

## 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	30/12/2018 11:13
Date Of Accident	29/12/2018 21:20
Exact Location Of Accident	ALONG PIE TOWARDS CTE(SLE/TPE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1030P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA DE CAI, JUSTIN
NRIC No	S8138364B
Email Address	JUSTINPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96444367
Alternative Phone No	OTHERS-96444367

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESQUIRE 2.0XI A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01013634
Cover Note Number	N.A

### Driver

Name of Driver	CHIA DE CAI, JUSTIN
NRIC No	S8138364B
Date Of Birth	12/12/1981
Occupation	INDOOR
Date Of Driving Pass	20/05/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96444367
Fax Number	
Contact Number	OTHERS-96444367
E-Mail Address	JUSTINPL@GMAIL.COM

Address	NIL
Postcode	
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	8
Passenger 1	NAME: : PASSENGER 1 GENDER: : MALE
Passenger 2	NAME: : PASSENGER 2 GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER 3 GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER 4 GENDER: : FEMALE
Passenger 5	NAME: : PASSENGER 5 GENDER: : FEMALE
Passenger 6	NAME: : PASSENGER 6 GENDER: : FEMALE
Passenger 7	NAME: : PASSENGER 7 GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

I was travelling along PIE towards CTE(SLE/TPE), it was a 4 lane traffic and my vehicle SJN1030P was positioned in the 4th lane suddenly vehicle ahead of me jammed brake and I also jammed brake and made my vehicle to a stop. Suddenly vehicle SJQ7465M collided onto my vehicle SJN1030P rear. No injuries involved.

#### 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	SJQ7465M
Vehicle Make/Model/Colour	PEUGEOT 207CC 1.6 A SPORT / RED
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	HAI HUANG
NRIC/Passport Number	S8602164A
Contact Number	90113749
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

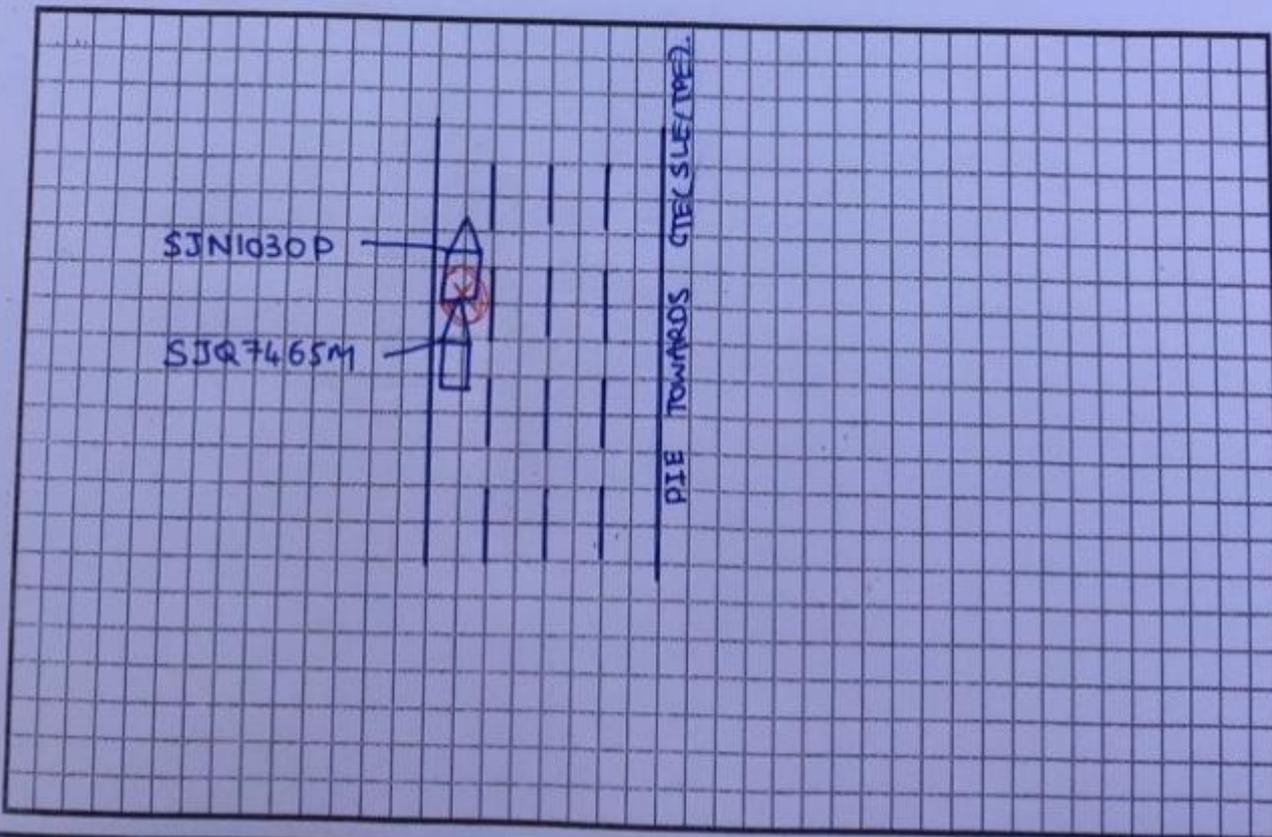
  - (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

VERIFIED BY AJAX MARS  
 REPORTING OFFICER  
 Mohamed Saifullah S/O Syed  
 Masood  
 Witnessed by Reporting Centre  
 Personnel

Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

I was travelling along PIE towards CTE(SLE/TPE) it was a 4 lane traffic and my vehicle SJN1030P was positioned in the 4th lane suddenly vehicle ahead of me jammed brake and I also jammed brake and made my vehicle to a stop. Suddenly vehicle SJQ7465M collided onto my vehicle SJN1030P rear. No injuries involved.

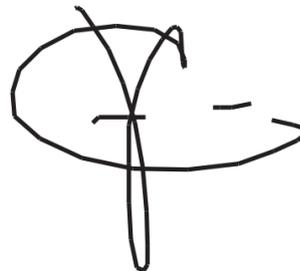
Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

30 December 2018 at 9:32 AM

Date/Time:

30 December 2018 at 9:32 AM

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



Driving License

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number **S8138364B**  
Name  
**CHIA DE CAI, JUSTIN**  
Birth Date: **12 Dec 1981**  
Issue Date: **15 Apr 2009**

000402692F



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8138364B**



Name  
**CHIA DE CAI, JUSTIN**  
**谢德才**

Race  
**CHINESE**

Date of birth  
**12-12-1981**

Sex  
**M**

Country of birth  
**SINGAPORE**



Driving License

