

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	21/02/2023 17:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/02/2023 10:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE EUNOS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7945B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAN SHEN SENG
NRIC No	SXXXX504B
Email Address	qingyang1998@gmail.com
Mobile Phone No	(Phone) +65-92211638
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01001839

DRIVER

Name of Driver	CHAN QING YANG
NRIC No	SXXXX298I
Date Of Birth	10/11/1998
Occupation	Indoor

Date Of Driving Pass	27/08/2021
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92211638
Alt. Phone Number	-
Email Address	qingyang1998@gmail.com
Address	BLK 217 TAMPINES STREET 23 #06-01
Address complement	-
Postcode	520217
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	4
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	POH YONG SHENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20230220/7064

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNA7365E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KUMA
Contact Number	(Phone) +65-82682912
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	SMJ4497S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YAP
Contact Number	(Phone) +65-93888833
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	SML4443L
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	CHAN QING YANG
Gender	Male
Phone No	(Phone) +65-92211638
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLP7945B

Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	POH YONG SHENG
Gender	Male
Phone No	(Phone) +65-90288631
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SLP7945B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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

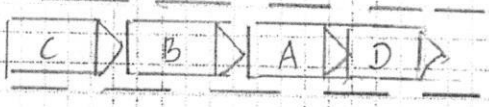
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

 <p>PIE BEFORE EUNOS EXIT</p>	<ul style="list-style-type: none">(A) SLP7945B(B) SNA7365E(C) SMJ4497S(D) SML4443L
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a Circumstances of the Accident

On 21st

Feb 2023, At about 10-40 am, I was travelling along Pie towards Euro Exit. The car in front of me suddenly jam break; then I follow suit and jam break, however vehicle B behind me couldn't break in time and barged onto my vehicle rear portion. Due to the impact my vehicle was pushed forward and collided onto the vehicle in front of me. When I got out of my car then I realised there is total of 4 cars involved in this chain collision. As the impact was too strong, my passenger hit his head on the windscreen and cracked.

POLICE REPORT 7/20230221/7064

Declaration

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

Seng

Policyholder's Signature / Date & Time

Q

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

Witnessed by Reporting Centre Personnel

21/02/2023



SINGAPORE POLICE FORCE



T/20230221/7064

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

1 of 3

Report No. T/20230221/7064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2023 16:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHAN QING YANG			Address: 217 TAMPINES STREET 23 #06-01 SINGAPORE 520217		
ID Type / ID No.: NRIC NO / S98372981			Contact No.: Home/Office: Mobile: 92211638		
Nationality: SINGAPORE CITIZEN			Email: qingyang1998@gmail.com		
Sex: Male	Age: 24	Date of Birth: 10/11/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/02/2023 10:35	Type of Location: PIE
Location: BEDOK NORTH STREET 3				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLP7945B	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230221/7064

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

2 of 3

Report No. T/20230221/7064

CONTINUATION OF REPORT

Passenger				
Name	POH YONG SHENG		ID No.	S9627125E
Related Vehicle	SLP7945B (Car)		Contact No.	90288631
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/02/2023		Date	21/02/2023
No. of Days granted Medical Leave	05		Degree of	Serious
Driver				
Name	CHAN QING YANG		ID No.	S9837298I
Related Vehicle	SLP7945B (Car)		Contact No.	92211638
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On the 21st feb 2023, roughly , 10.40 am . I was going to work with my friend , we was travelling along pie towards eunos exit , the car infront of us suddenly jam break , I followed to jam break too , however the car B which was behind us couldnt break in time and bang onto my my vehicle rear portion , due to the impact the vehicle was pushed forward and collided onto the vehicle infront of us . eventually causing my friend to hit his head on the windscreen . When we got down the car , we saw total of 4 vehicle was involved in the accident.



**SINGAPORE
POLICE FORCE**



T/20230221/7064

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

3 of 3

Report No. T/20230221/7064

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 / ANG YI TING, STEPHANIE Contact No.: 65476414

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 21/02/2023 16:15
Classification Of Case:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 21/02/2023 (dd/mm/yy) Time of Accident: 10:40 (24-HR-FORMAT)
Vehicle No.: SLP7945B Vehicle Make & Model: KIA CERATO KOUP
*Transmission: ☐ Manual ☒ Auto *C.c.: 1600 CC
Exact location of Accident: PIE BEFORE EUNOS EXIT
Policyholder's Name: CHAN SHEN JENG NRIC/FIN/REG No.: S1590504B
*Policyholder's email address: qingyang1998@gmail.com
Driver's Name: CHAN QING YANG NRIC/FIN/REG No.: S9837298I
*Driver's email address: qingyang1998@gmail.com
Driver's Contact No.: 92211638 Company Contact No (if any): -
Date of birth: 10/11/1998 Driving Pass Date: 27/08/2021
Driver's Address: BLK 217 TAMPINES STREET 23 H 06-01 (S) 520217
Insurance Company: SOMPO
Policy No.: D23MTPV01001839 Type of Coverage: Comprehensive Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____
What do you wish to claim? (Please TICK one only)
☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Type of Accident
☒ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other _____
Occupation (nature job) ☒ Indoor ☐ Outdoor *No. of Passengers / Including Driver: 2
*Passanger Name: POH YONG SHENG Gender: Male / Female
*Passanger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☐ Yes / ☐ No
Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: CHAN QING YANG, POH YONG SHENG
Injuries Sustain: BACK PAIN, SHOULDER PAIN Injured Person in Which Vehicle: SLP7945B
Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: KUMA Vehicle No: SN97365E (B)
Driver's Contact No: 82682912 Insurance Company: _____
2. Driver's Name / IC No (If Any): YAP Vehicle No: SMJ4497S (C)
Driver's Contact No: 93888833 Insurance Company: _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: _____ Contact No: SM24443L (D)

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. : D23MTPV01001839
Insured : CHAN SHEN SENG
Vehicle Registration No. : SLP7945B
Coverage : COMPREHENSIVE - AUTHORISED WORKSHOP PLAN
Policy Commencement Date : 20 JANUARY 2023 00:00
Policy Expiry Date : 19 JANUARY 2024 23:59
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS
Hire Purchase Owner : N.A
Excess* : S\$500 - SECTION I
Voluntary Excess* : N.A
Waiver of Excess : NOT COVERED
Windscreen Excess* : S\$100 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.

Accident Reporting

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

For the list of Accident Reporting Centres, 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.31

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 09 JANUARY 2023 15:46

SOMPO ASSIST HOTLINE : (65) 6226 3323

In the event of road accident, please call our Somp Assist Hotline immediately. Our MARS Specialist will arrive at the accident site within 20 minutes anywhere in Singapore. Alternatively, you may approach any of our Accident Reporting Centres for assistance in E-filing your accident report with your vehicle within 24 hours or on the next working days after the accident. Please note that this is compulsory regardless of whether there is any damage to your vehicle or if you are making a claim under your own policy.

Intermediary Name / Code : ASSURE INSURANCE AGENCY PTE. LTD. / 11A28209 CI Code: 22A _DL5H4_K1DLQKA

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

504B

Vehicle Details

Vehicle No.:

SLP7945B

Vehicle to be Exported:

Yes

Intended Deregistration Date:

21 Feb 2023

Vehicle Make:

KIA

Vehicle Model:

CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR

Primary Colour:

White

Manufacturing Year:

2009

Engine No.:

G4FC9H329097

Chassis No.:

KNAFW611MA5162638

Maximum Power Output:

92.7 kW (124 bhp)

Open Market Value:

\$15,418.00

Original Registration Date:

20 Jan 2010

First Registration Date:

20 Jan 2010

Transfer Count:

6

Actual ARF Paid:

\$15,418.00

Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

19 Jan 2030

COE Category:

A - Car (1600cc & below)

COE Period(Years):

10

PQP Paid:

\$32,368.00

COE Rebate Amount:

\$22,370.00

Total Rebate Amount:

\$22,370.00

The information contained herein is correct as at 21 Feb 2023

OK