

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 Report	12/11/2018 16:51
Date Of Accident	10/11/2018 06:30
Exact Location Of Accident	CHOA CHU KANG DRIVE TWDS KJE(BKE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3575X
Insured/Policyholder	
Name Of Registered Owner	MR CHUA JUN MING
NRIC No	S9336246B
Email Address	JUNMING_1993@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92726233
Alternative Phone No	OTHERS-92726233

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3049601800
Cover Note Number	

Driver

Name of Driver	MR CHUA JUN MING
NRIC No	S9336246B
Date Of Birth	28/09/1993
Occupation	INDOOR
Date Of Driving Pass	28/05/2012
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92726233
Fax Number	
Contact Number	OTHERS-92726233
Email Address	JUNMING_1993@HOTMAIL.COM

Address	BLK 341 CHOA CHU KANG LOOP #10-17
Postcode	680341
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181110/2069

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY8443C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG JUN SENG
NRIC/Passport Number	S7034388F
Contact Number	93211169
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	MR CHUA JUN MING
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJN3575X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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 lodgment 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/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.
- (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.

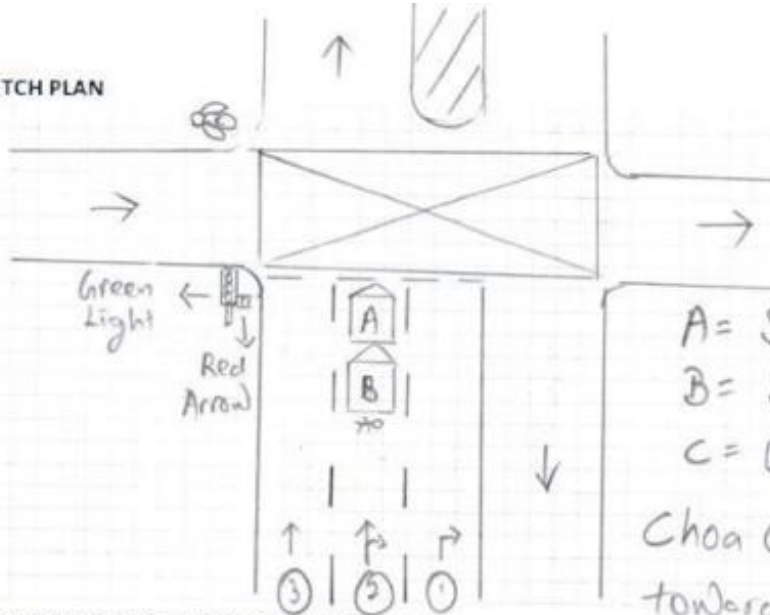

Policyholder's Signature
Date & Time:


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

 13/11/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



A = SJN 3575X
B = SJY 8443C
C = unknown
Choa Chu Kang Drive
towards KJE (BKE)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach Police Report
Report No: T/20181110/2069

DECLARATION

I/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:

12/11/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181110/2069

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20181110/2069

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA JUN MING	ID No.	S9336246B
Related Vehicle	SJN3575X (Car)	Contact No.	92726233
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	NIL	Degree of Injury	Slight
Driver			
Name	CHONG JUN SENG	ID No.	S7034388F
Related Vehicle	SJY8443C (Car)	Contact No.	93211169
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	NIL	Degree of Injury	NIL

Brief Details.

On 10/11/2018 at about 0630hrs, I was driving along Choa Chu Kang Drive towards KJE(BKE). I was stationary straight at the centre lane of the 3 lane road while waiting for the traffic light turning right to turn green. I recalled during the time of incident, the traffic light was green with red light turn arrow. Out of a sudden, I felt an impact from the rear of my car (SJN3575X). A car (SJY8443C) behind me had collided onto the rear portion of my car. The accident had also caused another collision with a motorcycle (unknown registration plate no.) however I am unable to recall where the motorcycle was prior to the accident. Traffic Police and Ambulance came and conveyed the rider to hospital. I sustained some pain on my neck and back but I have yet to seek treatment from any clinic. I have an in car camera installed in my car (front and back view). My SD card was seized by the traffic police during the time of incident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



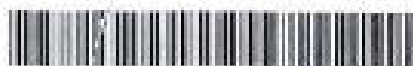
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181110/2068

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20181110/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2018 14:23		Vide Report No.: J/20181110/0070		Station Diary No.: 92	
Informant's Particulars					
Name of Informant: CHUA JUN MING			Address: APT BLK 341 CHOA CHU KANG LOOP #10-17 SINGAPORE 680341		
ID Type / ID No.: NRIC NO / S8336246B			Contact No.: Home/Office: Mobile: 92726233		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 28/09/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/11/2018 06:30	Type of Location:
Location: Junction of Road 1 and Road 2 CHOA CHU KANG DRIVE KRANJI EXPRESSWAY X-JUNCTION OF CHOA CHU KANG DRIVE TOWARDS KJE(BKE)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN3575X	Car	HONDA	CITY 1.5L I-VTEC AUTO	Silver	Slightly Damaged	0
SJY8443C	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN3575X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30496018 00	23/07/2018	11/02/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/2018/110/2099

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7859999

2 of 3

Report No. T/2018/110/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA JUN MING	ID No.	S9336248B
Related Vehicle	SJN3575X (Car)	Contact No.	92726233
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	NIL	Degree of Injury	Slight
Driver			
Name	CHONG JUN SENG	ID No.	S7034388F
Related Vehicle	SJY8443C (Car)	Contact No.	93211169
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	NIL	Degree of Injury	NIL

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20181110/2069

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No: T/20181110/2069

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:

J /

Sgt 2 NURSHUHADAH BINTE SULAIMAN --


Signature Of Interpreter:

Not applicable



Signature:

Officer In Charge Of Case:

TP / GIT /  Online Case
Sgt 2 LEE MING CAI
Contact No.: 65478960

Signature Of Informant:

Date/Time:

10/11/2018 14:23

Classification Of Case:

Authentication Stamp
NP158

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S93362468



Name

CHIA JUN MING
(CAI JUNMING)

蔡峻銘

Race

CHINESE

Date of birth

28-09-1993

Country of birth

SINGAPORE

Sex

M

123456789

SJN 3575x

Owner & Driver

#12345678



9933-893362468



Expiry date

30-09-2008

Address

APT BUK GRI CHIA CHIA KANG LOOP
#12-17
SINGAPORE 893341

Driving License



SJN3575X

Owner & Driver.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
Class 3	Motor cars with payload weight up to 3500kg with up to 7 passengers, exclusive of driver; and other motor vehicles with vehicle weight up to 3500kg	26 May 2012

11 P 42064

