

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	06/12/2024 13:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/12/2024 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Pasir Ris Drive 3 Toward Pasir Ris Downtown East
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1999Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tee Poh Eng
NRIC No	SXXXX593J
Email Address	chuaJeremy@yahoo.com
Mobile Phone No	(Phone) +65-96676316
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	3
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	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT 011104071 02

DRIVER

Name of Driver	Chua Chin Chye
NRIC No	SXXXX838G
Date Of Birth	27/05/1960
Occupation	Indoor
Driving Pass Date	11/10/1977
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	47 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90600986
Alt. Phone Number	-
Email Address	chuaJeremy@yahoo.com
Address	Blk 647 Pasir Ris Drive 10 #09-48
Address complement	-
Postcode	510647
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	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	Tee Poh Eng
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Report refer police report

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 WD6001P
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 SG1228S
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Tee Poh Eng
Gender Female
Phone No -
Address Blk 647 Pasir Ris Drive 10 #09-48
Address Complement -
Post Code 510647
Approximate Age Years Old -
Injuries Sustained unknown
Injured person in which vehicle? SJW1999Y
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person Chua Chin Chye
Gender Male
Phone No -
Address Blk 647 Pasir Ris Drive 10 #09-48
Address Complement -
Post Code 510647
Approximate Age Years Old -
Injuries Sustained unknown
Injured person in which vehicle? -

Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

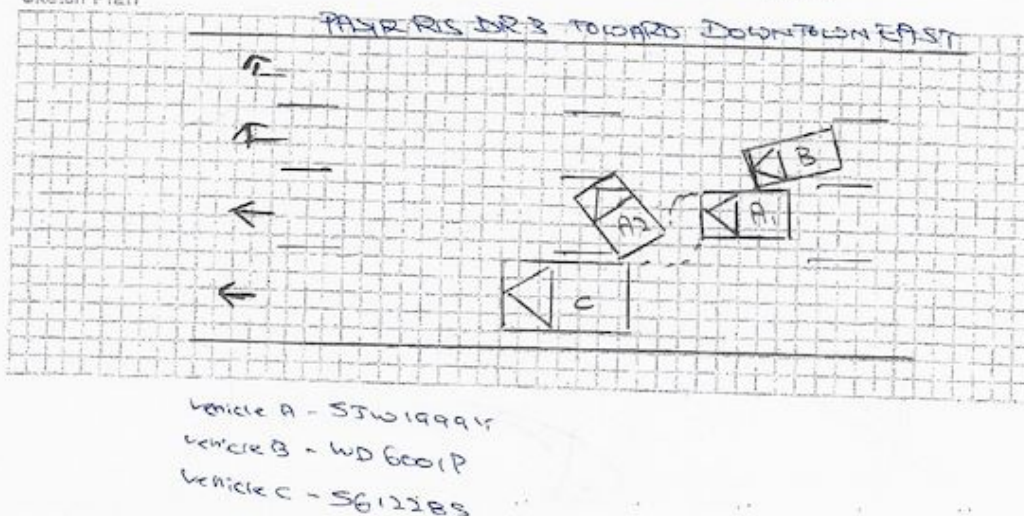
SKETCH PLAN

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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' 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/are 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: [Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time: [Signature]
Witnessed by Reporting Centre Personnel: [Signature]

Sketch Plan



Describe Circumstances of the Accident

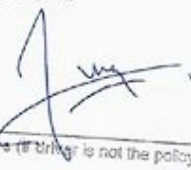
As per police report .


Police report No : 6/2024/206/2045

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


Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



G/20241206/7045

1 of 2

POLICE REPORT (NP299)

Report No. G/20241206/7045

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 06/12/2024 11:20		Vide Report No.		Station Diary No.	
Name Of Informant CHUA CHIN CHYE		Address 647 PASIR RIS DRIVE 10 #09-48 SINGAPORE 510647			
ID Type / ID No.		Contact No.			
NRIC NO / S1423838G		Home/Office:		Mobile: 90600986	
Nationality SINGAPORE CITIZEN		Email Address CHUAJEREMY@YAHOO.COM			
Occupation Retiree		Sex Male	Age 64	Date of Birth 27/05/1960	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 05/12/2024 16:40 - 05/12/2024 16:55		Location Of Incident NIL PASIR RIS DRIVE 3 NIL			

Brief details:

I was driving my vehicle (SJW1999Y) along to pasir ris dr 3 towards pasir ris downtown east on lane 3. WD6001P was on lane 2 suddenly cut into my lane and hit onto my vehicle door that cause my vehicle skid to lane 4 and my rear portion of my vehicle hit onto SBS bus (SG1228S).

During the accident my wife (Tee Poh Eng) was inside the vehicle .

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: 06/12/2024 11:20
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



**SINGAPORE
POLICE FORCE**



G/20241206/7045

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20241206/7045

Subjects Involved			
Victim			
Person Name	CHUA CHIN CHYE		
ID Type	NRIC NO	ID No	S1423838G
Sex	Male	Age	64
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Retiree
Address	647 PASIR RIS DRIVE 10 #09-48 SINGAPORE 510647		Mobile No
			90600986
Email Address	CHUAJEREMY@YAHOO.COM	Is Informant A Victim?	Yes
Person Name	CHUA CHIN CHYE (Informant)		

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: 06/12/2024 11:20
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: S10424C60001 Vehicle Registration No: STW 1999Y
 Name (as shown in NRIC): TEE POH ENG. NRIC/FIN/Passport No: S1445593J
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: BLK 64T PASIR RIS DR 10 #09-48 Singapore ()
 Contact (Tel): _____ Mobile No.: 9060 0986
 Email Address: _____
 Date of Accident: 05/12/2024 Time of Accident: 16.50
 Place of Accident: PASIR RIS DR 3 TOWARD PASIR RIS DOWNTOWN EAST
 Insurance Company: DIRECT ASIA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND EMAIL

 Policyholder / Actual Driver's Signature
 Date:

L.
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date:

v3Jun2022



Contact us at
Hotline: (65) 6665 5555
E-mail: customerservice@directasia.co

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/01110407/02
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SJW1999Y
Chassis No.	: JM6BP2SAAK1101491
2) Name of Policy Holder	: TEE POH ENG
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 13/12/2024 00:00
4) Date/Time of Expiry of Insurance	: 12/12/2025 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) Any named person under the policy who is driving on the Policyholder's permission.	
(b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission	
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 600.00
Windscreen Excess	: S\$ 100.00
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: CHUA CHIN CHYE
Named driver	: None
Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.	

I/We hereby certify that the Policy to which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 22/10/2024

Direct Asia Insurance (Singapore) Pte. Ltd.

JOHN CHAN_KB

Agent Code: VIC10000019DSIA

Direct Asia Insurance (Singapore) Pte Ltd
16 Raffles Quay #39-01 Hong Leong Building Singapore 048581
www.DirectAsia.com

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