

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 ability.
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 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	09/01/2018 10:06
Date Of Accident	03/01/2018 16:30
Exact Location Of Accident	ALEXANDRA RD S'PORE POST CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB1889C
Insured/Policyholder	
Name Of Registered Owner	TAN THIAM SENG CHRISTOPHER
NRIC No	S0225872B
Email Address	CHRISTOPHER@UMPL.COM.SG
Mobile Phone No	(LOCAL) +65-97384853
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA080033/1
Cover Note Number	

Driver

Name of Driver	TAN THIAM CHYE
NRIC No	S0225913C
Date Of Birth	16/05/1954
Occupation	INDOOR
Date Of Driving Pass	12/05/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97384853
Fax Number	
Contact Number	
EEmail Address	NT2YOU@GMAIL.COM

Address	BLK 2 JALAN BT MERAH #13-5142
Postcode	150002
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 SKETCH

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	SLJ6894C
Vehicle Make/Model/Colour	NISSAN XTRAIL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SGB1889C

ACCIDENT DATE: 3/1/18

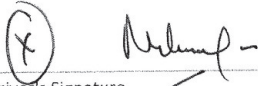
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. The 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 lodgment 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature
Date & Time:


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


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



**SINGAPORE
POLICE FORCE**



T/20180103/2143

1 of 3

Report No. T/20180103/2143

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
03/01/2018 18:42

Vide Report No.:

Station Diary No.:
61

Informant's Particulars

Name of Informant:
TAN THIAM CHYE

Address:
APT BLK 2 JALAN BUKIT MERAH #13-5142 SINGAPORE
150002

ID Type / ID No.:
NRIC NO / S0225913C

Contact No.:
Home/Office: Mobile: 97560618

Nationality:
SINGAPORE CITIZEN

Email:
NT2YOU@GMAIL.COM

Sex: Age: Date of Birth:
Male 63 16/05/1954

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
Business consultant

Driving Licence Information:
Class: Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-Injury

Drink
Drive:
No

Date/Time of
Accident:
03/01/2018 16:30

Type of Location:
Car Park

Location:

ALEXANDRA ROAD

ALEXANDRA RD SINGAPORE POST CARPARK

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:

OPENING OF offering car door dented my car body

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGB1889C	Car	TOYOTA	ALTIS	Silver	Slightly Damaged	0
SLJ6894C	Car	NISSAN	xtrial	Black		3 + 1 kid



**SINGAPORE
POLICE FORCE**



T/20180103/2143

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20180103/2143

CONTINUATION OF REPORT

Brief Details.

On 03/01/2018 at about 0430pm, at the Alexandra Post Office car park next to the kindergarten / playschool. My car (SGB1889C) was parked in a public car park lot next to a NISSAN XTRIAL MPV SLJ6894C. *parked*

Thereabout, when I was still in the car, kids and parents started coming out of the kindergarten. The kids rushed up first open and swung the back left door to enter the vehicle while the adult was behind catching up. That door was opened forcefully and a sharp corner of the door hit and dented my left front side of car while I was still in the car. I opened the window and shouted "Watch the Kids". On coming out of the car I saw a deep dent on my car where the sharp corner of the door was forcefully knocked in contact with my car. The adult that came after the child apologized for the damage. I believe she is the friend of the driver. When I asked, her what she intend to do about it, she said she does not know. Another one of the other parents reached the car and interrupted. Then the driver came out of the car to deny responsibility. There were no personal injuries to any adult or children and the ladies were even defying me to make a police report. None of the three ladies gave me their names or any insurance details. They were argumentative and making fun of my complaints. I would like to hold them responsible to the damage inflicted on my car and claim from their insurance and seek any other justice available.

I have several photos to show the position of the two cars, the position of the open door to the dent the point of contact, the other car occupants making funny faces before they drove off. I will supply these photos later, as the police station doesn't have the facility to print / attached the photos