

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 Actual 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 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
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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

Manufacturer	Mercedes
Model	200e
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	2000
Vehicle Fuel	-
First Registration 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	CHIA T-JIAN (XIE DIJIAN)
NRIC No	S8003991C
Date Of Birth	11/02/1980
Occupation	Indoor
Driving Pass Date	26/08/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81130991
Alt. Phone Number	-
Email Address	CTJ991@GMAIL.COM
Address	41B GOODMAN ROAD
Address complement	-
Postcode	439058
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	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**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

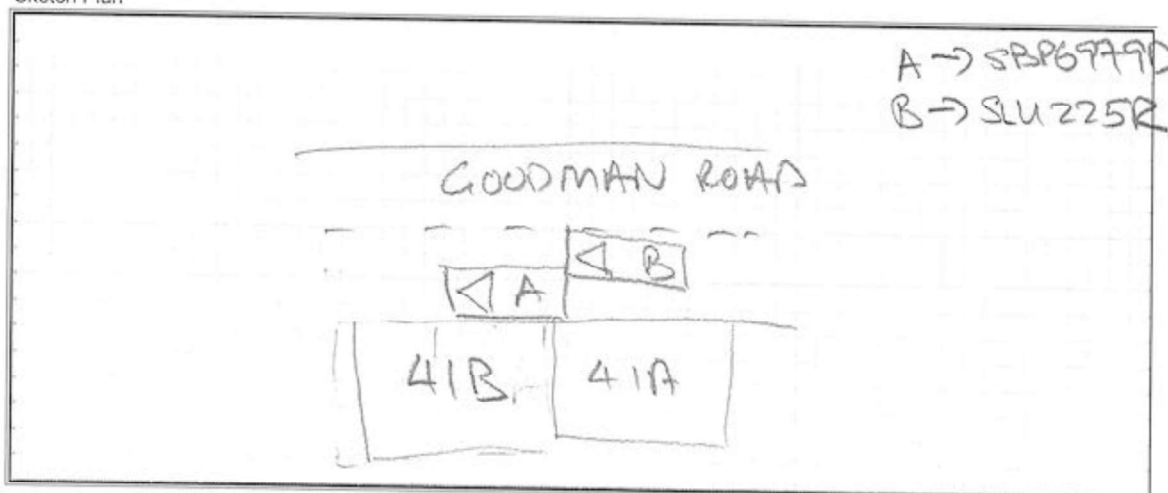
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

my Car SBP6979D was parked outside 41B Goodman Road.
At about 11pm, 29 Nov 2024, I wanted to drive my car
into my house. I noticed my driver's mirror had dropped
out and there was some collision marks at the rear
right of my car. My rear wheel was also damaged.

I checked my in-car camera and from the video I saw
a car with plate number SLU 225R had collided into my
car and the driver had driven off without informing
us of the damage caused by her.

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Declaration

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 occurrence. Kindly check with your insurer for more details.

 1130am
20/11/24
Policyholder's Signature / Date & Time

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

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



















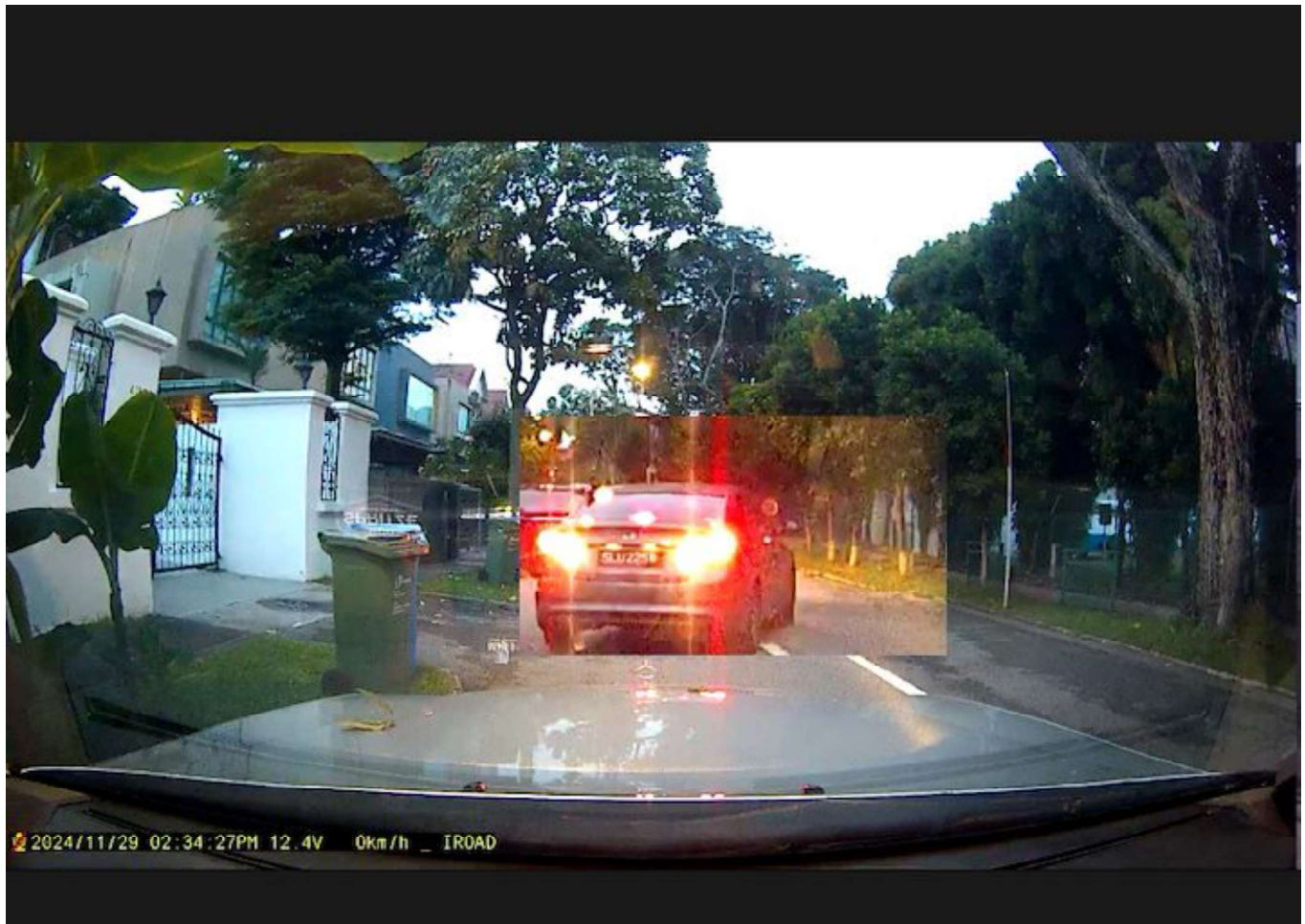














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Report No. T/20241130/7005

Date/Time Report Made: 30/11/2024 00:54	Vide Report No.:	Station Diary No.:
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Name of Informant: CHIA T-JIAN			Address: 41B SINGAPORE 439058		
ID Type / ID No.: NRIC NO / S8003991C			Contact No.: Home/Office: Mobile: 81130991		
Nationality: SINGAPORE CITIZEN			Email: ctj991@gmail.com		
Sex: Male	Age: 44	Date of Birth: 11/02/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: Business development 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							
Weather: Clear		Road Surface: Dry					
Traffic Flow: Two Way		Traffic Control:				Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle						Anyone conveyed by ambulance: No	

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

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



**SINGAPORE
POLICE FORCE**



T/20241130/7005

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

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Report No. T/20241130/7005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	CHIA T-JIAN	ID No.	S8003991C
Related Vehicle	NIL	Contact No.	81130991
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted 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.



**SINGAPORE
POLICE FORCE**

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



T/20241130/7005

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Report No. T/20241130/7005

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
KASMAWATI BTE SAMIAN
Contact No.: 65476368

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
30/11/2024 00:54

Classification Of Case: