

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	18/08/2020 15:18
Date Of Accident	18/08/2020 10:20
Exact Location Of Accident	BLK 23 SIN MING RD CARPARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7367J
Insured/Policyholder	
Name Of Registered Owner	LIM SIEW HIONG
NRIC No	SXXXX803A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98391641
Alternative Phone No	OFFICE-98391641

Vehicle Particulars

Manufacturer	BMW
Model	116D 5DR HATCHBACK DSC 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
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	DMPCSN19189219000
Cover Note Number	

Driver

Name of Driver	LIM SIEW HIONG
NRIC No	SXXXX803A
Date Of Birth	27/10/1963
Occupation	INDOOR
Date Of Driving Pass	02/02/2010
Driving Experience	10 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98391641
Fax Number	
Contact Number	OFFICE-98391641
EEmail Address	NOEMAIL

Address	BLK 270 BANGKIT ROAD #04-22
Postcode	670270
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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?	YES
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

REFER TO 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	PC7570U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

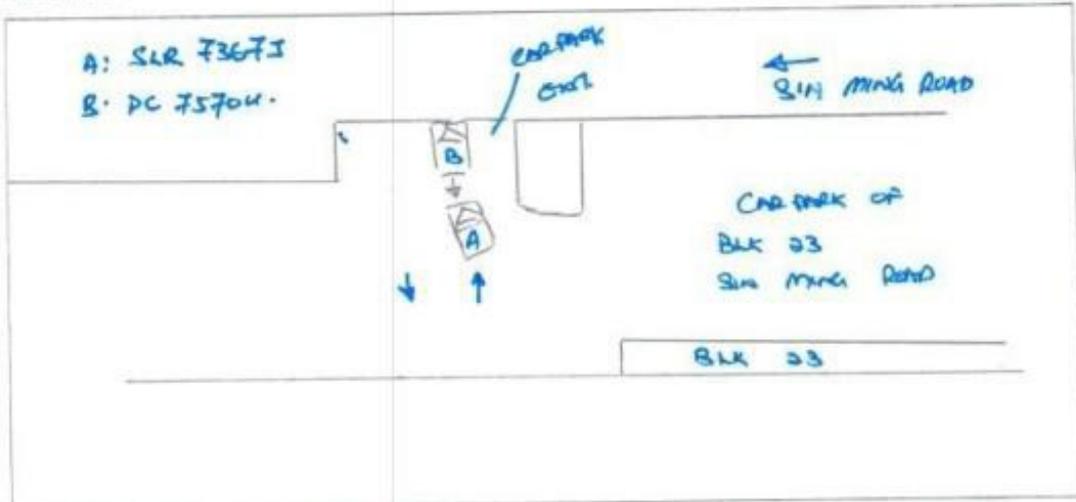
DETAILS OF INJURED PERSON 1

Name	LIM SIEW HIONG
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Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLR7367J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling at the carpark of BLK 03 SIN MING ROAD wanted to exit the carpark, when my vehicle was behind a mini-bus PC 7570U, as I was waiting to exit, I noticed that mini-bus PC 7570U started to exit the carpark, I followed behind and stop at the exit, when suddenly the said mini bus PC 7570U stop and suddenly reversed his vehicle, I sound my horn however the said mini-bus PC 7570U still continued to reversed and thus collided onto the front portion of my vehicle.

DECLARATION

(We declare the foregoing particulars are true in every respect.

林秀香

Policyholder's Signature
Date & Time:

林秀香

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

[Signature]

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

