

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	12/02/2018 09:54
Date Of Accident	10/02/2018 21:15
Exact Location Of Accident	DROP OFF POINT AT BLOCK 131 GHIM MOH LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8876U
Insured/Policyholder	
Name Of Registered Owner	XUE TIAN
NRIC No	S8481711B
Email Address	QCHEN@I2R.A-STAR.EDU.SG
Mobile Phone No	(LOCAL) +65-98127120
Alternative Phone No	OFFICE-98127120

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL-2.0 CVT (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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	7VPCB1688490

Driver

Name of Driver	CHEN QIAN
NRIC No	S8384316J
Date Of Birth	22/11/1983
Occupation	INDOOR
Date Of Driving Pass	08/04/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82238456
Fax Number	
Contact Number	
E Mail Address	QCHEN@I2R.A-STAR.EDU.SG

Address	BLOCK 31 GHIM MOH LINK #09-284
Postcode	271031
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	2
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: : CHEN XUESHAN CHELSEA 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

Please refer to the attached Sketch Plan and the accident details

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	XUE TIAN
Phone Number	98127120
Email Address	

Details of Witness 2

Name	HAOKIP MANGVUNG TINJANENG
Phone Number	69194569
Email Address	

Details of Witness 3

Name	FENG YING
Phone Number	81253864
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7887B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA KOK SENG
NRIC/Passport Number	S0843222H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLANIMPORTANT NOTICE

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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.

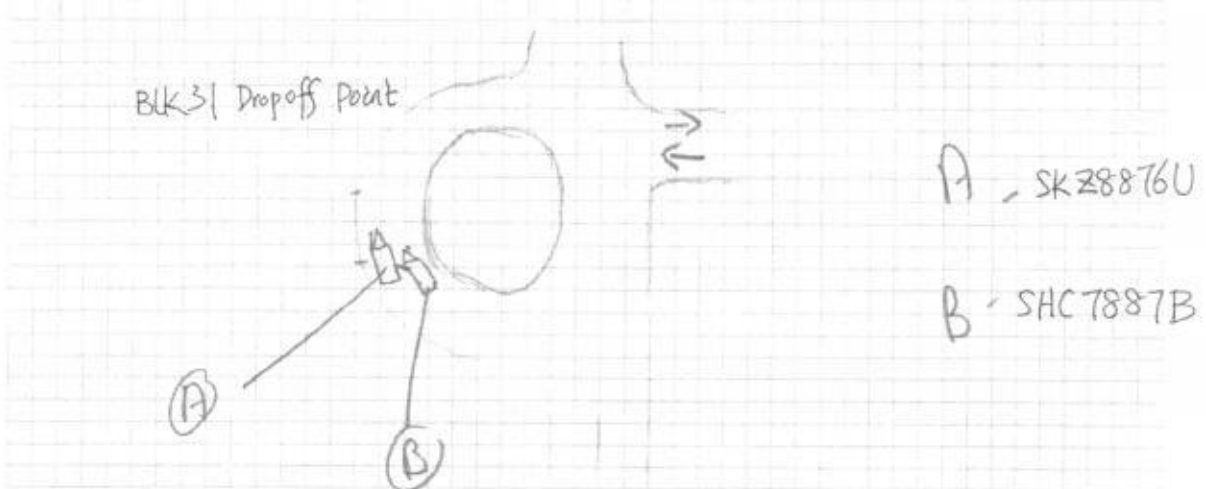
Policyholder's Signature
Date & Time: 12/02/2018 10:30 AM

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/02/2018 10:30 AM

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

(2)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Saturday night - 10th February 2018 at about 9:15pm, I was temporarily parking my vehicle (SKZ8876U) at the dropoff point of my home (BLK 31, Ghim Moh Link, Singapore 271031).

The car was fully stopped, the back door was opened for alighting luggage and the right rear door was opened for alighting my four years old daughter. Because my daughter was sleeping on the car seat, I was standing between the car body and car door and caring her out of the car.

Suddenly, a taxi (SHC 7887B) came behind. The driver saw my stopped car, he stopped 1-2 seconds and then turn right and try to bypass my car. However, he wrongly estimated the distance and hit my car door directly. He almost hit me, too.

This is the single lane dropoff circle, he should wait behind me and let me alight my daughter first. Moreover, he did not wait and even did not horn and indicate his intention.

At that time, Ms Xue Tian (HP: 98127120), Ms Hookip Mangvung Tinjaneng (Tel: 69194569), Ms Feng Ying (HP: 81253864) stood beside

DECLARATION

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

薛天 12/02/2018
Policyholder's Signature
Date & Time: 10:30AM

陈露 12/02/2018
Driver's Signature 10:30am
(If driver is not the policyholder)
Date & Time:

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

Cont'd

(3)

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 - (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
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- (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.

李少明 12/02/2018 10:30 AM
 Policyholder's Signature
 Date & Time:

陈晋 12/02/2018 10:30 am
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

Cont'd

the car witness the whole accident.

I saw the taxi was installed the video camera which was recording the whole accident.

I asked for taxi driver's particular and he refused to give, until police come. The police incident number: D/20180210/0191. Actually the first word that the taxi driver said to me was "I am so sorry", but after he saw there was damage, he changed mind and refused to give IC.

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

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