

# 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 Submission .....	31/03/2023 16:03 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	31/03/2023 12:40 (SGT)
Exact Location of Accident .....	145 Jalan Bukit Merah, Block 145, Singapore 160145
Additional Location Information .....	OPEN CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKN99L
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN BING HONG RICHARD
NRIC No .....	SXXXX092D
Email Address .....	richard802906@hotmail.com
Mobile Phone No .....	(Phone) +65-97400099
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Porsche
Model .....	Cayenne
Variant .....	-
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 .....	2995

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00178282202

### DRIVER

Name of Driver .....	TAN BING HONG RICHARD
NRIC No .....	SXXXX092D
Date Of Birth .....	11/04/1974
Occupation .....	Indoor

Date Of Driving Pass .....	06/10/1993
Driving experience .....	29 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97400099
Alt. Phone Number .....	-
Email Address .....	richard802906@hotmail.com
Address .....	487B CHOA CHU KANG AVENUE 5 #03-93
Address complement .....	-
Postcode .....	082487
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 .....	Side Swipe
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) .....	1
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

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNJ290K
Vehicle Manufacturer .....	-
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) ..... -

4103-12

BIK 147 JALAN BUKIT MERAH OPEN CARPARK

(A) SKN99L

(B) 8N5290K

Slow  
down  
hump

Describe Circumstance of the Accident

I WAS LEAVING THE PARKING LOT, I CHECK THAT  
THERE WERE NO CARS COMING HENCE I INCHED OUT  
SLOWLY. MY VEHICLE WAS ABOUT 3/4 QUARTERS OUT OF  
MY PARKING LOT. SUDDENLY, VEHICLE B BY RIGHT HAD  
TO SLOW DOWN AS THERE WAS A HUMP. VEHICLE B  
DID NOT SLOW DOWN AND PROCEEDED TO SQUEEZE IN AND  
COLLIDED ONTO MY VEHICLE.

Declaration

I/We hereby affirm the above is a true and correct statement of the facts.

  
Driver's Signature (must be written by driver)

  
Driver's Signature (must be written by driver)

 31/03/2023  
Driver's Signature (must be written by driver)













