

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	29/04/2019 10:20
Date Of Accident	27/04/2019 15:05
Exact Location Of Accident	PIE TOWARDS CHANGI EXIT 16A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9301E
Insured/Policyholder	
Name Of Registered Owner	CHIAM PANG XIANG
NRIC No	S8525815Z
Email Address	CHIAMPENGXIANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96879125
Alternative Phone No	OFFICE-96879125

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 L CVT (A)
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MU011071-R01
Cover Note Number	

Driver

Name of Driver	CHIAM PANG XIANG
NRIC No	S8525815Z
Date Of Birth	07/08/1985
Occupation	INDOOR
Date Of Driving Pass	12/07/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96879125
Fax Number	
Contact Number	OFFICE-96879125
Email Address	CHIAMPENGXIANG@GMAIL.COM

Address	BLK 183A BOON LAY AVENUE #11-712
Postcode	641183
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	6
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT

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	SJE1554S
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 SJR5180S
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 3

Vehicle Registration Number SGV8444B
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 4

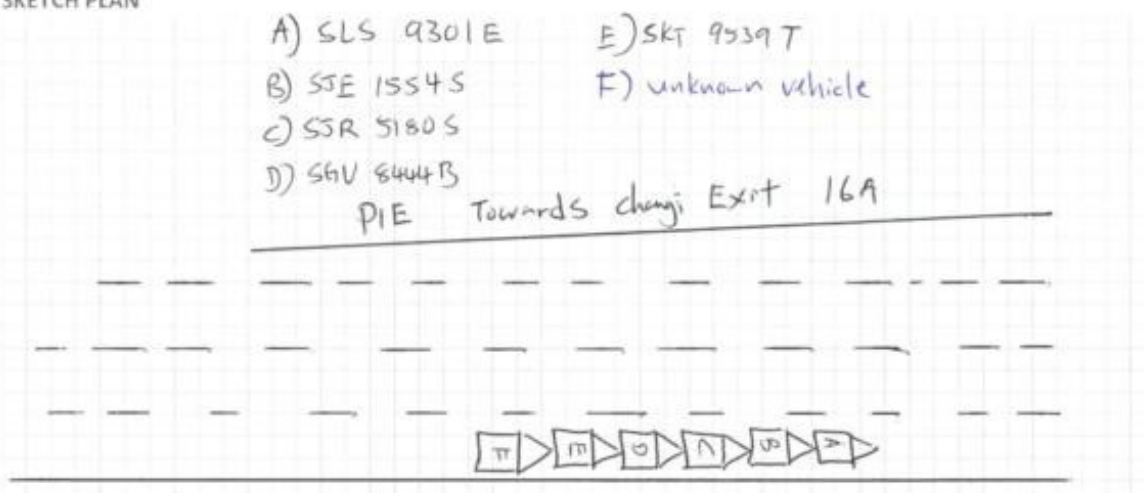
Vehicle Registration Number SKT9539T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	UNKNOWN
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)	

Sketch Plan

SKETCH PLAN



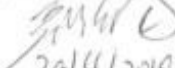
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27th April 2019 3.03pm was driving my car on PIE Exit 16A towards Changi with my wife and two kids. The Audi in front hit a sudden brake and I broke too. There was no contact and the car behind did brake on time and no contact. About 2 seconds later I felt my car had been pushed forward and found that it was a 6 cars chain collision. 6 cars involved in this accident.

The car behind mine was car plate No. SJE 1554S

DECLARATION

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


 29/4/2019 9:25am

Policyholder's Signature
 Date & Time:

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



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

SR AUTO SERVICE PTE LTD

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
27/04/2019	15.03PM	PIE Towards Changi Exit 16A
INSURED/ POLICY HOLDER (VEHICLE A)		
Vehicle Registration Number	SLS 9301E	
Name of Policyholder	CHIAM PANG XIANG	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	S85258152	
Address	183 BOON LAY AVE #11-712 S641183	
Contact Number	Tel: Hp 96879125	
Occupation	Indev	
VEHICLE PARTICULARS (VEHICLE A)		
Vehicle Make / Model	Toyota Airtis	
Type of Vehicle	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others	
Exact Purpose for which vehicle was being used at the time of accident	Private	
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks: TP claim	
Vehicle category	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle	
INSURANCE COMPANY (VEHICLE A)		
Name of Insurance Company	Tokyo	
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party	
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Policy Number	18-MU011071-R01	
DRIVER		
Name of Driver	"	
NRIC/ FIN/ Passport	"	
Date of Birth	07-08-1985	
Occupation	"	
Driving Pass Date	12 Jul 2005	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number	Tel: Hp 96879125	
Address	"	
Email Address	"	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, relationship of Driver with the Insured		
Vehicle Number of Driver's Own Vehicle (if applicable)		
Insurance of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (E.g. Chain Collision/ Head-On, etc)		
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others	
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others	
Damage Area	Rear Bumper	
OTHER INFORMATION		
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes	
Was there any camera video footage (in car)?	<input type="radio"/> No <input checked="" type="radio"/> Yes	
DETAILS OF POLICE ACTION		
Was the accident reported to the Police?	<input type="radio"/> No <input checked="" type="radio"/> Yes	
If Yes, please state which police station & Report No.		
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
If Yes, against whom?		

4 PAX

Chiangpengxiang@gmail.com

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

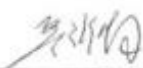
Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

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


Signature of Policy Holder
(Company Chop if applicable)

Date & Time

NO 4 SGV 8444B

Toyota Estima

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

NO 5 SKT 9539T

Honda Vezel

29/4/2019 9:25am

NO 6 unknown vehicle

Common Statement

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 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. 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

OWNER IC & DRIVING LICENSE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8525815Z



Name
CHIAM PENG XIANG
(ZHAN PENGXIANG)
詹彭响

Race
CHINESE

Date of birth
07-08-1985

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICEN

License Number **S8525815Z**

Name
CHIAM PENG XIANG
(ZHAN PENGXIANG)

Valid Date **07 Aug 1985**

Issue Date **12 Jul 2005**




5624799



AuthC No: S8525815Z



Date of Issue
20-07-2016

Address
APT BLK 183A BOON LAY AVENUE
#11-712
SINGAPORE 641183

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	PASS DATE
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors / vehicles <= 2500 kg	12 Jul 2005

NP 428A

License No: S8525815Z



CERTIFICATE OF INSURANCE

Tokio Marine Insurance Singapore Ltd
(Company Reg. No. 19230001460 (GST Reg No. M2-0000033-4)
20 McCullum Street #04-01 Tokio Marine Centre Singapore 040046
T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0890 E: info@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



FORM MCI

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 18-MU011071-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SL59301E Chassis No.: MP053REH104538048

2. Name of Policyholder MR CHIAM PENG XIANG

3. Effective date of the Commencement of Insurance for the purposes of the Act 16/10/2018

4. Date of Expiry of Insurance 15/10/2019

5. Persons or Class of Persons entitled to drive*

(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his permission.

* Provided that the Person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by means of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered imperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd, within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to the effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Insurance Plan: Comprehensive Approved Workshop Plan
Limit for total loss or theft: Prevailing Market Value SGD 600
Policy Excess: Own Damage Claims SGD 100
Windscreen Excess

Account: 2423DDA

KINETIC MOTORS
22 Sin Ming Lane #06-76
Midview City Singapore 573969
Tel: 6694 6128 Fax: 6694 6138
Email: sales@km.sg

Tokio Marine Insurance Singapore Ltd.

Authorized Signatory

NOTICE OF REPORTING POLICE

Annex D

Jurong West NPC
700 Corporation Road
Singapore 649818
Tel: 62689999
Fax: 62672438



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865
Tel: 65470000

Traffic Police
Annex D

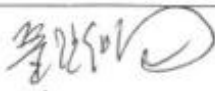

NOTICE OF REPORTING

Informant Name : Chiam Peng Xiang
Identity Card No : S8525815Z
Sex / Age / Race : Male/34yrs/Chinese
Address : Blk 183A Boon Lay Avenue #11-712
Occupation : Analyst Developer
Telephone No : 96879125

This is to confirm that the above informant, has reported to the Police a non-injury traffic accident which occurred at PIE towards Changi exit 16A on 27/4/2019 at 1510hrs involving the following vehicles: SJE1554S and a SLS9301E.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer	:	Sgt Nuraqilah
Date / Time	:	28/4/2019@1215hrs
Station Diary No	:	50
Police Post	:	Jurong West NPC

Signature of Informant	:	
Signature of Issuing Officer	:	

JURONG WEST NPC
700 Corporation Rd
Singapore 649818
Tel : 6268 9999 Fax : 6267 2438

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





TOYOTA MOTOR CORPORATION
MODEL ZRE171R-GEXGKZ
ENGINE 1ZR-FE 1598 mL
FRAME No. MRO53REH104538048
COLOR 1D4 LA01
TRIM Z35
PLANT -
GVM (kg) 15
TWA/BUILT K313 -09A JUL 15
MFD. BY: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

