

## 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 Actual 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	10/08/2022 18:00 (SGT)
Reported by	Both
Date of Accident	08/08/2022 19:50 (SGT)
Exact Location of Accident	Bukit Batok Rd, Singapore
Additional Location Information	
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ3505A
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA BOON KHIANG
NRIC No	S6848481B
Email Address	boonkhiang.chia@sata.com.sg
Mobile Phone No	(Phone) +65-98533408
Alternative Phone No	

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00076332200

#### DRIVER

Name of Driver	CHIA BOON KHIANG
NRIC No	S6848481B
Date Of Birth	29/12/1968
Occupation	Indoor

Date Of Driving Pass	13/07/2005
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98533408
Alt. Phone Number	-
Email Address	boonkhiang.chia@sata.com.sg
Address	444 SIN MING AVE #02-451
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	NIL
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
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?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV5534Z
Vehicle Manufacturer	-

Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
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

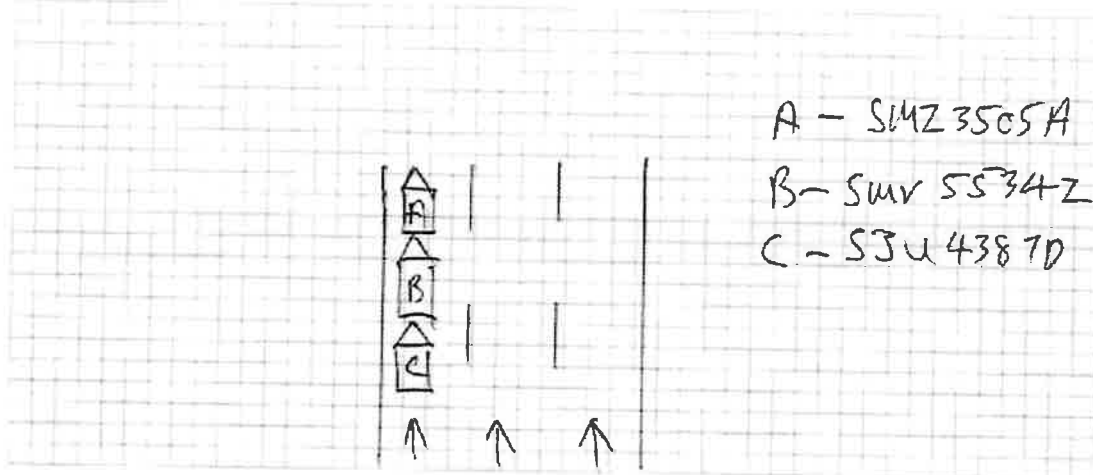
Vehicle Registration Number	SJU4387D
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CHIA BOON KHIANG
Gender	
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	

### SKETCH PLAN



**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:

Driver's Signature

(If driver is not the policyholder)

**Date & Time:**

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NR/C/FIN No.

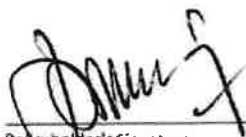
**SKETCH PLAN****IMPORTANT NOTICE**

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:

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



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

中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

N SN

AN3295A

Cov. Type C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00076332200

Engine No. A25A0A37385

Cha. No. JTNB23HK603078190

1. Index Mark and Registration  
Number of Vehicle

SMZ3505A

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

CHIA BOON KHIANG

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

20/03/2022  
(18.09.16)

Named Drivers Ex Sect. I

S\$1,500.00

Additional Ex Other than Named Drivers

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

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.

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\$500 will apply to the Insured and Named Drivers in the event  
of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : DBS BANK LTD

\* 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

YAH MOTOR PTE LTD

No. 1 Bukit Batok Crescent

#02-12 WCEGA Plaza

Singapore 658064

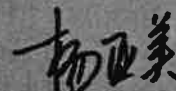
Tel : 8468 7565 Fax : 8468 2771

Co. Regn No : 199500044R

By:

YAH MOTOR PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

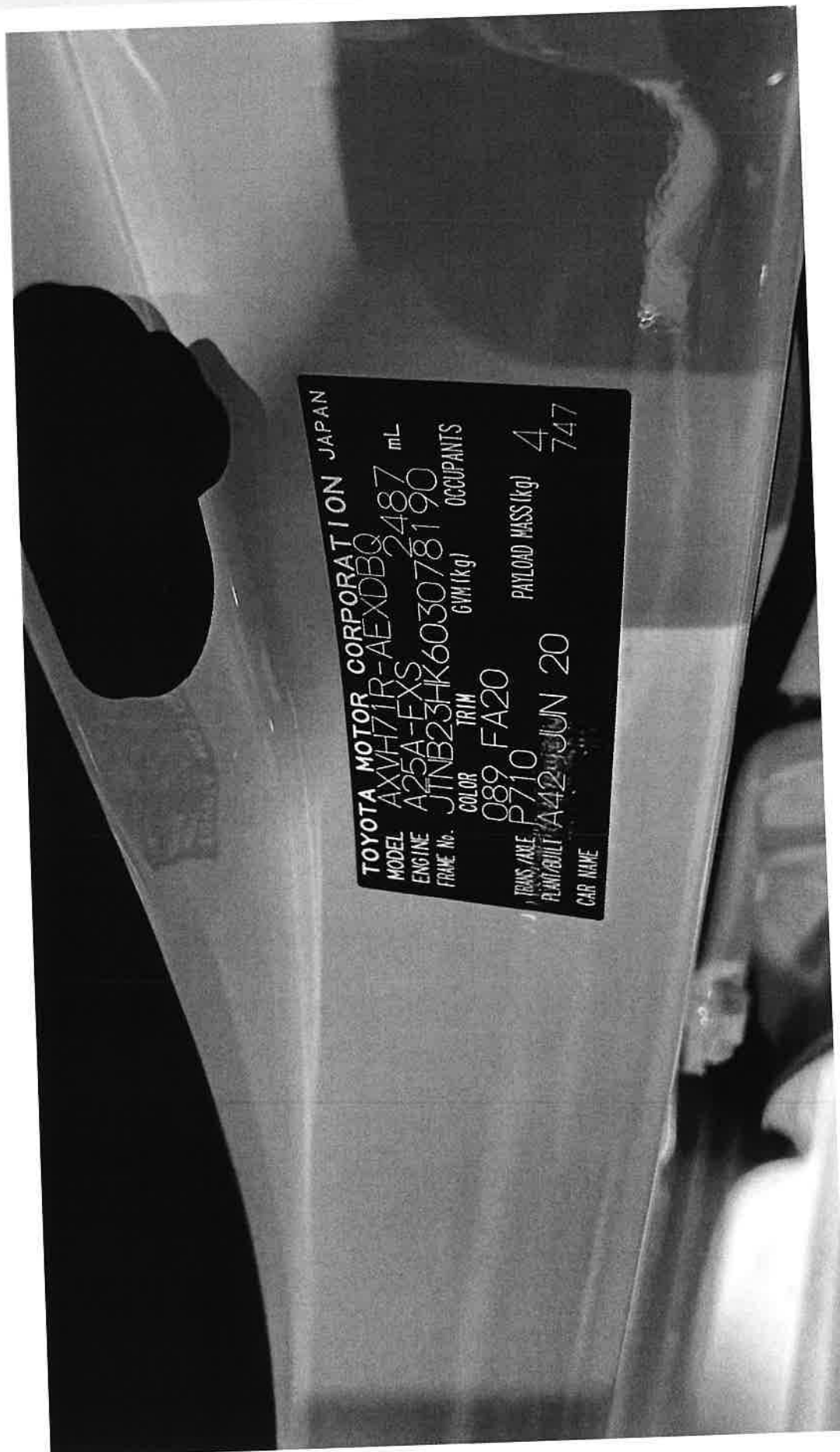
Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
#16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

















**SINGAPORE  
POLICE FORCE**



T/20220808/2101

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20220808/2101

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ3505A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000763 32200	20/03/2022	19/03/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Driver		Use of Pedestrian Crossing: NA		
Name	NG JIAN KUN	ID No.	S9612823A	
Related Vehicle	SMV5534Z (Car)	Contact No.	97329064	
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	
Driver				
Name	CHIA BOON KHIANG	ID No.	S6848481B	
Related Vehicle	SMZ3505A (Car)	Contact No.	98533408	
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	Slight	
Passenger				
Name	LEONARD CHIA CHENG HONG	ID No.	T0326692Z	
Related Vehicle	SMZ3505A (Car)	Contact No.	88136672	
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	



**SINGAPORE  
POLICE FORCE**



T/20220808/2101

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Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20220808/2101

**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 /  
SGT 3 AUSTIN TAN RI QUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT LEE GUANG HUI  
Contact No.: 65476423

Signature Of Informant

Date/Time:  
08/08/2022 23:15

Classification Of Case:

NP168



T/20220809/2026

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Report No. T/20220809/2026

Continuation of CSF For NP168

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	RABIYA'ATUL ADDAWIYAH BINTE MOHAMED ROSLAN	ID No.	S9544889E
Related Vehicle	SJU4387D (Car)	Contact No.	88173127
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
<b>Driver</b>			
Name	NG JIAN KUN	ID No.	S9612823A
Related Vehicle	SMV5534Z (Car)	Contact No.	97329064
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
<b>Driver</b>			
Name	CHIA BOON KHIANG	ID No.	S6848481B
Related Vehicle	SMZ3505A (Car)	Contact No.	98533408
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/08/2022	Date Discharge	09/08/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Passenger</b>			
Name	LEONARD CHIA CHENG HONG	ID No.	T0326692Z
Related Vehicle	SMZ3505A (Car)	Contact No.	88136672
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





T/20220809/2026

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Report No, T/20220809/2026

Continuation of CSF For NP168

**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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / LEE GUANG HUI
Classification of Case	1) INJURY / ATTENDED BY POLICE

KEHAN NPC  
10 BISHAN STREET 23  
SINGAPORE 579757  
TEL: 1800-1029999

*[Handwritten signature]*  
*[Handwritten initials]*





T/20220809/2026

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Report No. T/20220809/2026

Continuation of CSF For NP168

**Brief Facts.**

Vide traffic accident report T/20220808/2101, I wish to state that I have seen a doctor at Mount Alvernia Hospital and was given 5 days MC. I was diagnosed with pain on my posterior neck, left upper and lower back, sustained whiplash neck injury and back pain.



T/20220809/2026

1 of 4

Report No. T/20220809/2026

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No N.A

Report Number T/20220809/2026

Vide Report Number T/20220808/2101

Date/Time of Report Made 09/08/2022 14:12

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant CHIA BOON KHIANG

ID Type / ID No. NRIC NO / S6848481B

Home/Office

Mobile 98533408

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 08/08/2022 19:50

Accident Location BUKIT BATOK ROAD

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU4387D	Car					0
SMV5534Z	Car					0
SMZ3505A	Car	TOYOTA	CAMRY HYBRID 2.5 ASCENT SPORTS CVT	White	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20220808/2101

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 4

Report No. T/20220808/2101

## CONTINUATION OF REPORT

Driver			
Name	RABIYA'ATUL ADDAWIYAH BINTE MOHAMED ROSLAN	ID No.	S9544889E
Related Vehicle	NIL	Contact No.	88173127
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 8th August 2022 at 750pm, I was driving my vehicle (SMZ3505A) on the most left lane along Bukit Batok Road towards Bukit Batok West Ave 5. Upon coming to a traffic light near to Pavilion Circle, I stop my vehicle completely. Suddenly, another vehicle (SMV5534Z) from behind, collided onto the rear of my vehicle.

I alighted from my vehicle and noticed that there was another vehicle (SJU4387D) involved in the accident as me. From my observation, it was a chain collision where 3 vehicles, including myself was involved.

I was the first vehicle (SMZ3505A), the 2nd being (SMV5534Z) and the last vehicle (SJU4387D). Shortly after, police and ambulance came to scene to assist. I suffered a pain over the lower left side of my back. My passenger also suffered a pain over his shoulder area. The boot of my vehicle was badly damaged and is no longer able to close anymore.

My vehicle has in-car camera recording.


**SINGAPORE  
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T:20220808/2101

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Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 4

Report No. T/20220808/2101

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/08/2022 23:15		Vide Report No.:		Station Diary No.: 112	
<b>Informant's Particulars</b>					
Name of Informant: CHIA BOON KHIANG			Address: APT BLK 444 SIN MING AVENUE #02-451 SINGAPORE 570444		
ID Type / ID No.: NRIC NO / S6848481B			Contact No.: Home/Office: Mobile: 98533408		
Nationality: SINGAPORE CITIZEN			Email: boonkhiang.chia@sata.com.sg		
Sex: Male	Age: 53	Date of Birth: 29/12/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/08/2022 19:50	Type of Location: T-Junction
Location:  BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SJU4387D	Car					0
SMV5534Z	Car					0
SMZ3505A	Car	TOYOTA	CAMRY HYBRID 2.5 ASCENT SPORTS CVT	White	Seriously Damaged	1