

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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 First Submission 30/11/2024 13:35 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 29/11/2024 19:05 (SGT) Exact Location of Accident Goodman Rd, Singapore Additional Location Information **OUTSIDE 41B GOODMAN ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBP6979D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHIA T-JIAN (XIE DIJIAN) NRIC No S8003991C Email Address CTJ991@GMAIL.COM Mobile Phone No (Phone) +65-81130991 Alternative Phone No

VEHICLE PARTICULARS

Mercedes Model 200e 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 2000 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/01149176

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	CHIA T-JIAN (XIE DIJIAN) \$8003991C 11/02/1980 Indoor 26/08/1998 3 Valid 26 YEARS AND 3 MONTHS Male (Phone) +65-81130991 - CTJ991@GMAIL.COM 41B GOODMAN ROAD - 439058 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTTLEA HAI ON MINATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARI	E PTE LTD TEL 67415336
ATTACHMENT(S)	
,	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU225R
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
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)	-

SKETCH PLAN

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- 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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.
- 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.

8. Consent under the Personal Data Protection Act (PDPA)

301124

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

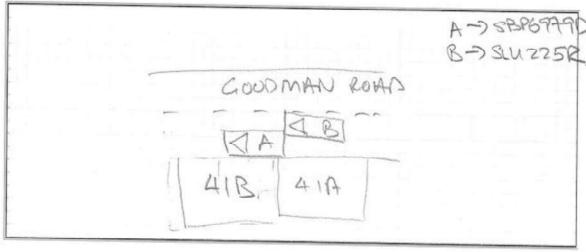
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





Describe Circumstance of the Accident My Car SBP 6979D Was parked outside 41B Goodman Rocal. At about 11pm, 129 Nov 2024: I wanted to drive my car into my house. I inteed my driver's mirror had dropped out and there was some collision marks at the rear night of my car. My rear wheel was also damaged.
right of my car. My rear wheel was also damaged.
a car with plate number sun 2252 had advised into my car and the driver had driven off without intoming us of the damage caused by her
us of the damage caused by her
· ·

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurence. Kindly check with your insurer for more details.

1130am 301124

Policyholder's Signature / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20241130/7005

1 of 3

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2024 00:54		ide:	Vide Report No.:	Station Diary No.:	
Informan	t's Particular	S			
Name of Informant: Address: CHIA T-JIAN 41B SINGAPORE 439058					
ID Type / ID No.: Contact No.: NRIC NO / S8003991C Home/Office: Mobile: 811		Mobile: 81130991			
Nationali SINGAP	ty: ORE CITIZE	N	Email: ctj991@gmail.com		
Sex: Male	Age:	Date of Birth: 11/02/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: Business development manager		nt manager	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/11/2024 19:05	Type of Location Straight Road
Location: GOODMAN ROAD		Road Surface:		
		Dry		
Weather: Clear Traffic Flow: Two Way				fic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBP6979D	Motor car	MERCEDES BENZ	200E	Silver	Slightly Damaged	0
SLU225R	Motor car	HYUNDAI	ELANTRA	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SBP6979D	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01149176/01	01/05/2024	30/04/2025





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20241130/7005

2 of 3

CONTINUATION OF REPORT

Details of Person	Involved					
Any Pedestrian In	volved: No					
No. of Pedestrians Injured: NIL Use			Use of Ped	Jse of Pedestrian Crossing: NA		
Vehicle Owner			-			
Name	CHIA T-JIAN			ID No	+ :	S8003991C
Related Vehicle	NIL			Conta	ct No.	81130991
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of	Injury	NIL	

Brief Details.

My car SBP6979D was parked outside 41B Goodman Road where I live. At about 11pm, 29 November 2024, I got into my car wanting to drive into my house to park. Then i noticed that my driver's mirror had dropped out and there was some collision marks at the rear with my tyre being damaged.

I checked my in car camera and from the video, a car with Licence plate SLU 225R had collided into my car and driven off without informing us.

I have videos and pictures exceeding 2MB.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20241130/7005

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2024 00:54
Officer In Charge Of Case: TP / HRT / KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:
NP168	