                                 |    |
|-------------------------------------------------|----|
| Was the accident reported to the police? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

|                                                     |     |
|-----------------------------------------------------|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLV4173A |
| Vehicle Manufacturer .....        | -        |

|                                               |                      |
|-----------------------------------------------|----------------------|
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | -                    |
| Contact Number .....                          | (Phone) +65-94666777 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | -                    |

**Describe Circumstances of the Accident**

I parked my <sup>(SBC 6811)</sup> car along Sletar Green walk by the pavement on 27 July 2024. The driver reversed his car into my stationary car SBC 6811 H, damaging the rear left bumper.

**Declaration**

We declare the foregoing particulars are true in every respect.

 29/7/24 5.30pm.  
 Policyholder's Signature / Date & Time

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

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 Witnessed by Insurance Centre Personnel









































