

## 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 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	09/02/2018 17:08
Date Of Accident	09/02/2018 15:20
Exact Location Of Accident	BENDEMEER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6862L
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#### Insured/Policyholder

Name Of Registered Owner	LAW KIAN CHIAN, LOVAIN (LIU JIAN QIAN, LOVAIN)
NRIC No	S8406598F
Email Address	SALES@LJCEXPRESS.COM.SG
Mobile Phone No	(LOCAL) +65-92283574
Alternative Phone No	OFFICE-92283574

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 (A)

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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097532025
Cover Note Number	

#### Driver

Name of Driver	LAW KIAN CHIAN, LOVAIN (LIU JIAN QIAN, LOVAIN)
NRIC No	S8406598F
Date Of Birth	08/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2014
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92283574
Fax Number	
Contact Number	OFFICE-92283574
Email Address	SALES@LJCEXPRESS.COM.SG

Address	BLK 485D CHOA CHU KANG AVE 5 03-132
Postcode	684485
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	2
Passenger 1	NAME: : SERENE TAN GENDER: : FEMALE

#### 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

On 09/02/2018 at about 1520hrs, I was driving along Taxi Stand the taxi (B:SHD4562C) stationary at taxi stand and passenger Yap Boon Seng Open the door on the left side door and hit onto my vehicle (A:SLU6862L) while driving on the side. Passenger shall open door on the right side door near to the passenger and diver did not advise passenger.

#### 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 Witness 1

Name	YAP BOON SENG
Phone Number	84894748
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4562C
Vehicle Make/Model/Colour	COMFORT TAXI BLUE
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	PHANG LAI TIONG
NRIC/Passport Number	S0973064H

Contact Number	97697185
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

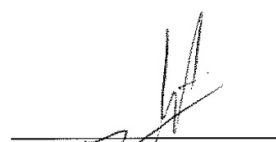
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

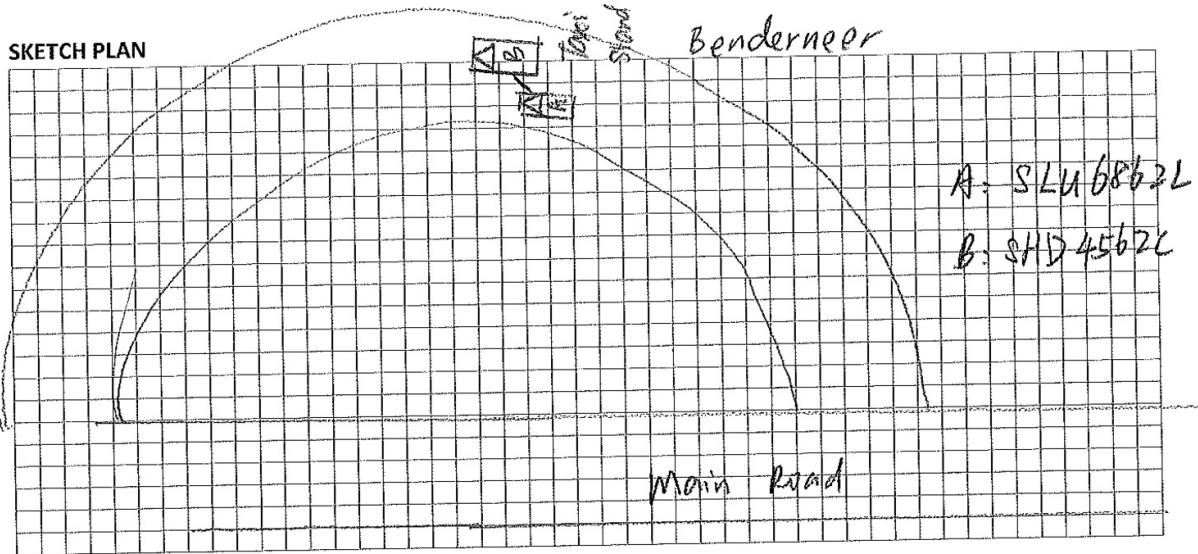
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date 9/2/18 1520hr Benderneer Taxi Stand

Taxi SHD4562C Stationary at taxi stand and Passenger YAP Boon SENG open door on the ~~right~~ <sup>left</sup> side and hit onto SLU6862L while driving on the side. Passenger shall open door on the right side ~~on~~ near to the pavement and driver did not advise ~~or check on~~ passenger.

## DECLARATION

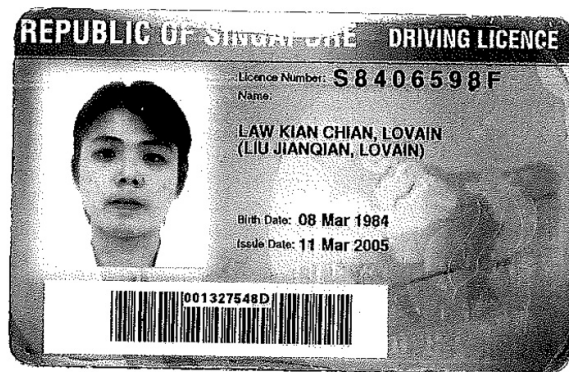
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

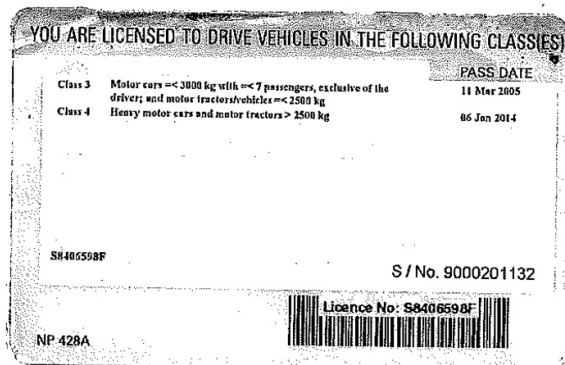
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





sales@ljcexpress.com.sg

9.228 3574



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8406598F**



Name  
**LAW KIAN CHIAN, LOVAIN**  
**(LIU JIANQIAN, LOVAIN)**  
**刘 建 仟**

Race  
**CHINESE**

Date of birth  
**08-03-1984**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**



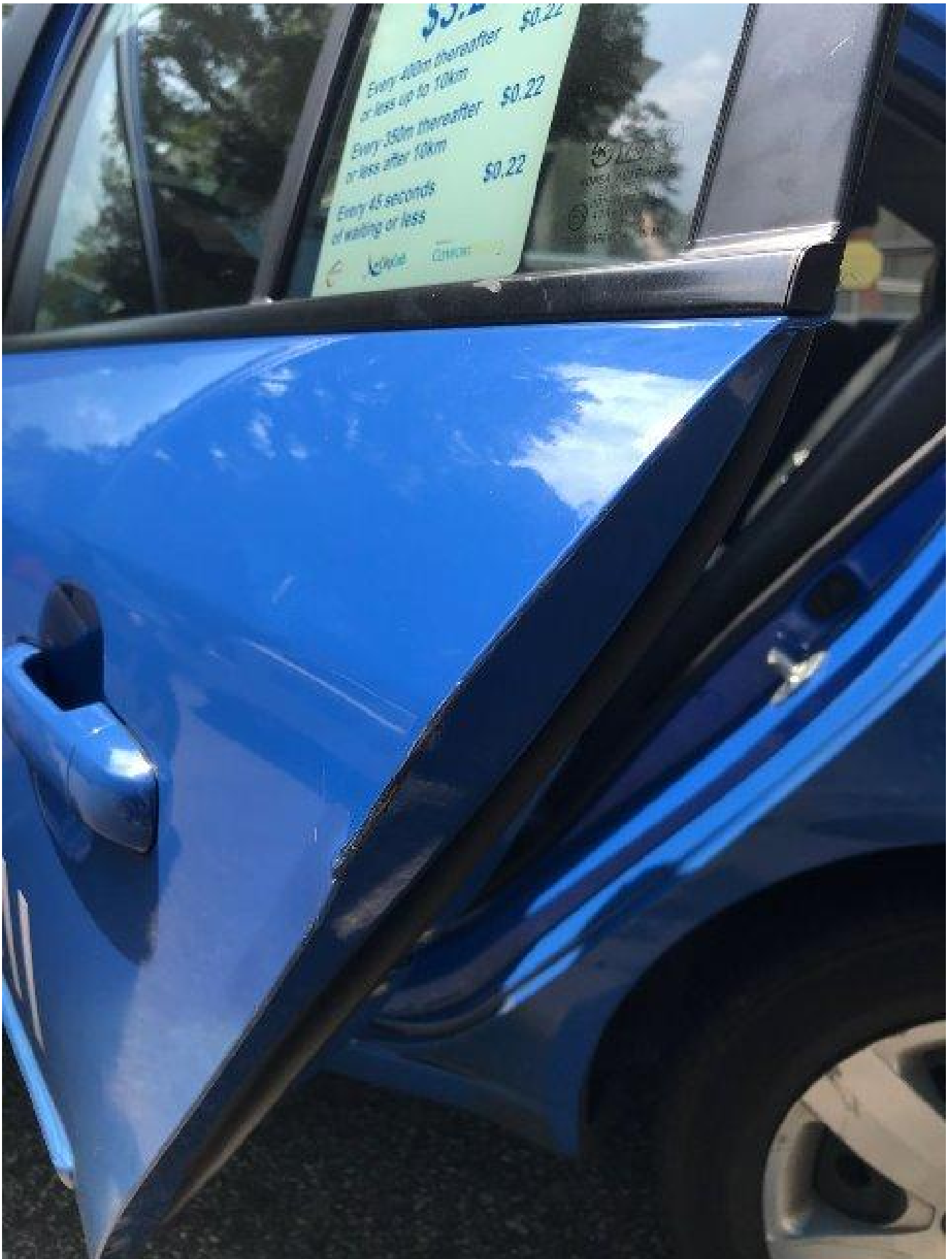
Identification Card



Accident Photo



Accident Photo



scene photo



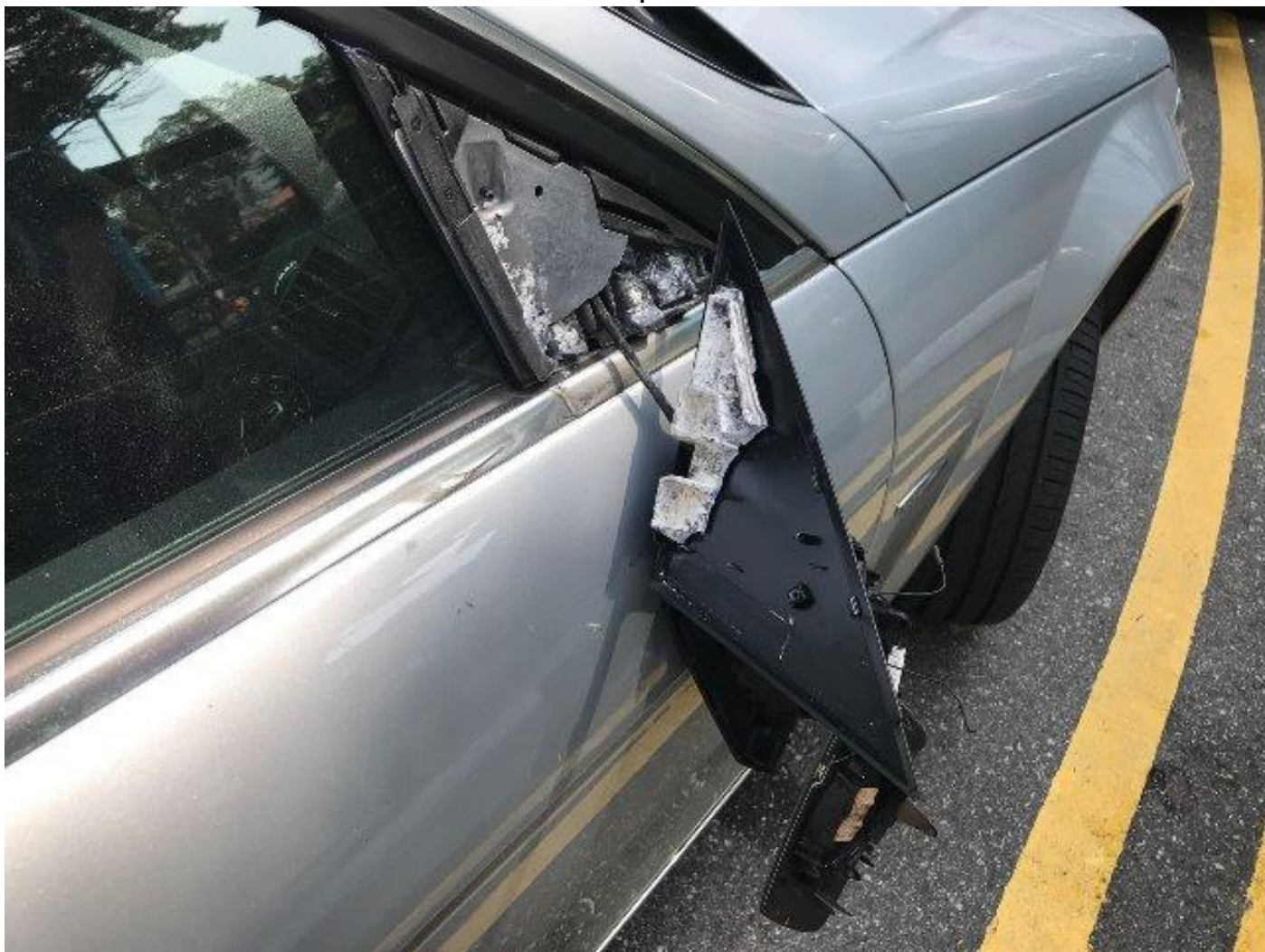
scene photo



scene photo



scene photo



scene photo



On 9/21/16 Mr. Van Lam Sang on the SMC24572C phone call time  
 at 1520hr open door and hit on the SMC24572C side mirror and when  
 along Roadhouse was two and when the time is starting.

Van Lam Sang  
 SS 513088415  
 818-927-468

Phung Van Tong  
 3047306414  
 976977185

Lam Van Lam  
 289705087  
 922835770

