

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	07/01/2019 17:06
Date Of Accident	07/01/2019 07:30
Exact Location Of Accident	TPE AFT LOYANG HEADING DOWN CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU1338D
Insured/Policyholder	
Name Of Registered Owner	CHAM SWEE CHUAH
NRIC No	S7039081G
Email Address	CHAMSC31@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96800991
Alternative Phone No	OFFICE-96800991

Vehicle Particulars

Manufacturer	VOLVO
Model	S60 T5 A/T ABS D/AIRBAG 2WD
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	D18MTPV01009406
Cover Note Number	

Driver

Name of Driver	CHAM SWEE CHUAH
NRIC No	S7039081G
Date Of Birth	31/10/1970
Occupation	INDOOR
Date Of Driving Pass	05/05/1989
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96800991
Fax Number	
Contact Number	OFFICE-96800991
Email Address	CHAMSC31@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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : AMELIA CHAM GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SENGKANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190107/2174 LODGED AT SENGKANG NPC. ON 07/01/19 AT ABOUT 7.30AM, I WAS DRIVING MY VEHICLE (SKU1338D) ALONG TPE HEADING TOWARDS PIE CHANGI AFTER LOYANG EXIT AT THE OUTMOST RIGHT LANE. WHILE MOVING, I OBSERVED THAT THE FRONT VEHICLE (SDH8922Y) MADE A SUDDEN BRAKE WHICH CAUSED ME TO APPLY AN EMERGENCY BRAKE. HOWEVER, I'VE MANAGED TO STOP IN TIME WITH A SAFETY DISTANCE BEHIND THE FRONT VEHICLE. AWHILE LATER, I FELT A BUMP ON THE REAR FROM A LORRY (GU1748B) WHICH HAS CAUSED MY VEHICLE TO JERK FORWARD AND BUMPED TO THE REAR PORTION OF THE FRONT VEHICLE. SUBSEQUENTLY, I MADE A CHECK ON MY DAUGHTER WHO WAS SEATED AT THE REAR CHILD PASSENGER SEAT. HOWEVER, SHE DID NOT SUSTAIN ANY VISIBLE INJURIES AND CLAIMED THAT SHE WAS ALRIGHT. I THEN WENT OUT OF MY VEHICLE AND APPROACHED THE TWO DRIVERS TO EXCHANGE PARTICULARS. NONE OF THE DRIVERS SUSTAINED ANY INJURIES AND NO ONE REQUIRED FOR IMMEDIATE MEDICAL ATTENTION. I HAVE MADE A CHECK ON MY VEHICLE AND THERE WERE SERIOUS DAMAGES ON THE FRONT AND REAR PORTION OF MY VEHICLE. HOWEVER, THERE WERE NO INBUILT CAMERA INSTALLED IN MY VEHICLE. AFTER THE INCIDENT, I WAS CONCERNED OF MY DAUGHTER'S CONDITION AND DECIDED TO SEND HER TO SEEK MEDICAL CONSULTATION AT RAFFLES MEDICAL CLINIC AT SELETAR MALL. HOWEVER, THE DOCTOR ADVISED TO MONITOR FOR THE NEXT 3 DAYS FOR ANOTHER FOLLOW-UP. THERE WAS A REFERRAL FORM GIVEN AND THE SERIAL NUMBER IS "232258".

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	GU1748B
Vehicle Make/Model/Colour	NISSAN/CABSTAR/WHITE

Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOPAL BALAKRISHNAN
NRIC/Passport Number	G2798336M
Contact Number	82569959
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDH8922Y
Vehicle Make/Model/Colour	TOYOTA/CAMRY 2.5 AUTO/SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN GWAN HIM
NRIC/Passport Number	
Contact Number	96351167
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.
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.
 - (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/are 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.

[Signature]

Policyholder's Signature / Date & Time

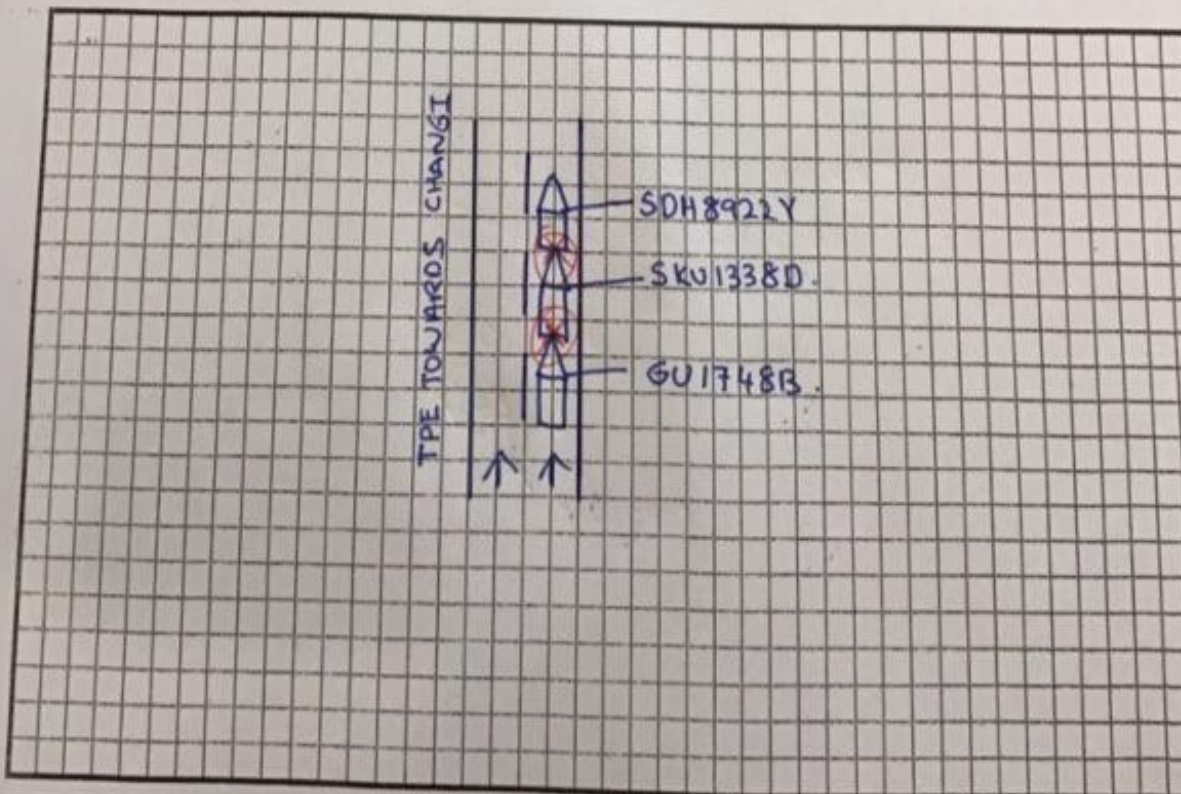
Driver's Signature (If driver is not the policyholder) / Date & Time

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 TPE TOWARDS CHANGI JUST AFTER LOYANG EXIT it was a 2 lane traffic and my vehicle SKU1338D was positioned on the right side of the lane suddenly vehicle SDH8922Y jammed brake in front of me and I also jammed braked and came to an stop then suddenly vehicle GU1748B collided onto my vehicle SKU1338D rear and my vehicle SKU1338D moved forward and collided onto vehicle SDH8922Y rear. No injuries involved.

CHAIN COLLISION TOTAL OF 3 VEHICLES INVOLVED.

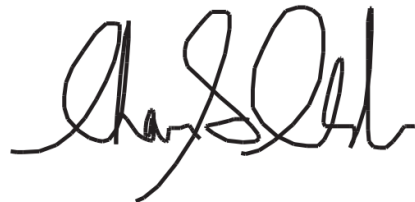
Taxi Voucher No.:

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

7 January 2019 at 1:07 PM

Date/Time:

7 January 2019 at 1:07 PM

Elizabeth Lee

From: ChamSC31 <chamsc31@gmail.com>
Sent: Tuesday, 8 January 2019 3:22 PM
To: Elizabeth Lee
Cc: group@ajaxmars.com
Subject: ***SPAM*** Re: GIA REPORT - SKU1338D

Hi Elizabeth Lee,

Thank you for your email.

I would like to make amendment to claim the damages against the 3rd party.

In addition, I have also made a police report to SengKang Neighbourhood Police Centre.

Should you need further clarifications, please do not hesitate to contact me.

Thank You

Regards,

Cham Swee Chuah

On 7/1/2019 5:19 PM, Elizabeth Lee wrote:

Dear Sir/Madam,

Please find attached file, the GIA Accident Report for your perusal.

The date and time of your call to Mobile Accident Response Service (MARS) will be taken as the time you reported your accident to the insurer which is within 24 hours from the time of accident as required under the Motor Claims Framework (MCF).

If you require any further clarification on the matter, please do not hesitate to contact us at 6333 2222.

Thank You.

Best regards,

Elizabeth
Email: elizabeth@ajaxmars.com

AJAX MARS Pte Ltd
120 Lower Delta Road
#08-08 Cendex Centre
Singapore 169208
Tel: (65) 6333 2222 Fax: (65) 6849 9155
<http://www.ajaxadjusters.com>

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190107/2174

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190107/2174

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2019 19:05		Vide Report No.:		Station Diary No.: 130	
Informant's Particulars					
Name of Informant: CHAM SWEE CHUAH			Address: APT BLK 435A FERNVALE ROAD #17-206 SINGAPORE 791435		
ID Type / ID No.: NRIC NO / S7039081G			Contact No.: Home/Office: 96800991 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 31/10/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BUSINESS OWNER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/01/2019 07:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY Along TPE towards PIE-Changi Airport				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Chain Accident				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GU1748B	Lorry	NISSAN		White		0
SDH8922Y	Car	TOYOTA		Silver		0
SKU1338D	Car	VOLVO	S60 T5 A/T ABS D/AIRBAG 2WD	Gold	Seriously Damaged	1

Police Report Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190107/2174

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190107/2174

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU1338D	TENET SOMPO INSURANCE PTE. LTD.	D18MTPV0100940 6	25/05/2018	24/05/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	GOPAL BALAKRISHNAN		ID No.	G2798336M
Related Vehicle	GU1748B (Lorry)		Contact No.	82569959
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
Driver				
Name	TAN GWAN HIM		ID No.	S1573231H
Related Vehicle	SDH8922Y (Car)		Contact No.	96351167
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
Passenger				
Name	AMELIA CHAM		ID No.	T1417374E
Related Vehicle	SKU1338D (Car)		Contact No.	NIL
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

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190107/2174

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190107/2174

CONTINUATION OF REPORT

Driver			
Name	CHAM SWEE CHUAH	ID No.	S7039081G
Related Vehicle	SKU1338D (Car)	Contact No.	96800991
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/01/19 at about 7.30am, I was driving my vehicle (SKU1338D) along TPE heading towards PIE Changi after Loyang Exit at the outmost right lane. While moving, I observed that the front vehicle (SDH8922Y) made a sudden brake which caused me to apply an emergency brake. However, I've managed to stop in time with a safety distance behind the front vehicle.

Awhile later, I felt a bump on the rear from a lorry (GU1748B) which has caused my vehicle to jerk forward and bumped to the rear portion of the front vehicle. Subsequently, I made a check on my daughter who was seated at the rear child passenger seat. However, she did not sustain any visible injuries and claimed that she was alright. I then went out of my vehicle and approached the two drivers to exchange particulars. None of the drivers sustained any injuries and no one required for immediate medical attention. I have made a check on my vehicle and there were serious damages on the front and rear portion of my vehicle. However, there were no inbuilt camera installed in my vehicle. After the incident, I was concerned of my daughter's condition and decided to send her to seek medical consultation at Raffles Medical clinic at Seletar Mall. However, the doctor advised to monitor for the next 3 days for another follow-up. There was a referral form given and the serial number is "232258".



**SINGAPORE
POLICE FORCE**



T/20190107/2174

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190107/2174

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: F / Staff Sgt JULIANA BINTE JUMARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2019 19:05
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case: SN 085
Authentication Stamp NP168	Signature: Singapore Police Force

Accident Photo



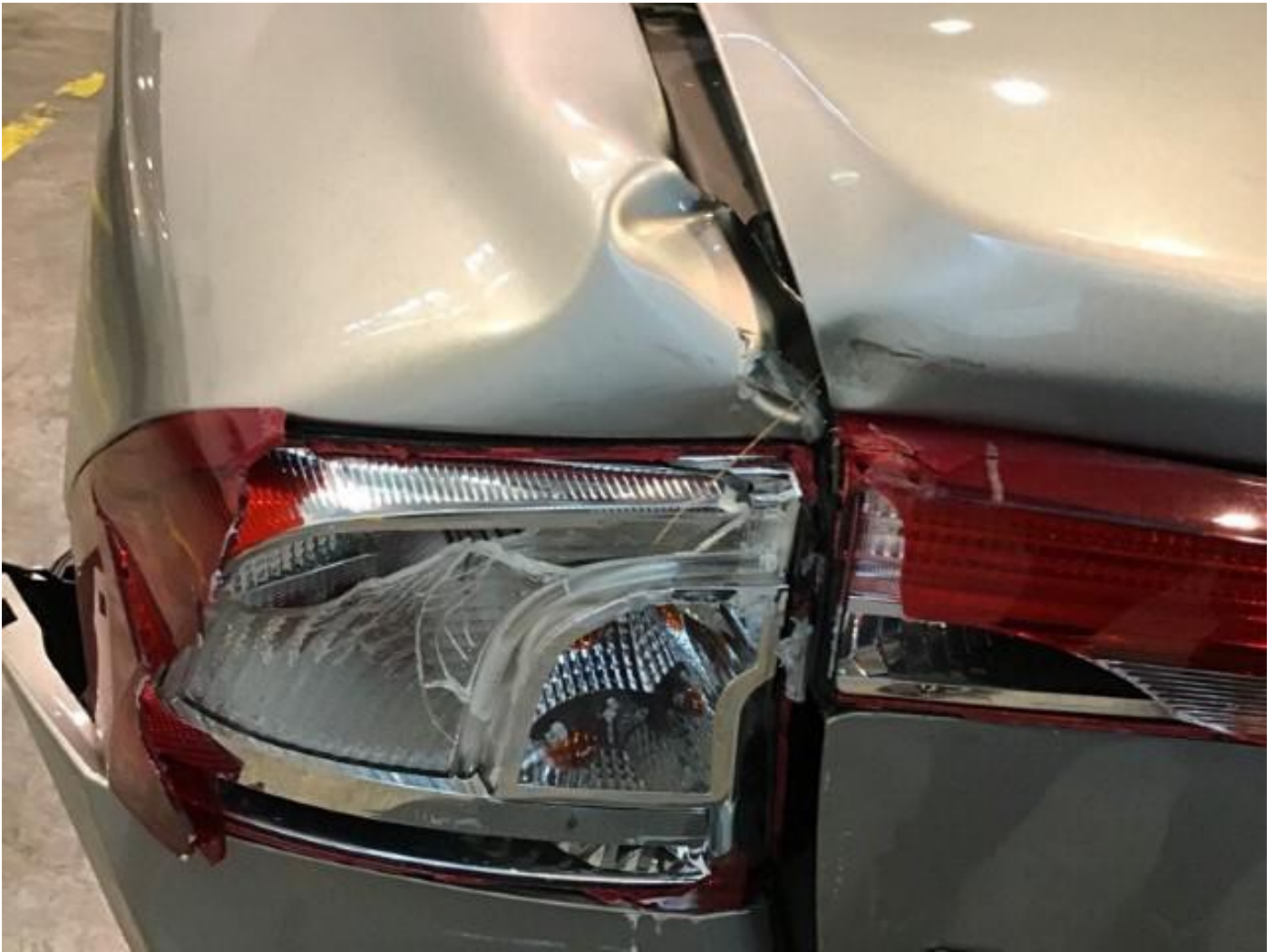
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S7039081G**

Name
CHAM SWEE CHUAH

Birth Date **31 Oct 1970**
Issue Date **25 Apr 2003**



 000427882J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7039081G**



Name
CHAM SWEE CHUAH



詹瑞泉

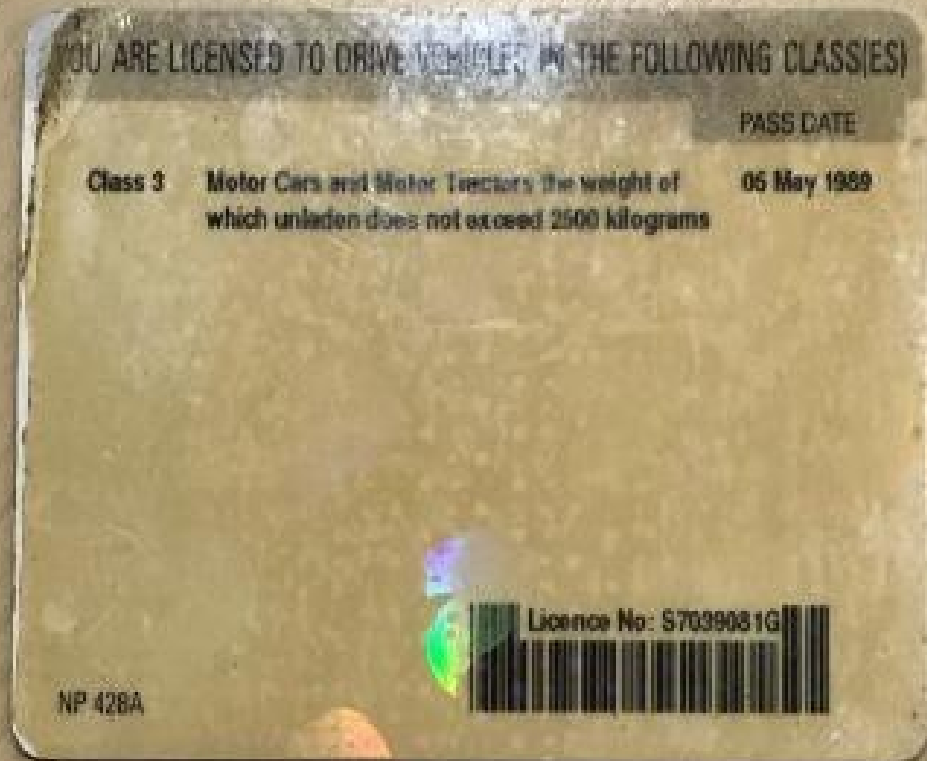
Race
CHINESE

Date of Birth **31-10-1970** Sex **M**

Country of Birth
SINGAPORE



Identification Card



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH19002852 Vehicle Registration No: SKU1338D
Name(as shown in NRIC) : CHAM SWEE CHUAH NRIC/FIN/Passport No : S7039081G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96800991
Email Address : chamsc31@gmail.com
Date of Accident : 07/01/2019 Time of Accident : 07:30 HRS
Place of Accident : TPE AFT LOYANG HEADING DOWN CHANGI
Insurance Company: SOMPO INSURANCE SINGAPORE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMENDED REPORT TO THIRD PARTY CLAIM AND ACCIDENT STATEMENT.

ATTACHED POLICE REPORT.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Elizabeth
NRIC/FIN No.:
Date: 09/01/2019