

# 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 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 .....	13/04/2022 12:57 (SGT)
Date of Accident .....	12/04/2022 20:53 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	9 TAMPINES AVE 2 SHELL PETROL STATION
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNC9407U
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	BERNIE ONG ZHAO HUI
NRIC No .....	SXXXX051Z
Email Address .....	bozh@hotmail.sg
Mobile Phone No .....	(Phone) +65-96281139
Alternative Phone No .....	+65-96281139

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	335i
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 .....	2979

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00058382200
Cover Note Number .....	-

### DRIVER

Name of Driver .....	BERNIE ONG ZHAO HUI
NRIC No .....	SXXXX051Z

Date Of Birth .....	28/07/1991
Occupation .....	Indoor
Date Of Driving Pass .....	15/12/2014
Driving experience .....	7 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96281139
Alt. Phone Number .....	+65-96281139
Email Address .....	bozh@hotmail.sg
Address .....	BLK 520C TAMPINES CENTRAL 8
Address complement .....	#04-55
Postcode .....	523520
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 .....	Collision - Opening Door of Vehicle
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SHAYNA CHEN SHIYI
Gender .....	Female

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA9397X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Taxi
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) .....	-






**Describe Circumstances of the Accident**

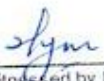
ON 12/04/2022 AT ABOUT 2053HRS, I WAS TRAVELLING ALONG  
 9 TAMPINES AVENUE 2 SHELL PETROL STATION. I WAS  
 DRIVING SLOWLY IN THE PETROL STATION. AS I WAS  
 APPROACHING KIOSK 7, VEHICLE B OPENED HIS DOOR CAUSING  
 DAMAGES TO MY LEFT HAND PORTION OF MY VEHICLE.

**Declaration**

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

 13/04/22  
 Witnessed by Reporting Centre  
 Personnel





































