

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	01/02/2019 17:33
Date Of Accident	31/01/2019 22:05
Exact Location Of Accident	CROSS JUNCTION OF BISHAN ST 22 AND BISHAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1030P
Insured/Policyholder	
Name Of Registered Owner	CHIA DE CAI JUSTIN
Work Permit No	S8138364B
Email Address	JUSTINPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96444367
Alternative Phone No	OFFICE-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	

Driver

Name of Driver	CHIA DE CAI JUSTIN
Work Permit No	S8138364B
Date Of Birth	12/12/1981
Occupation	INDOOR
Date Of Driving Pass	20/05/2002
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96444367
Fax Number	
Contact Number	OFFICE-96444367
Email 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?	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 [OTHER]	BISHAN NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190201/2022 LODGED AT BISHAN NPC. ON 31/01/2019 AT ABOUT 2205HRS, I WAS DRIVING MY CAR (SJN1030P) ALONG BISHAN ROAD AND WAS TRAVELING TOWARDS ANG MO KIO DIRECTIONS. WHEN I WAS AT THE CROSS-JUNCTION OF BISHAN ROAD AND BISHAN ST 22, I INTENDED TO TURN INTO BISHAN ST 22 AS SUCH I TURN LEFT INTO THE SLIP ROAD WAITING FOR THE ON COMING TRAFFIC TO CLEAR. WHILE WAITING FOR THE TRAFFIC TO CLEAR, I SUDDENLY FELT AN IMPACT COMING FROM THE REAR OF MY CAR. I GOT OUT TO CHECK AND NOTICE THAT ANOTHER CAR (SMC2437R) HAD COLLIDED INTO THE REAR OF MY CAR. DUE TO THE COLLISION, THE REAR OF MY CAR WAS DAMAGED. I THEN TOOK PHOTOS OF THE DAMAGES AND ALSO EXCHANGED MY PARTICULARS WITH THE DRIVER OF SMC2437R, AND WE BOTH DROVE OFF AFTER THAT. I ONLY FELT SLIGHT PAIN COMING FROM THE BACK OF MY NECK AREA AS SUCH I DID NOT SEEK TREATMENT ON THAT DAY ITSELF. HOWEVER, ON THE FOLLOWING DAY (1/2/2019), THE PAIN GOT WORSE AS SUCH I PROCEED TO SEEK TREATMENT AND WAS GIVEN 7 DAYS OF MEDICAL CERTIFICATE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC2437R
Vehicle Make/Model/Colour	SUBARU/FORESTER 2.0I/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MAGDALENE CHEONG
NRIC/Passport Number	
Contact Number	96854784

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

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

CHIA DE CAI JUSTIN

SJN1030P
YES
NO

Sketch Plan

SKETCH PLAN

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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.
(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.

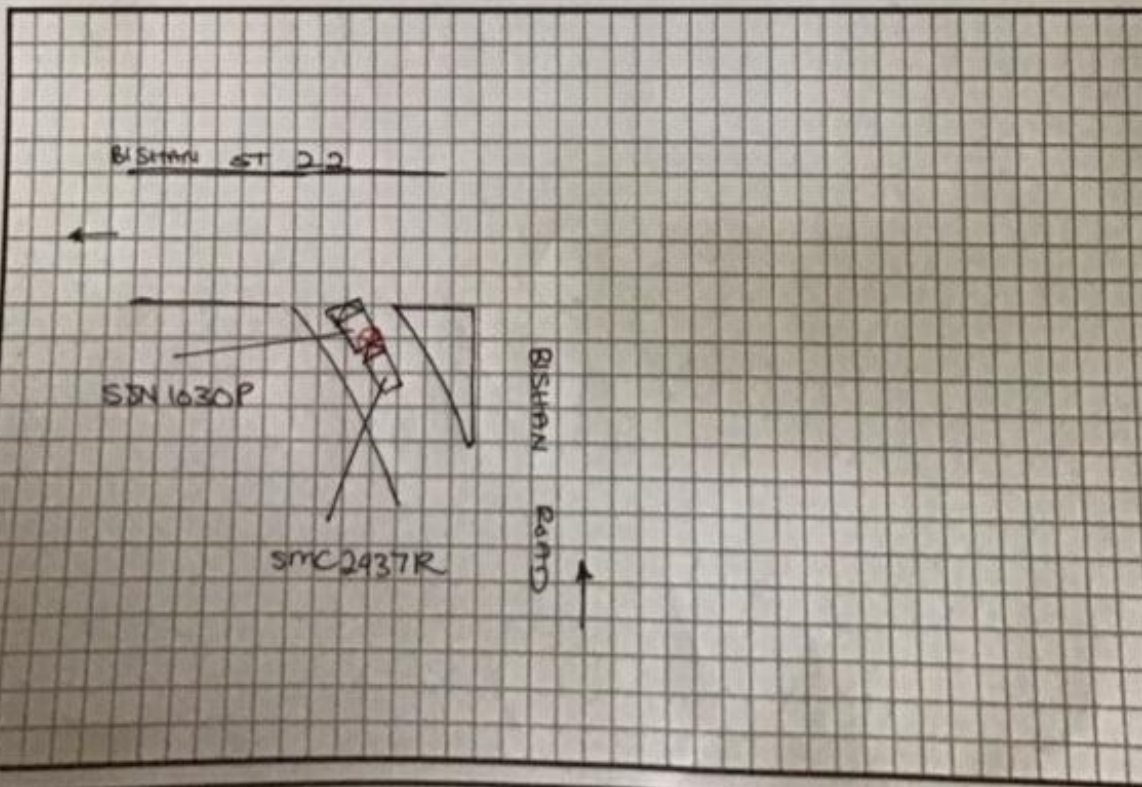
Policyholder's Signature / Date & Time

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

**VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL**

Witnessed by Reporting Centre
Personnel

Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**



T/20190201/2022

1 of 3

Report No. T/20190201/2022

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
01/02/2019 10:35

Vide Report No.:

Station Diary No.:
62

Informant's Particulars

Name of Informant:
CHIA DE CAI, JUSTIN

Address:
APT BLK 268 BISHAN STREET 24 #03-178 SINGAPORE
570268

ID Type / ID No.:
NRIC NO / S8138364B

Contact No.:
Home/Office: Mobile: 96444367

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 37 12/12/1981

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
BANKER

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: 31/01/2019 22:05	Type of Location: slip road
Location: Junction of Road 1 and Road 2 BISHAN ROAD BISHAN STREET 22 X Junction of Bishan St 22 and Bishan road				
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN1030P	MPV	TOYOTA	ESQUIRE 2.0XI A	White	Seriously Damaged	0
SMC2437R	Car			White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN1030P	TENET SOMPO INSURANCE PTE. LTD.	D18MTPV0101363 4	18/08/2018	17/08/2019

Police Report



**SINGAPORE
POLICE FORCE**

T/20190201/2022

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Report No. T/20190201/2022

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	CHIA DE CAI, JUSTIN	ID No.	S8138364B
Related Vehicle	SJN1030P (MPV)	Contact No.	96444367
Hospital/Clinic	DRS GOH & TAN FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/02/2019	Date Discharge	01/02/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	MAGDALENE CHEONG	ID No.	S7340943H
Related Vehicle	SMC2437R (Car)	Contact No.	96854784
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 31/01/2019 at about 2205hrs, I was driving my car (SJN1030P) along Bishan Road and was traveling towards Ang Mo Kio directions. When I was at the cross-junction of Bishan road and Bishan St 22, I intended to turn into Bishan St 22 as such I turn left into the slip road waiting for the on coming traffic to clear. While waiting for the traffic to clear, I suddenly felt an impact coming from the rear of my car. I got out to check and notice that another car (SMC2437R) had collided into the rear of my car. Due to the collision, the rear of my car was damaged. I then took photos of the damages and also exchanged my particulars with the driver of SMC2437R, and we both drove off after that.

I only felt slight pain coming from the back of my neck area as such I did not seek treatment on that day itself. However, on the following day (1/2/2019), the pain got worse as such I proceed to seek treatment and was given 7 days of medical certificate.

Police Report



SINGAPORE
POLICE FORCE



3 of 3

Report No. T/20190201/2022

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

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 /

Staff Sgt LIM BENG LEE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/02/2019 10:35

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Classification Of Case:

SN 061

Authentication Stamp
NP168



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
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



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



License Number: S8138364B

Name:
CHIA DE CAI, JUSTIN

Birth Date: 12 Dec 1981

Issue Date: 15 Apr 2003



000402692F

Identification Card

