

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	10/03/2022 16:22 (SGT)
Date of Accident	09/03/2022 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIONEER ROAD NORTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5857S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GAIN MAX CONSTRUCTION & ENGINEERING PTE LTD
Company Reg No	2XXXXX609M
Email Address	spencerchia123@gmail.com
Mobile Phone No	(Phone) +65-64363637
Alternative Phone No	(Office) +65-64363637

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	CLA180 COUPE URBAN (R18 LED)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117060504-02
Cover Note Number	18/02/2022 - 17/02/2023

DRIVER

Name of Driver	CHIA JUI CHYE
NRIC No	SXXXX815C

Date Of Birth	23/03/1967
Occupation	Indoor
Date Of Driving Pass	15/03/1988
Driving experience	34 YEARS
Gender	Male
Mobile Number	(Phone) +65-91915857
Alt. Phone Number	-
Email Address	spencerchia123@gmail.com
Address	BLK 178 BUKIT BATOK WEST AVE 8 #03-229
Address complement	-
Postcode	650178
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SELF-EMPLOYED
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SOH CHUAN SENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WILL EMAIL TO NTUC
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV9692K
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-85119129
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SOH CHUAN SENG
Gender	Male
Phone No	(Phone) +65-97432168
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN & RIB PAIN WHEN BREATHED DEEPLY
Injured person in which vehicle?	SJX5857S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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' 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.

1. VEHICLE NO.: SJX 5857S
2. INSURER CO.: NTUL
3. ACCIDENT DATE & TIME: 09/03/22 1800HRS

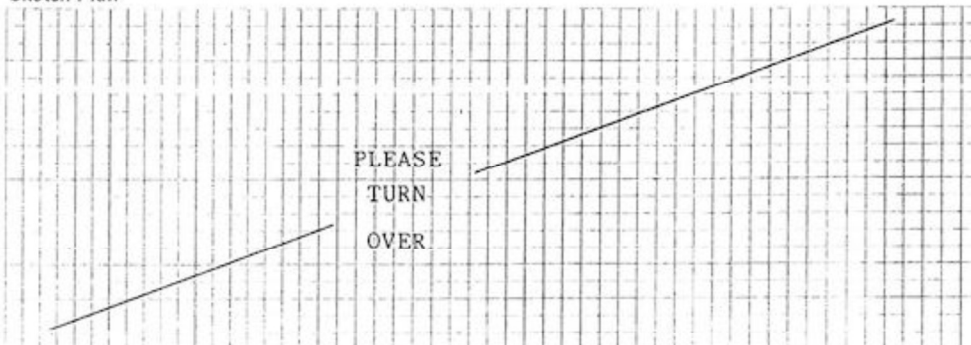


Policyholder's Signature / Date & Time

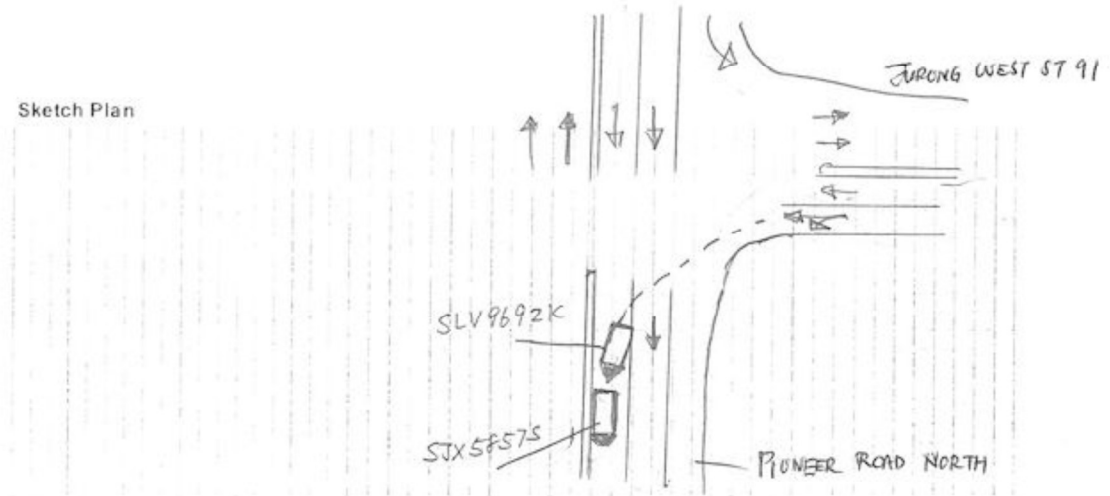
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ATTACHED TO POLICE REPORT

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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



Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/3/22

(w.k.) eng 10/3/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy (✓) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()



**SINGAPORE
POLICE FORCE**



T/20220309/2097

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Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20220309/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2022 21:08	Vide Report No.:	Station Diary No.: 42
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Informant's Particulars

Name of Informant: CHIA JUI CHYE	Address: APT BLK 178 BUKIT BATOK WEST AVENUE 8 #03-229 SINGAPORE 650178		
ID Type / ID No.: NRIC NO / S1799815C	Contact No.: Home/Office: Mobile: 91915857		
Nationality: SINGAPORE CITIZEN	Email: spencerchia123@gmail.com		
Sex: Male	Age: 54	Date of Birth: 23/03/1967	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: SELF EMPLOYED	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: 09/03/2022 18:00	Type of Location: T-Junction
Location: PIONEER ROAD NORTH				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving vehicle against Stationary vehicle, Head to Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX5857S	Car	MERCEDES BENZ	Mercedes CLA 180	Blue	Slightly Damaged	1
SLV9692K	Car	MAZDA	Mazda 3	Blue	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20220309/2097

CONTINUATION OF REPORT

Passenger			
Name	SOH CHUAN SENG		ID No. S7038119B
Related Vehicle	SJX5857S (Car)		Contact No. 97432168
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	Slight
Driver			
Name	CHIA JUI CHYE		ID No. S1799815C
Related Vehicle	SJX5857S (Car)		Contact No. 91915857
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
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SLV9692K (Car)		Contact No. 85119129
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 09/03/2022, at about 1800hrs, I was driving my vehicle, a dark blue Mercedes CLA 180 with license plate SJX5857S, along Jurong West St 91 and turned into Pioneer Road North towards PIE when I stopped to wait for the traffic light to turn green.

While driving, my friend was inside my vehicle, sitting at the rear left passenger seat of the vehicle. My friend's particulars are as follows.

Friend: Soh Chuan Seng

NRIC: S7038119B

DOB: 27/10/1970

Address: Blk 137 Jalan Bukit Merah #03-1390, Singapore 160137

Contact number: 97432168



**SINGAPORE
POLICE FORCE**



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Report No. T/20220309/2097

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SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

While my vehicle was stopped, A blue coloured Mazda 3 with license plate SLV9692K bumped into the rear left bumper, causing cracks to my rear left bumper. There were dents in the front right grille, and the license plate of SLV9692K.

I exchanged handphone numbers with the driver of SLV9692K and left the scene. There was no passengers in SLV9692K.

Contact Number of driver of SLV9692K: 85119129

Initially, Chuan Seng was in fine condition from the collision. However, Chuan Seng then texted me at about 1854hrs, that his back was suffering from pain, and that his rib suffered from pain when he breathed in deeply. Chuan Seng informed that he will be proceeding to see a doctor on 10/03/2022. Hence, I proceeded to lodge a police report regarding the accident.



**SINGAPORE
POLICE FORCE**

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370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20220309/2097

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Report No. T/20220309/2097

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:
J / SR STAFF SGT MUHAMMAD
AIDIL BIN AZMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/03/2022 21:08

Officer In Charge Of Case:
TP / AEIT /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201

Classification Of Case:

NP168



SECURE