

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	13/03/2020 17:32
Date Of Accident	13/03/2020 10:00
Exact Location Of Accident	KPE HIGHWAY TOWARDS BARTLEY ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA5748H
Insured/Policyholder	
Name Of Registered Owner	CHAU TSUN HIUNG
NRIC No	SXXXX187H
Email Address	JOHN23CTH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82239272
Alternative Phone No	OTHERS-82239272

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	
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	D19MTPV01006544
Cover Note Number	

Driver

Name of Driver	CHAU TSUN HIUNG
NRIC No	SXXXX187H
Date Of Birth	23/08/1975
Occupation	INDOOR
Date Of Driving Pass	21/09/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82239272
Fax Number	
Contact Number	OTHERS-82239272
Email Address	JOHN23CTH@GMAIL.COM

Address	613B PUNGGOL DRIVE #07-837
Postcode	822613
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)	2
Passenger 1	NAME: : DAO THI THU TRANG 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]	PUNGGOL NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN. CAR REPAIR AT LEONG AUTO

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	SJK4944Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	84684852
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHAU TSUN HIUNG
Approximate Age	44
Injuries Sustain	
Injured person in which vehicle?	SKA5748H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	613B PUNGGOL DRIVE #07-837
Postcode	822613

DETAILS OF INJURED PERSON 2

Name	DAO THI THU TRANG
Approximate Age	29
Injuries Sustain	
Injured person in which vehicle?	SKA5748H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	613B PUNGGOL DRIVE #07-837
Postcode	822613

SKETCH PLAN

IMPORTANT NOTICE

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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:

13 MAR 2020



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

13 MAR 2020



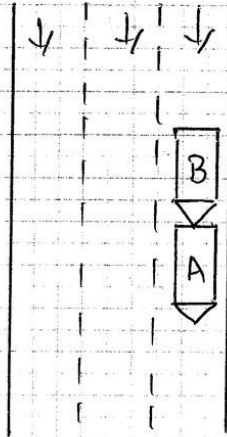
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Jenny Lim

SKETCH PLAN

A: SKA 5748H

B: SJK 4944Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME, I WAS TRAVELLING

ALONG KPE, TRAFFIC WAS SLOW MOVING, VEHICLE IN FRONT

SLOWED DOWN AND STOPPED, I ALSO SLOWED DOWN AND

STOPPED. SUDDENLY I FELT AN IMPACT FROM MY VEHICLE REAR,

1 GOT DOWN AND INSPECT VEHICLE B HAD HIT ONTO MY VEHICLE.

DECLARATION

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

Policyholder's Signature
Date & Time:

13 MAR 2020

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____ 13

13 MAR 2020

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

Jenny Lim

Identification Card Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7566187H

 Name
CHAU TSUN HIUNG

 Race
CHINESE

Date of birth
23-08-1975

Sex
M

Country/Place of birth
MALAYSIA

5718252


NRIC No. S7566187H

 Date of issue
22-03-2017


613B PUNGGOL DRIVE #07-837
SINGAPORE 822613
NRIC No: S7566187H Date: 13/09/2017


Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7566187H**
Name: **CHAU TSUN HIUNG**

Birth Date: **23 Aug 1975**
Issue Date: **21 Sep 2016**

 002611829F



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	21 Sep 2016



NP 428A

Certificate of Insurance Pg. 1

**SOMPO****Sompo Insurance Singapore Pte. Ltd.**50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No. : D19MTPV01006544
Insured : CHAU TSUN HIUNG
Motor Car (Registration No.) : SKA5748H
Cover : Comprehensive - ExcelDrive FOCUS
Policy Commencement Date : 18 APRIL 2019 13:58
Policy Expiry Date : 17 APRIL 2020 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$500 - Section I
(Waived up to 50% or maximum S\$600 whichever is lower if accident repair is done at ExcelDrive Workshops for the first claim per policy year)
Voluntary Excess* : N.A.
Windscreen Excess* : S\$100.00 - Waived if Repair at ExcelDrive Workshop
Loss of Use : N.A.
* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the insured,
 - a. any member of the insured's family, or a paid driver who has been driving the Motor Car during the life of the insured and permission to drive had not been withdrawn prior to the death of the insured; and
 - b. any other person who has been given permission to drive the Motor Car prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Car. And provided further that the Motor Car is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

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

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.27

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 18 APRIL 2019 13:58

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Car;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Car or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Car has been sold to another person. The Policy is not transferable to the new owner of the Motor Car.

Intermediary Code & Name : 11R05204 & RUEY AUTO CI Code: 22A FHDOLV4JTTTOPAJ



**SINGAPORE
POLICE FORCE**



T/20200315/2078

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 4

Report No. T/20200315/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2020 18:51	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars

Name of Informant: CHAU TSUN HIUNG			Address: 613B PUNGGOL DRIVE #07-837 SINGAPORE 822613		
ID Type / ID No.: NRIC NO / S7566187H			Contact No.: Home/Office: Mobile: 82239272		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 23/08/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Chef			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: 13/03/2020 09:30	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
Along KPE tunnel after Tampines Rd towards Eunos Link near Defu lane				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
SJK4944Z	Car	HONDA	FIT	White	Slightly Damaged	3
SKA5748H	Car	TOYOTA	ALLION A1.5 A	Silver	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA5748H	TENET SOMPO INSURANCE PTE. LTD.	D19MTPV0100654 4	18/04/2019	17/04/2020



**SINGAPORE
POLICE FORCE**



T/20200315/2078

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20200315/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Dao Thi Thu Trang	ID No.	S9184146J
Related Vehicle	SKA5748H (Car)	Contact No.	84989801
Hospital/Clinic	SENG KANG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	CHAU TSUN HIUNG	ID No.	S7566187H
Related Vehicle	SKA5748H (Car)	Contact No.	82239272
Hospital/Clinic	SENG KANG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Ishak Bin Mohamed Salleh	ID No.	S0082408I
Related Vehicle	NIL	Contact No.	84684852
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 13/03/2020, at about 0930hrs, I was driving to work along the KPE expressway on the 3rd lane beside Defu Lane, when the vehicle in front of me break suddenly and I jammed break. The vehicle (One white Honda Fit bearing the plate number SJK4944Z) behind me could not break in time and hit the rear of my car. I then step out of my car and exchange contact details with the owner of the other vehicle.

The left bumper of my vehicle became a little loose from the impact and there were deep scratches on the back of my bumper. The other vehicle had scratches on the front left side of the car.



**SINGAPORE
POLICE FORCE**



T/20200315/2078

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20200315/2078

CONTINUATION OF REPORT

I lodge a car insurance report later in the day and visited Seng Kang General Hospital with my wife where I was given 3 days MC and my wife was given 4 days MC.



**SINGAPORE
POLICE FORCE**



T/20200315/2078

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

4 of 4

Report No. T/20200315/2078

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 /

Insp HENG YAN JING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/03/2020 18:51

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Chassis Number



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: S665500206 / 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 : MLHM20032254 Vehicle Registration No: SKA 5748H
Name(as shown in NRIC) : Chau Tsun Hung NRIC/FIN/Passport No : SXXXX187H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 613B Punggol Drive #07-837 Singapore(822613)
Contact (Tel) : _____ Mobile No. : 82239273
Email Address : _____
Date of Accident : 13/02/2020 Time of Accident : 10:00 hours
Place of Accident : KPE highway towards Bartley Road East
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:

To amend accident date to 13/03/2020.

Chau Tsun Hung

Policyholder / Driver's Signature

Date: 13/03/2020

Reporting Centre Personnel's Signature

Name: Jenny Lim

NRIC/FIN No.:

Date: 13/03/2020

Addendum Sheet Pg. 1



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Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S00206 / GST Reg. No.: M400017735

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ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLHM 20032254-01 Vehicle Registration No: SKA5748M
Name (as shown in NRIC) : Chau Tsan Hing NRIC/FIN/Passport No : 57566187M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 613B Punggol Drive #07-837 Singapore 822618
Contact (Tel) : _____ Mobile No. : 82239272
Email Address : John 23ct4@gmail.com
Date of Accident : 13/3/2020 Time of Accident : 10:00
Place of Accident : KPE Highway towards Bartley Rd East
Insurance Company : Sompo

(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:

I would like to attach police report .

Policyholder / Driver's Signature
Date: 16 MAR 2020



Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No.: _____
Date: 16 MAR 2020



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: S66S00206 / 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 : MLHM 20032254-02 Vehicle Registration No: SKA 5748H
Name (as shown in NRIC) : CHAU TSUN HIUNG NRIC/FIN/Passport No : S7566187H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 613B PUNHUL DRIVE #07-837 Singapore (822613)
Contact (Tel) : _____ Mobile No. : 822613
Email Address : JOHN23CTH@GMAIL.COM
Date of Accident : 13/03/2020 Time of Accident : 10:00
Place of Accident : KPE HIGHWAY TOWARDS BARTLEY ROAD EAST
Insurance Company : SOMPO

(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:

The owner name should be CHAU TSUN HIUNG

Policyholder / Driver's Signature

Date: 22 SEP 2020

Reporting Centre Personnel's Signature

Name: 22 SEP 2020

NRIC/FIN No.:

Date:

Jenny Lim