

MG SOLUTION PTE LTD  
23 Kaki Bukit Ave 4 (South Wing) #02-03B  
Vicom Inspection Centre, Singapore 415933  
Tel: 6243 1373 Fax: 6243 1373  
Co. Reg. No.: 201427944N

Date : 27/6/18

#vehicle in

To : AXA INSURANCE SINGAPORE PTE LTD

Tel : 1800-880 4741

Fax :

Email : motor.survey@axa.com.sg ; cst@axa.com.sg

By Fax & Email

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SKW 9717E and SLV 1322G along  
Upper Serangoon Road towards Hongkong on 25/6/18  
before junction of Wolste 1 Road.

We are instructed by CHIA JOO HENR, JUSTIN (Name of Claimant) to notify  
you of a road traffic accident on the above mentioned. A copy of the Singapore Accident  
Statement / Traffic Police Report filed is enclosed.

As a result of the accident, our client's / customer's vehicle has been damaged. Before our client  
/ we proceed to repair the damaged vehicle, please let us know within 2 working days of your  
receipt of this notice whether you or your insurer would like to conduct a Pre-Repair Survey of  
the vehicle. If we do not receive any reply from you within the stipulated timeline, our client / we  
shall proceed to repair the vehicle without further reference to you.

Thank you.

Yours faithfully,



MS. HENG YOCKE HONG  
HP: 9138 6831

FOR SURVEYOR

Please initial here after completion of pre-repair  
inspection. Thank you.

Appointed Surveyor: \_\_\_\_\_  
(Name & Signature)

Date & Time of inspection: \_\_\_\_\_

### 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	27/06/2018 15:27
Date Of Accident	25/06/2018 19:50
Exact Location Of Accident	UPP SERANGOON RD > HOUGANG BEFORE WOLSKEL RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW9717E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA JOO NENG,JUSTIN(XIE YUXING,JUSTIN)
NRIC No	S8024872E
Email Address	JUSTINCHIA@MC2.COM.SG
Mobile Phone No	(LOCAL) +65-92906848
Alternative Phone No	OTHERS-92906848

#### Vehicle Particulars

Manufacturer	AUDI
Model	A4 2.0 TFSI QU S-TRONIC
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DH0M120033071700
Cover Note Number	

#### Driver

Name of Driver	CHIA JOO NENG,JUSTIN(XIE YUXING,JUSTIN)
NRIC No	S8024872E
Date Of Birth	21/08/1980
Occupation	INDOOR
Date Of Driving Pass	19/10/1999
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92906848
Fax Number	
Contact Number	OTHERS-92906848
Email Address	JUSTINCHIA@MC2.COM.SG

Address	BLK 309 CANBERRA ROAD #07-109
Postcode	750309
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JBB868 (PRIVATE CAR)
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
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)	3
Passenger 1	NAME: : LIOW KOK KEONG GENDER: : MALE
Passenger 2	NAME: : KONG KING CHEW GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20180626/2169

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JDD868
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLV1322G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHIA JOO NENG,JUSTIN(XIE YUXING,JUSTIN)  
Approximate Age 37  
Injuries Sustain  
Injured person in which vehicle? SKW9717E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode 750309

#### DETAILS OF INJURED PERSON 2

Name •LIOW KOK KEONG (MALE)  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKW9717E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name KONG KING CHEW  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKW9717E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

# Accident Sketch Plan Pg. 1

## SKETCH PLAN

### 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to renewiate 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. The 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 lodging 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)

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/then 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 sites 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.

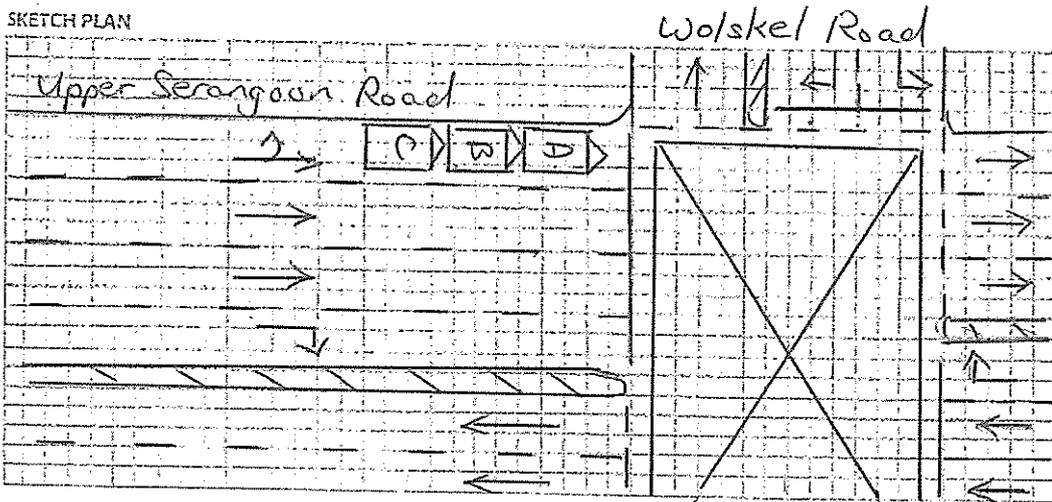
27 JUN 2010

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

**IDAC KAKI BUKIT (VAC)**  
Reporting Centre  
Name: Singapore 415933  
NRIC/FIN No.: Tel: 67416697  
Fax: 67492305  
Email: vackb@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/06/2018 at about 1950 hrs at along Upper Serangoon Road towards Hougang before junction of Wolskel Road. I was travelling on the extreme left lane and came to a stop before the 'RED' traffic light on the above mentioned junction. When the traffic light turned 'GREEN' and before I started to move off, I heard a loud bang from behind. When I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. It was a chain collision of total 3 vehicles involved. I have 2 male passengers inside my vehicle.

- (A) SKW 9717E
- (B) JDD 868
- (C) SLV 1322G

DECLARATION

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

27 JUN 2018

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

IDAC KAKI BUKIT (VAC)  
Reporting Centre  
Name: Singapore 415933  
Tel: 67416697  
Fax: 67492305  
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180626/2169

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 4

Report No. T/20180626/2169

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/06/2018 18:49		Vide Report No.:		Station Diary No.: 126	
<b>Informant's Particulars</b>					
Name of Informant: CHIA JOO HENG, JUSTIN			Address: APT BLK 309 CANBERRA ROAD #07-109 SINGAPORE 750309		
ID Type / ID No.: NRIC NO / S8024872E			Contact No.: Home/Office: _____ Mobile: _____		
Nationality: SINGAPORE CITIZEN			Email: _____		
Sex: Male	Age: 37	Date of Birth: 21/08/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 25/06/2018 19:50	Type of Location: Straight Road
Location: Along Road 1 UPPER SERANGOON ROAD				
Travelling along Upper Serangoon Road towards Hougang near lamp post 85/11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
(A) JDD868	Car				Slightly Damaged	0
(A) SKW9717E	Car	AUDI	A4 2.0 TFSI QU S-TRONIC	Silver	Slightly Damaged	2
(C) SLV1322G	Car				Slightly Damaged	0

Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180626/2169

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
TelNo: 1800-5529999

2 of 4

Report No. T/20180626/2169

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKW9717E	UNITED OVERSEAS INSURANCE LIMITED	DHOM120033071700	15/12/2017	13/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name		ID No.		
KONG KING CHEW		S7535043J		
Related Vehicle		Contact No.		
SKW9717E (Car)		NIL		
Hospital/Clinic		Class of Driving Licence & Expiry Date		
INTEMEDIAL 24 HR CLINIC		Class: NIL Date of Expiry: NIL		
Date Treatment	26/06/2018	Date Discharge	NIL	
No. of Days granted Medical Leave	04	Degree of Injury	Slight	
Driver				
Name		ID No.		
CHIA JOO HENG, JUSTIN		S8024872E		
Related Vehicle		Contact No.		
SKW9717E (Car)				
Hospital/Clinic		Class of Driving Licence & Expiry Date		
INTEMEDIAL 24 HR CLINIC		Class: 3 Date of Expiry: NIL		
Date Treatment	26/06/2018	Date Discharge	NIL	
No. of Days granted Medical Leave	04	Degree of Injury	Slight	
Passenger				
Name		ID No.		
LIOW KOK KEONG		S7824268Z		
Related Vehicle		Contact No.		
SKW9717E (Car)		NIL		
Hospital/Clinic		Class of Driving Licence & Expiry Date		
INTEMEDIAL 24 HR CLINIC		Class: NIL Date of Expiry: NIL		
Date Treatment	26/06/2018	Date Discharge	NIL	
No. of Days granted Medical Leave	04	Degree of Injury	Slight	



SINGAPORE  
POLICE FORCE



T/20180626/2169

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 4

Report No. T/20180626/2169

CONTINUATION OF REPORT

Brief Details.

On 25/6/28 at about 1950hrs, I was at one of the traffic light at Upper Serangoon Road (travelling towards Hougang near lamp post 85/11). I was waiting for the traffic light to turn green at that point of time. So when the traffic light turned green and I was about to move off, suddenly I felt an impact coming from the rear of my vehicle (SKW9717E). I then alighted and noted that I was involved in a chain collision. The vehicle behind me was a Malaysian vehicle bearing JDD866. Another vehicle bearing SLV1322G had collided into JDD866.

I did not manage to exchange particulars with the drivers as they refuse to give it to me. No government property damaged. No Traffic Police and no ambulance was at scene. I do not have the footage of the incident.

Today, me and my passengers felt pain on the body so we went to see the doctor. We were given 4 days medical leave.

I am lodging this report for insurance claim purposes.

Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20180626/2169

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

4 of 4

Report No. T/20180626/2169

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 3 LIYANA BINTE MOHD RAZALI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/06/2018 18:49
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case: SN 061
Authentication Stamp NP169 	SIGNATURE