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 witholding 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 13/03/2023 18:07 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 12/03/2023 14:00 (SGT) Exact Location of Accident Singapore Additional Location Information PIE JUST AFTER STEVENS Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML5277T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM ZHI JIAN, CLINTON NRIC No SXXXX825I Email Address CLINTONLIMZJ@GMAIL.COM Mobile Phone No (Phone) +65-94523347 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Porsche Model **Boxster** 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 1988

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00127412201

DRIVER

Name of Driver LIM ZHI JIAN, CLINTON NRIC No SXXXX825I Date Of Birth 26/02/1988 Occupation Indoor

Date Of Driving Pass Driving experience Gender	21/05/2007 15 YEARS AND 10 MONTHS Male	
Mobile Number	(Phone) +65-94523347	
Alt. Phone Number	<u>-</u>	
Email Address	CLINTONLIMZJ@GMAIL.COM	
Address	58 DUCHESS AVENUE #04-04	
Address complement	-	
Postcode Is the driver the policyholder?	- Von	
If No, Relationship of the Driver with the Insured	Yes	
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	Chain Collision	
Weather Conditions	Clear	
Road Surface	Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?	No	
Number of vehicles involved in the accident	4	
Was anybody injured in the Accident?	Yes	
Was any injured conveyed to hospital by ambulance?	Yes	
Was any other vehicle or property damaged?	Yes	
Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)	1	
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?	Yes	
Police Station Name	Bukit Timah Neighbourhood Police Centre	
Police Station Phone No	(Phone) +65-18004629999	
Alt. Police Station Phone No	(Fax) +65-64628933	
Police Station Address	1 Duke Road Singapore 268914	
Was notice of intended Prosecution given?	No	
If yes, against whom?	-	
CIRCUMSTANCES OF ACCIDENT		
REFER TO ATTACH		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	Yes	
Reasons for not uploading a video of the accident	SD CARD WITH THE POLICE.	
	0	
DETAILS OF OTHER VEHICLE PROPERTY 1		

Vehicle Registration Number SJH5445G

Vehicle Manufacturer
Vehicle Model

Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address	- Private car WONG YUEN LIK (Phone) +65-96287528 -
Address complement	-
Postcode	-
Insurance Company Name	Allianz Insurance Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2
	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SNF9861A -
Vehicle Model	=
Vehicle Variant	-
Vehicle Colour	=
Vehicle Category	Private car
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SKQ3903E - -
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	LIM ZHI JIAN, CLINTON -
Phone No	_
Address	_
Address Complement	_
Post Code	=
Approximate Age Years Old	-
Injuries Sustained	REFER TO ATTACH
Injured person in which vehicle?	SML5277T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SECTION PLANS

IMPORTANT NOTICE

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