

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	13/02/2019 17:11
Date Of Accident	13/02/2019 06:15
Exact Location Of Accident	5 TAMPINES AVE 8 @ CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME9797U
Insured/Policyholder	
Name Of Registered Owner	MDM POH YEE BENG
NRIC No	S7533932A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96944546
Alternative Phone No	OTHERS-96944546

Vehicle Particulars

Manufacturer	BMW
Model	528I
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3062631800
Cover Note Number	

Driver

Name of Driver	NG WEI CHEAH(HUANG WEIJIE)
NRIC No	S8108646Z
Date Of Birth	26/03/1981
Occupation	INDOOR
Date Of Driving Pass	12/04/2004
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96944546
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	5 TAMPINES AVE 8 #12-07
Postcode	529596
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	0

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

PLS REFER TO THE ATTACHES STATEMENT.

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	SMG6018U
Vehicle Make/Model/Colour	TOYOTA C-HR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS HU
NRIC/Passport Number	S7080955I
Contact Number	93858573
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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SKETCH PLAN

Handwritten sketch plan showing a parking lot layout. A car labeled 'A' is parked in a space. A car labeled 'B' is shown colliding with the front of car 'A'. An arrow points towards the collision point. Handwritten notes indicate the location: 'Carpark @ 5 Tampines Ave 8' and vehicle registration numbers: 'A = SMG 9797U' and 'B = SMG 6018U'.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/2/2019, I parked my vehicle at 5 Tampines Ave 8 carpark level 5. When I went to collect my vehicle at 11:10am, I noticed my vehicle was damaged and a note was left on my front windscreen. by Ms Hu (Driver of vehicle B SMG 6018U) stated that she has collided on my vehicle when she drove out from the parking lot. As a result my car sustained damages on the front and right portion.

DECLARATION

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

[Signature]

Policy holder's signature
Date / time:

[Signature]

Driver's signature
(if driver is not policy holder)
Date / time:

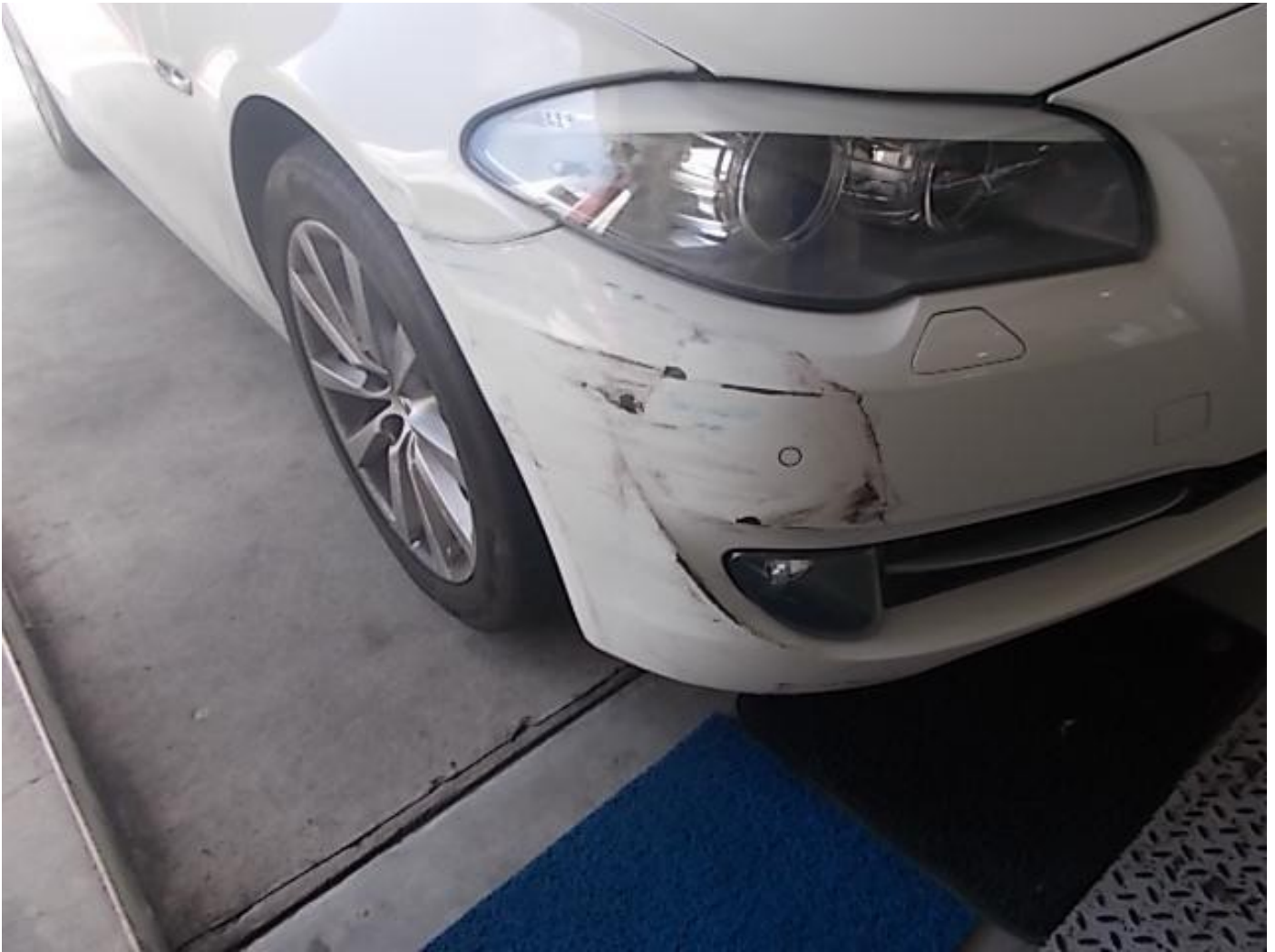
[Signature] 13/02/19

Witnessed by reporting centre personnel
Date / time:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



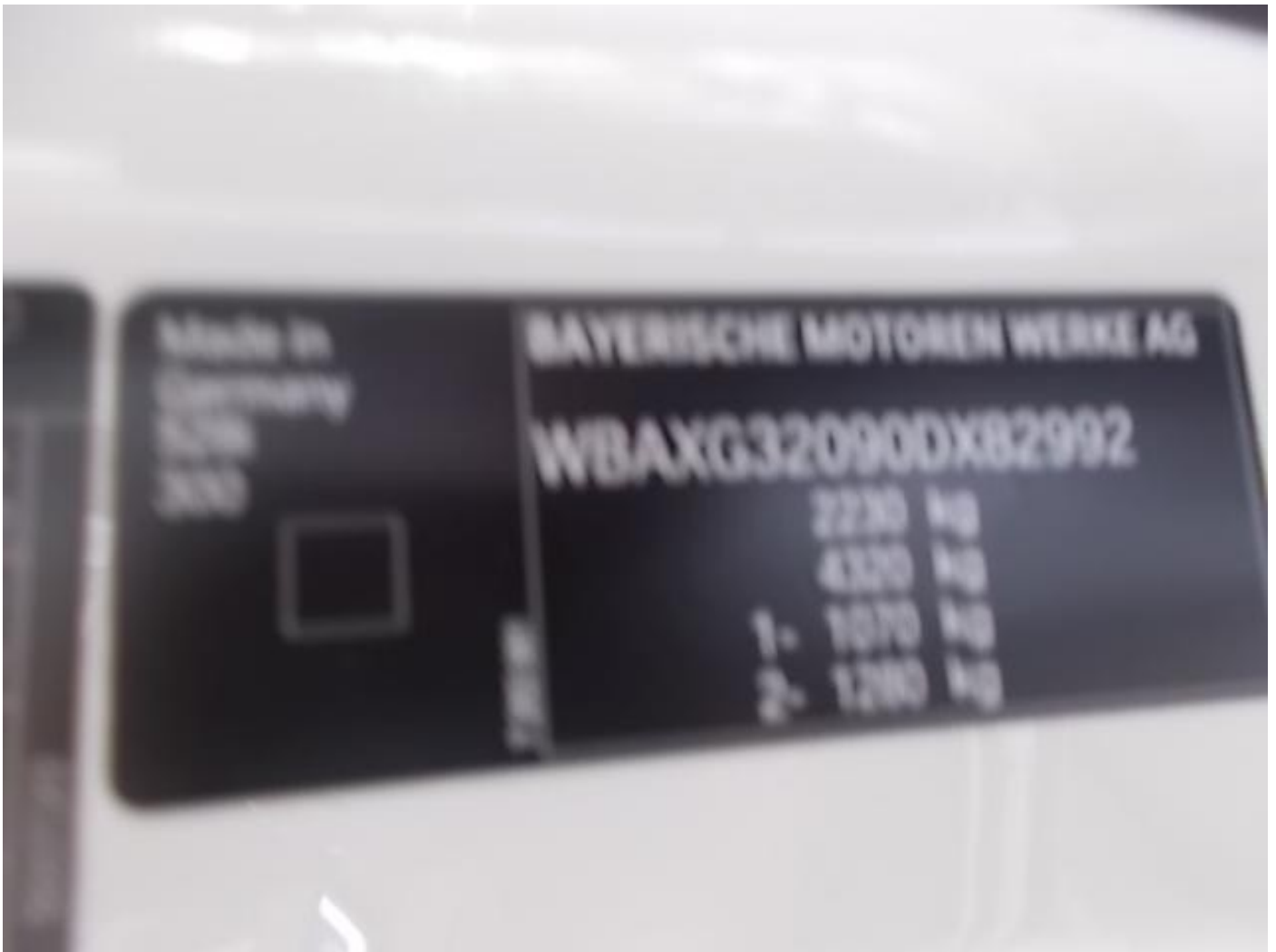
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

