

# 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 ..... 13/07/2021 16:00 (SGT)  
Date of Accident ..... 12/07/2021 16:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE BRADDELL EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLV5975B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHONG KUM THIAM  
NRIC No ..... S1757215F  
Email Address ..... DARRYLCHONG@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97499233  
Alternative Phone No ..... +65-97499233

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
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  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D20MTPV01016153  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... DARRYL CHONG HERN JIN  
NRIC No ..... S9590023B

Date Of Birth .....	05/03/1995
Occupation .....	Indoor
Date Of Driving Pass .....	03/11/2015
Driving experience .....	5 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91561456
Alt. Phone Number .....	-
Email Address .....	DARRYLCHONG@GMAIL.COM
Address .....	BLK 18 JOO SENG ROAD #10-161
Address complement .....	DARRYLCHONG@GMAIL.COM
Postcode .....	360018
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 .....	Chain Collision
Weather Conditions .....	LIGHT RAIN
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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 .....	Aljunied Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002809999
Alt. Police Station Phone No .....	(Fax) +65-62815960
Police Station Address .....	Blk 13 Joo Seng Road #01-69 Singapore 360013
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	GBH8813C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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

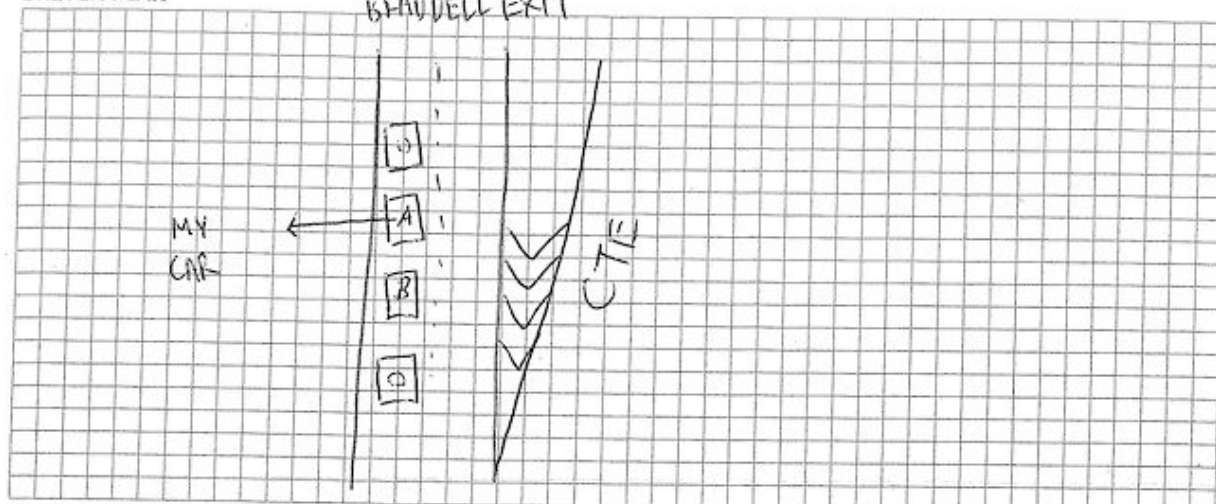
#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBJ7928B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SHD2013J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

BRADDELL EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

## DECLARATION

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

Policyholder's Signature

Date & Time: 13/07/21 0900

Driver's Signature

(If driver is not the policyholder)

Date & Time: 130721 0900

COMFORTDELGRO ENGINEERING PTE LTD

EXTERNAL BUSINESS DIV, UBI BRANCH

NAME &amp; SIGNATURE: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_ DATE: \_\_\_\_\_

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

130721  
0900

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

130721 0900

COMFORTDELGRO ENGINEERING PTE LTD  
EXTERNAL BUSINESS DIV, UBI BRANCH  
NAME & SIGNATURE: \_\_\_\_\_  
DESIGNATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_





Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03  
Singapore Land Tower, Singapore 048623  
Tel: 6461 8555 | Fax: 6221 3302 | www.sompo.com.sg  
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

## Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D20MTPV01016153  
Insured : CHONG KUM THIAM  
Motor Vehicle (Registration No.) : SLU5975B  
Coverage : Comprehensive - ExcelDrive GOLD  
Policy Commencement Date : 08 DECEMBER 2020 00:00  
Policy Expiry Date : 07 DECEMBER 2021 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$500 - Section I  
Voluntary Excess\* : N/A  
Windscreen Excess\* : S\$100.00 for each and every applicable claim.  
\* 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 Vehicle 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 Vehicle 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 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. And provided further that the Motor Vehicle 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 Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle 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 Vehicle 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](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

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.29

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

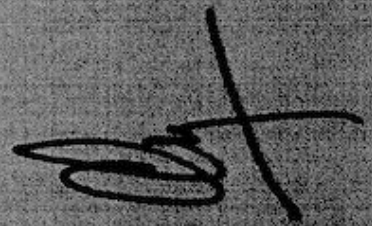
Date/Time of Issue : 01 DECEMBER 2020 14:51

## IMPORTANT NOTICE

- a. Keep the Certificate in your Motor Vehicle;
- a. 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;
- a. On the sale of the Motor Vehicle 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);
- a. This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11G03608 & GOH MUI SING @ GOH HUI SING CI Code: 22A FKDBZL2K4KYBKWA0

I, CHONG KUM THIAM,  
S1757245K authorised  
DAEWEL CHONG HEEN SIN,  
S9590023B to make a  
claim for vehicle no.  
SLU5975B.



























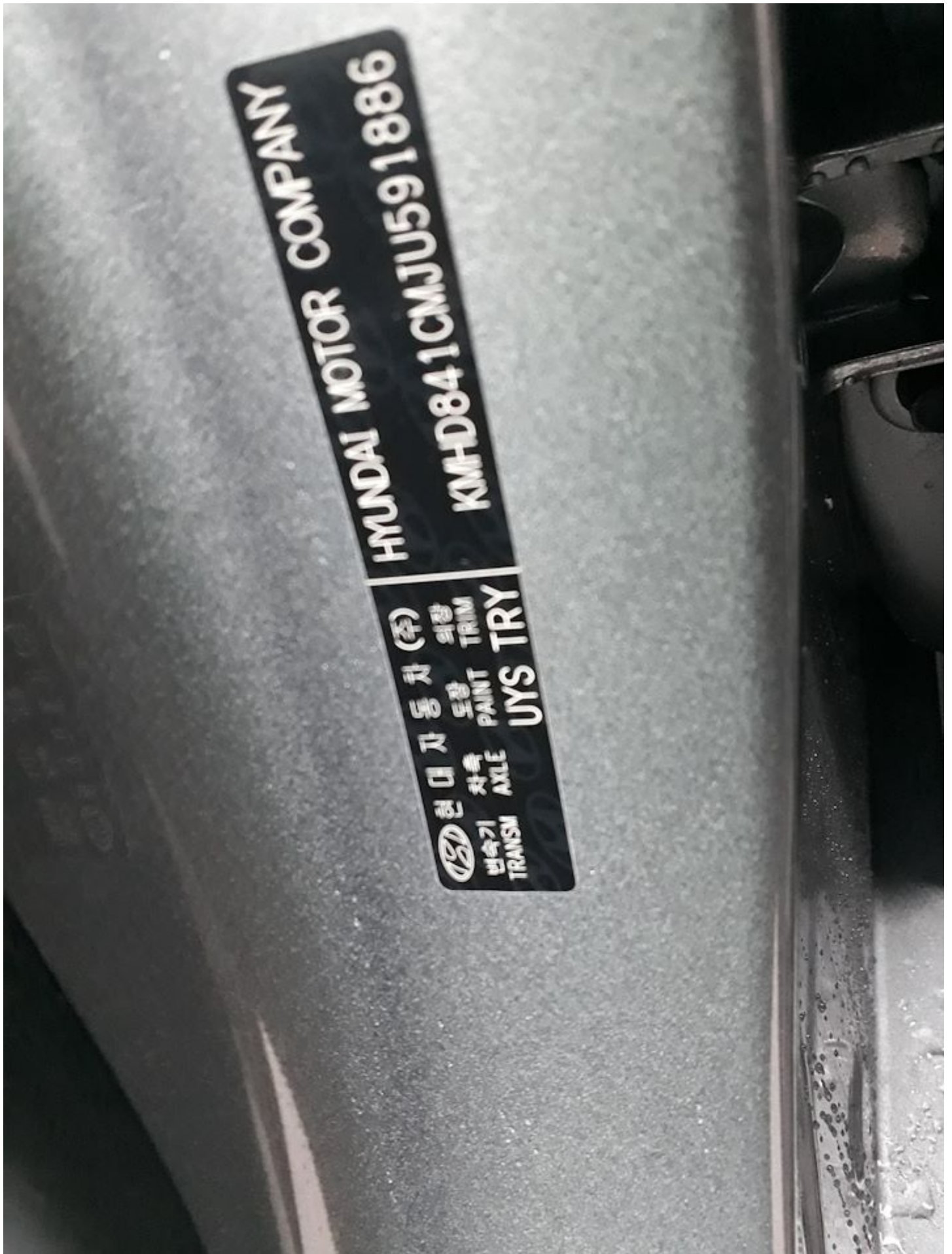
















**SINGAPORE  
POLICE FORCE**



T/20210712/2084

Police Station Of Origin:  
Aljunied NPP  
13 Joo Seng Road #01-69 SINGAPORE  
360013  
Tel No: 1800-2809999

1 of 3

Report No. T/20210712/2084

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/07/2021 17:27	Vide Report No.:	Station Diary No.: 23
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**Informant's Particulars**

Name of Informant: DARRYL CHONG HERN JIN	Address: APT BLK 18 JOO SENG ROAD #10-161 SINGAPORE 360018		
ID Type / ID No.: NRIC NO / S9590023B	Contact No.: Home/Office: Mobile: 91561456		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 26	Date of Birth: 05/03/1995	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: REGULAR	Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2021 16:35	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
GBH8813C	Van				Slightly Damaged	0
GBJ7928B	Van				Slightly Damaged	0
SHD2013J	Car				Seriously Damaged	0
SLU5975B	Car				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20210712/2084

Police Station Of Origin:  
Aljunied NPP  
13 Joo Seng Road #01-69 SINGAPORE  
360013  
Tel No: 1800-2809999

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Report No. T/20210712/2084

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DARRYL CHONG HERN JIN	ID No.	S9590023B
Related Vehicle	SLU5975B (Car)	Contact No.	91561456
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 the 12/07/2021 at about 1635hrs, I was travelling in my vehicle (SLU5975B) along Central Expressway at the Braddell Exit on the left lane.

As it was a peak hour, traffic was slow. I remember that me vehicle was travelling at a slow speed when all of a sudden, I heard a loud bang behind me and I felt that my vehicle was being knocked onto. I got down to make a check and saw that it was a chain collision of four vehicles with my vehicle being the second car. I noticed that the fourth vehicle(SHD2013J) was damaged and that the air bag was deployed as well. The driver of said vehicle was bleeding from his forehead. The order of the vehicle as follows: GBJ7928B, SLU5975B, GBJH8813C and SHD2013J. After which, me and the first vehicle drove off after exchanging and leaving our contacts while the fourth vehicle called for a tow truck .

I wished to state that I my in car camera was switched off and that I felt some pain in my neck area. No police or ambulance attended to the scene.



**SINGAPORE  
POLICE FORCE**



T/20210712/2084

Police Station Of Origin:  
Aljunied NPP  
13 Joo Seng Road #01-69 SINGAPORE  
360013  
Tel No: 1800-2809999

3 of 3

Report No. T/20210712/2084

**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 /

Sgt 2 KWEK CHUAN HOCK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/07/2021 17:27

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Authentication Stamp

NP168



Classification Of Case:

SN 29

SIGNATURE