

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	02/06/2022 15:09 (SGT)
Date of Accident	01/06/2022 11:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI AIRPORT TERMINAL 3 TAXI STAND
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6283S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KIAN HIN (CHEN JIANXING)
NRIC No	S7524834B
Email Address	kianhin@singnet.com.sg
Mobile Phone No	(Phone) +65-81286150
Alternative Phone No	+65-81286150

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNA00078212201
Cover Note Number	-

DRIVER

Name of Driver	TAN KIAN HIN (CHEN JIANXING)
NRIC No	S7524834B

Date Of Birth	30/08/1975
Occupation	Indoor
Date Of Driving Pass	17/04/2000
Driving experience	22 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81286150
Alt. Phone Number	+65-81286150
Email Address	kianhin@singnet.com.sg
Address	BLK 19 GHIM MOH ROAD #06-249
Address complement	-
Postcode	270019
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLEASE REFER TO SKETCH PLAN

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6432E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN AH GUAN
NRIC No	S1413891I
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN**IMPORTANT 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.

Policyholder's Signature / Date & Time
01/06/22

Sketch Plan

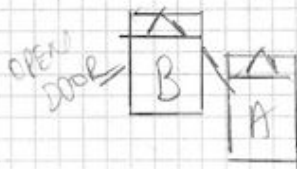
Driver's Signature (If driver is not the policyholder) / Date & Time
12.50 pm

Witnessed by Reporting Centre Personnel
02/06/2022

CHONG HUI REPORT 7/3 TAXI STAND

A) SLX6283S

B) SH6432E



Describe Circumstances of the Accident

On 01/06/2022, while I was travelling along Cheng Airport Terminal 3, along the taxi stand, at about ~~11.45~~ 11.45 am, a taxi, SH6432E on my left, the driver suddenly opened his car door & resulted in hitting onto the left side of my car and left side-mirror.

The left side of my driver & passenger's door was scratched & dented. My left side mirror broke and the cover came off. The wiring also came out.

I am making this report to claim against the driver of the taxi, SH6432E. He opened the car door without checking whether the traffic was clear or not.


I WISH TO STATE THE DAMAGE OF THE TAXI SH6432E. THE DRIVER'S FRONT DOOR ON THE OUTSIDE WAS DENTED ALONG THE SIDE UNDER THE DOOR HANDLE

I FORGOT TO TAKE PHOTO OF THE DAMAGE OF THE DRIVER'S FRONT DOOR ON THE INSIDE, WHICH WAS THE MAIN CAUSE OF THE ACCIDENT (HE OPENED HIS CAR DOOR WITHOUT CHECKING WHILE STATIONARY)


KINDLY REFER TO THE ATTACHED PHOTOS

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
01/06/22

12.50 pm
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel































