



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 Submission	01/02/2021 16:42 (SGT)
Date of Accident	28/01/2021 13:40 (SGT)
Exact Location of Accident	Toh Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9671X
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INSURED/POLICYHOLDER

Is company?	No
Name of Registered Owner	JESSICA WU QING XUAN
NRIC No	SXXXX290B
Email Address	jonathan_chua95@hotmail.com
Mobile Phone No	(Phone) +65-97114131
Alternative Phone No	+65-97114131

VEHICLE PARTICULARS

Manufacturer	BMW
Model	630i
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00056922001
Cover Note Number	-

DRIVER

Name of Driver	CHUA YE HAO JONATHAN
NRIC No	SXXXX595E

Date Of Driving Pass	12/01/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-97114131
Alt. Phone Number	-
Email Address	jonathan_chua95@hotmail.com
Address	6 CHIN TERRACE
Address complement	-
Postcode	509877
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	0
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210128/2092 AND WITNESS POLICE REPORT T/20200130/7007

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	SLK8723U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name	CHEW SWEE LEONG
Phone	(Phone) +65-88338385
Email	danielchew8343@hotmail.com

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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.

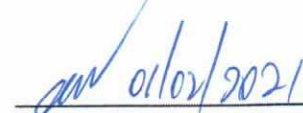
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

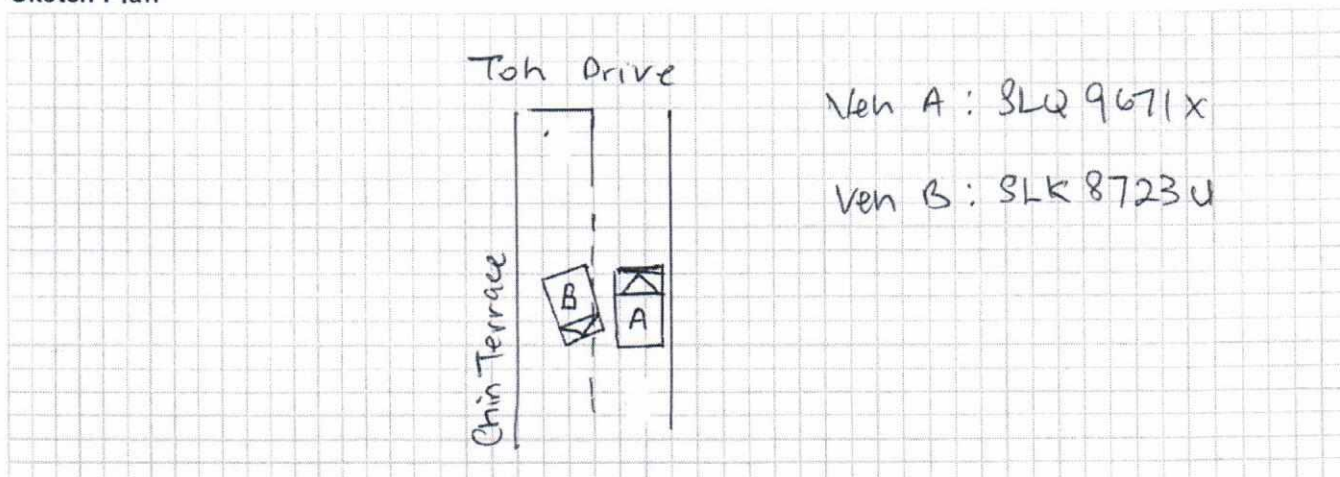
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X 
Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, on the stated venue, my vehicle A was parked. Around 2:40pm I saw that my vehicle rear-left portion was damaged. I later found a note on my windscreen stating that vehicle B had hit onto my vehicle and fled the scene. I called the number on the note and understood from him that vehicle B had hit my vehicle rear-left portion and drove off. The witness name is Cheu Suet Leung and he is willing to be a witness for this accident.

Police Report 1/20210128/7092

WITNESS Police Report 1/20210130/7007

Declaration

We declare the foregoing particulars are true in every respect.

X 

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Date of Accident : 28/1/2021 Accident Time: 1340 HR (24-HR-Format)
Accident Place : # Toh Drive
Vehicle. No. (Car Plate No.) : SJQ 9671 X Make/Model: Bmw 630I A
Insurance Company : China Policy No: _____
Owner or Company Name /IC No. : Jessica Wu Qian Xuan (S7376290B)
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Chua Ye Hao Jonathan (S9521595E)
DRIVER'S Date Of Birth : 24/6/1995 DRIVER'S License Pass Date 12/1/2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: nephew
DRIVER'S Address : 6 Chin Terrace (509877)
DRIVER'S Contact No./ Alt No. : 1) 97114131 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Jonathan_Chua95@hotmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 0
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle. No: SLK 8723 U
Vehicle Make\Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

Vehicle. No: _____
Vehicle Make\Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**



**SINGAPORE
POLICE FORCE**



T/20210128/2092

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20210128/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2021 16:44	Vide Report No.:	Station Diary No.: 86
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Informant's Particulars

Name of Informant: CHUA YE HAO, JONATHAN			Address: 6 CHIN TERRACE SINGAPORE 509877	
ID Type / ID No.: NRIC NO / S9521595E			Contact No.:	Mobile: 97114131
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 25	Date of Birth: 24/06/1995	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/01/2021 13:40	Type of Location: Straight Road
Location: TOH DRIVE				
Weather:		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ9671X	Car	BMW	631I	Silver	Slightly Damaged	0
SLK8723U	Car	HONDA	Vezel			0

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA		



**SINGAPORE
POLICE FORCE**



T/20210128/2092

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20210128/2092

CONTINUATION OF REPORT

Driver			
Name	CHUA YE HAO, JONATHAN	ID No.	S9521595E
Related Vehicle	NIL	Contact No.	97114131
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 the 28/01/2021 at around close to 3pm, I saw a piece of paper on my car. The paper stated that someone had saw a Honda Vezel SLK8723U hit my car and drove off. This witness saw it at 1.40pm and that he can be contacted at 88338385 (Daniel). I called him up and he told me that the driver was reversing and wanting to park behind me but the car had hit onto my left rear side of my car. I made a check and discovered that there was a long scratch and dent on the left rear side of my car.

There is no camera in my car.



**SINGAPORE
POLICE FORCE**



T/20210128/2092

3 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20210128/2092

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:

G /

Sr Staff Sgt WONG TING CHIEN

Signature Of Informant:

Jonathan

Signature Of Interpreter:

Not applicable

Date/Time:

28/01/2021 16:44

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

Contact No.: 65476079

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20210130/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210130/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2021 11:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW SWEE LEONG			Address: 574B WOODLANDS DRIVE 16 #11-750 SINGAPORE 732574		
ID Type / ID No.: NRIC NO / S8310235G			Contact No.: Home/Office: Mobile: 88338385		
Nationality: SINGAPORE CITIZEN			Email: DANIELCHEW8343@HOTMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 03/04/1983	Type of Informant: Witness		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: sales		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/01/2021 13:40	Type of Location: Straight Road
Location: TOH DRIVE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK8723U	Car					0
SLQ9671X 8JG	Car					0



**SINGAPORE
POLICE FORCE**



T/20210130/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210130/7007

CONTINUATION OF REPORT

Brief Details.

On the stated date and time I witness an accident that occurs on the stated venue. A vehicle SLK8723U was travelling along the stated venue and hit onto a parked vehicle SJQ9671X. I saw the left portion of SLK8723U hit onto the left rear portion of the parked vehicle SJQ9671. The vehicle did not stop and fled the scene. I took down his vehicle number and left a note to the owner of the parked vehicle. Shortly i left the scene too.



**SINGAPORE
POLICE FORCE**



T/20210130/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210130/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/01/2021 11:47

Classification Of Case:

Dear Owner,

I saw a Honda Vezel carplate (SLK8723U)
hit your car and drive away.

You can contact me @ 88338385 if you
need witness.

Daniel

1.40pm 28/01/21

Motor Private Car

MX1E

R SN

AN0472A

Cov. Type:C

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)

CERTIFICATE No.

DMPCSNW00056922001

Engine No.: N52B30A07866581

Cha. No.:WBAEK32010B742195

1. Index Mark and Registration
Number of Vehicle

SJQ9671X

AUTOSAFE
=====

2. Name of Policy Holder

JESSICA WU QING XUAN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

02/06/2020

Named Drivers Ex Sect. I S\$2,500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

01/06/2021

5. Persons or Classes 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 reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Accident

Hotline: 96214 666

24 Hours / 7 Days

6. Limitations as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, 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.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time

Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

Authorised Workshops for each Policy Year.

* Limitations rendered inoperative 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.

I/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 see reverse

CCL INSURANCE AGENCY PTE LTD

BLK 9006 TAMPINES ST. 93

#01-198 SINGAPORE 528840

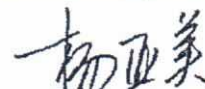
TEL: 6344 9990 FAX: 6342 9088 / 6344 7554

Issued By:

CCL INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	290B
Vehicle Details	
Vehicle No.:	SJQ9671X
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Feb 2021
Vehicle Make:	B.M.W.
Vehicle Model:	630I A
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	N52B30A07866581
Chassis No.:	WBAEK32010B742195
Maximum Power Output:	200.0 kW (268 bhp)
Open Market Value:	\$50,807.00
Original Registration Date:	01 Mar 2008
First Registration Date:	02 Jun 2009
Transfer Count:	0
Actual ARF Paid:	\$50,807.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 May 2029
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$39,563.00
COE Rebate Amount:	\$32,639.00
Total Rebate Amount:	\$32,639.00

The information contained herein is correct as at 01 Feb 2021

OK