

# 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 ..... 27/04/2023 13:52 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 27/04/2023 08:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 6A EVERTON PARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBL8409R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DAISY'S ARTISTRY  
Company Reg No ..... 53410377D  
Email Address ..... DAISYSARTISTRY@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98518875  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Suzuki  
Model ..... Every  
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 ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 490

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5127230429

### DRIVER

Name of Driver ..... TAN MING TECK BRANDEN  
NRIC No ..... S9448771D  
Date Of Birth ..... 29/12/1994  
Occupation ..... Indoor

Date Of Driving Pass .....	28/09/2017
Driving experience .....	5 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89498331
Alt. Phone Number .....	-
Email Address .....	BRANDEN.TMT@GMAIL.COM
Address .....	BLK 14 #05-35 KAMPONG ARANG ROAD
Address complement .....	-
Postcode .....	431014
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	HUSBAND OF PH OWNER
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 .....	Hit and run / Vandalism / Damaged whilst parked
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

ON THE 27042023 I THE ASSIGNED DRIVER OF MY WIFES COMPANY VEHICLE GBL8409R WENT TO RETRIEVE THE VEHICLE AT MULTI STOREY CARPARK 6A OF EVERTON PARK. UPON ARRIVING AT MY VEHICLE, I NOTICED THE WALL BESIDE IT DAMAGED. AS MY VEHICLE WAS PARKED BESIDE THE WALL, I SAW MY VEHICLE DAMAGED AS WELL WITH A NOTE ON THE WINDSCREEN. CALLED THE NUMBER STATED AND A MR LUAR MENTIONED HE HAD DRIVEN HIS VEHICLE AND IT HIT THE WALL AS WELL AS MY VEHICLE. THUS I AM FILING THIS REPORT FOR THE NECESSARY.

#### 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 .....	SFD8636X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	MR LUAR
Contact Number .....	(Phone) +65-96709381
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1



Describe Circumstance of the Accident

REFER TO GFARS FOR ACCIDENT STATEMENT.

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

27/4/23  
1345HRS

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