

SB0F246O0001 / Ban Hock Hin Co Pte Ltd
 ENTRY DATE & TIME: 24/06/2024 13:32 (SGT)
 SUBMITTED BY: Gan Lay Peng
 VERSION: 1 (24/06/2024 13:32 (SGT))

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 First Submission	24/06/2024 13:32 (SGT)
Reported by	Actual Driver
Date of Accident	22/06/2024 22:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Victoria Street
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS5331M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHANG FUH LIH
NRIC No	SXXXX056D
Email Address	LEE.SIMENG@GMAIL.COM
Mobile Phone No	(Phone) +65-96888078
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Monkey 125
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	Motorcycle
Transmission	Manual
CC	125

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/01365208

DRIVER

Name of Driver	LEE SIM ENG
NRIC No	SXXXX999Z
Date Of Birth	10/12/1978
Occupation	Indoor

Driving Pass Date	18/01/2007
Driving experience	17 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96685548
Alt. Phone Number	-
Email Address	LEE.SIMENG@GMAIL.COM
Address	5 SIGLAP ROAD #15-43
Address complement	-
Postcode	448908
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Report A/20240623/7026

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	SH9300H
Vehicle Manufacturer	Toyota
Vehicle Model	Prius

Vehicle Variant	-
Vehicle Colour	Blue
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN2082J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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	LEE SIM ENG
Gender	Female
Phone No	(Phone) +65-96685548
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WIPLASH, LEFT WRIST SPRAIN, HEADACHE.
Injured person in which vehicle?	FBS5331M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

Refer to Report No. A/20240623/7026

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

[Signature]

[Signature]

h.
Gan Lay Peng

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

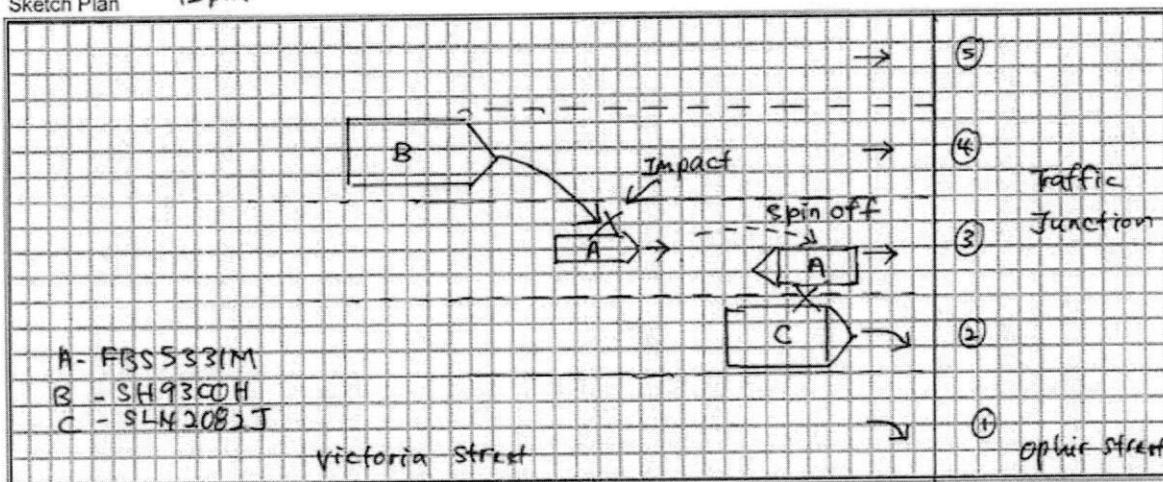
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
24/6/24
12 PM

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

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

Sketch Plan



vJun2022

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**SINGAPORE
POLICE FORCE**



A/20240623/7026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20240623/7026

Subjects Involved			
Victim			
Person Name	LEE SIM ENG		
ID Type	NRIC NO	ID No	S7836999Z
Gender	Female	Age	45
Language	English	Occupation	Personnel/Human resource officer
Mobile No	96685548	Is Informant A Victim?	Yes
Person Name	LEE SIM ENG (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
23/06/2024 20:49

Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20240623/7026

1 of 2

POLICE REPORT (NP299)

Report No. A/20240623/7026

Police Station Of Origin
Central Division HQ
391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 23/06/2024 20:49	Vide Report No.	Station Diary No.
Name Of Informant LEE SIM ENG	Address	
ID Type / ID No. NRIC NO / S7836999Z	Contact No. Home/Office: Mobile: 96685548	
Nationality	Email Address death by takoyaki@yahoo.com.sg	
Occupation Personnel/Human resource officer	Sex Female	Age 45
Institution/School Name	Date of Birth 10/12/1978	Race
Date/Time Of Incident 22/06/2024 22:00 - 22/06/2024 22:05	Location Of Incident 585 NORTH BRIDGE ROAD RAFFLES HOSPITAL SINGAPORE 188770	

Brief details.

I was riding my bike FBS5331M along Victoria St (nearing the intersection with Ophir Road), going straight on Lane 3 towards Kallang when Comfort taxi SH9300H suddenly from out of nowhere, cut in from Lane 4 and hit me on my left. Before that the path is clear before me. The weather is fine and floor is dry. He did not immediately stop but moved several metres to stop ahead of me.

Due to the impact, I lost control of my bike and fell towards the Comfort taxi and my bike flipped 180deg and made contact with SLN2082J which is on Lane 2 waiting to turn right. Understand from Comfort taxi driver that he is going to Haji lane to pick up passenger and probably trying to quickly cut back into the turn right lane to go into Ophir Road.

I cant turn my left hand as there is pain and whiplash pain in my neck due to the accident. Visited Raffles Hospital the next day on 23 Jun 2024 and was given 5 days hospitalization leave

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2024 20:49
Officer In-Charge Of Case:	Classification Of Case: