

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	10/05/2023 13:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/05/2023 07:06 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP2435M
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM TIEN FANG
NRIC No	S1606983C
Email Address	eelim103@gmail.com
Mobile Phone No	(Phone) +65-96718189
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01164054

DRIVER

Name of Driver	LIM TIEN FANG
NRIC No	S1606983C
Date Of Birth	06/08/1963
Occupation	Indoor

Date Of Driving Pass	24/03/1982
Driving experience	41 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96718189
Alt. Phone Number	-
Email Address	eelim103@gmail.com
Address	APT BLK 683A WOODLANDS DRIVE 62 #10-103
Address complement	-
Postcode	731683
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	Collision - Head to Rear
Weather Conditions	Clear
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?	Yes
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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 10 MAY 2023, AT ABOUT 0706HRS, I WAS DRIVING ALONG BKE TOWARDS CITY IN FIRST LANE, SUDDENLY VEHICLE B COLLIDED ONTO THE REAR LEFT PORTION OF MY VEHICLE.

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	TP462D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Government
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	TP462D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

**Contact us at**

Hotline: (65) 6665 5555

E-mail: customerservice@directasia.com

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/01164054
Type of Coverage / Driver Plan	: Car Comprehensive (Flexible Plan)
1) Vehicle Registration No.	: SJP2435M
Chassis No.	: JMYSTCY4A9U000561
2) Name of Policy Holder	: LIM TIEN FANG
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 18/04/2023 00:00
4) Date/Time of Expiry of Insurance	: 17/04/2024 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) Any other person 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. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule.	
*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
Your Excess	
Own Damage Excess	: S\$ 800.00
YIED Excess	: S\$ 2,500.00
Windscreen Excess	: S\$ 100.00
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: LIM TIEN FANG
Named driver	: None
Important Note: This policy covers any authorised drivers. If you authorise a Young or Inexperienced Driver (YIED) then please note the increased excess above. YIED refers to any driver who is below the age of 30 or has held a driving license for less than 2 years.	

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: 06/02/2023

Direct Asia Insurance (Singapore) Pte. Ltd.


Underwriting Manager

ABDUL WADOOD_Y5

Direct Asia Insurance (Singapore) Pte Ltd
 20 Anson Road #08-01 Twenty Anson Singapore 079912
 www.DirectAsia.com

Agent Code: VIC50000028DSIA

Company Registration: 200822611G

SKETCH PLAN

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 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:

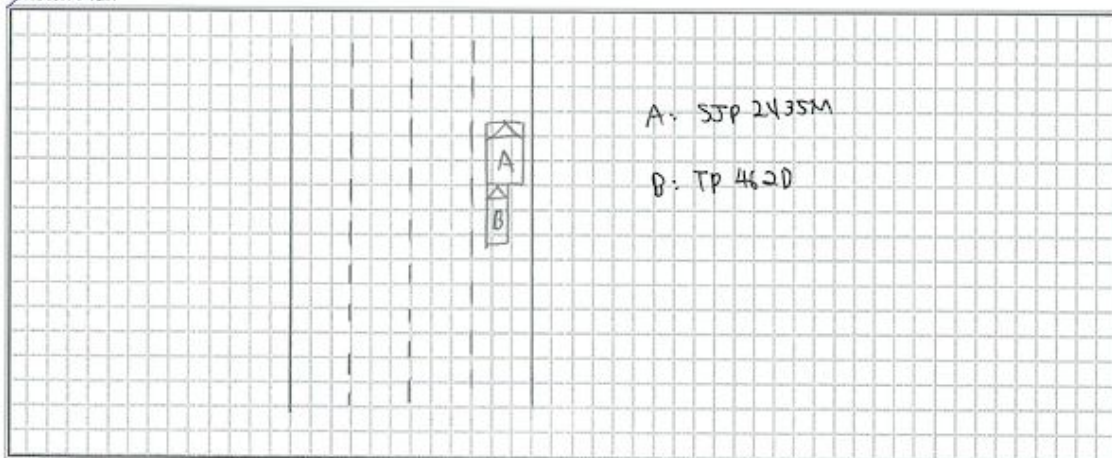
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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


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


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

Sketch Plan



A: SJP 2435M
B: TP 4620

vJun2022

1

Describe Circumstance of the Accident

On 10 May 2023, At about 0706 hrs, I was driving along BKE towards city in first lane, suddenly vehicle B collided onto the rear left portion of my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

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



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

























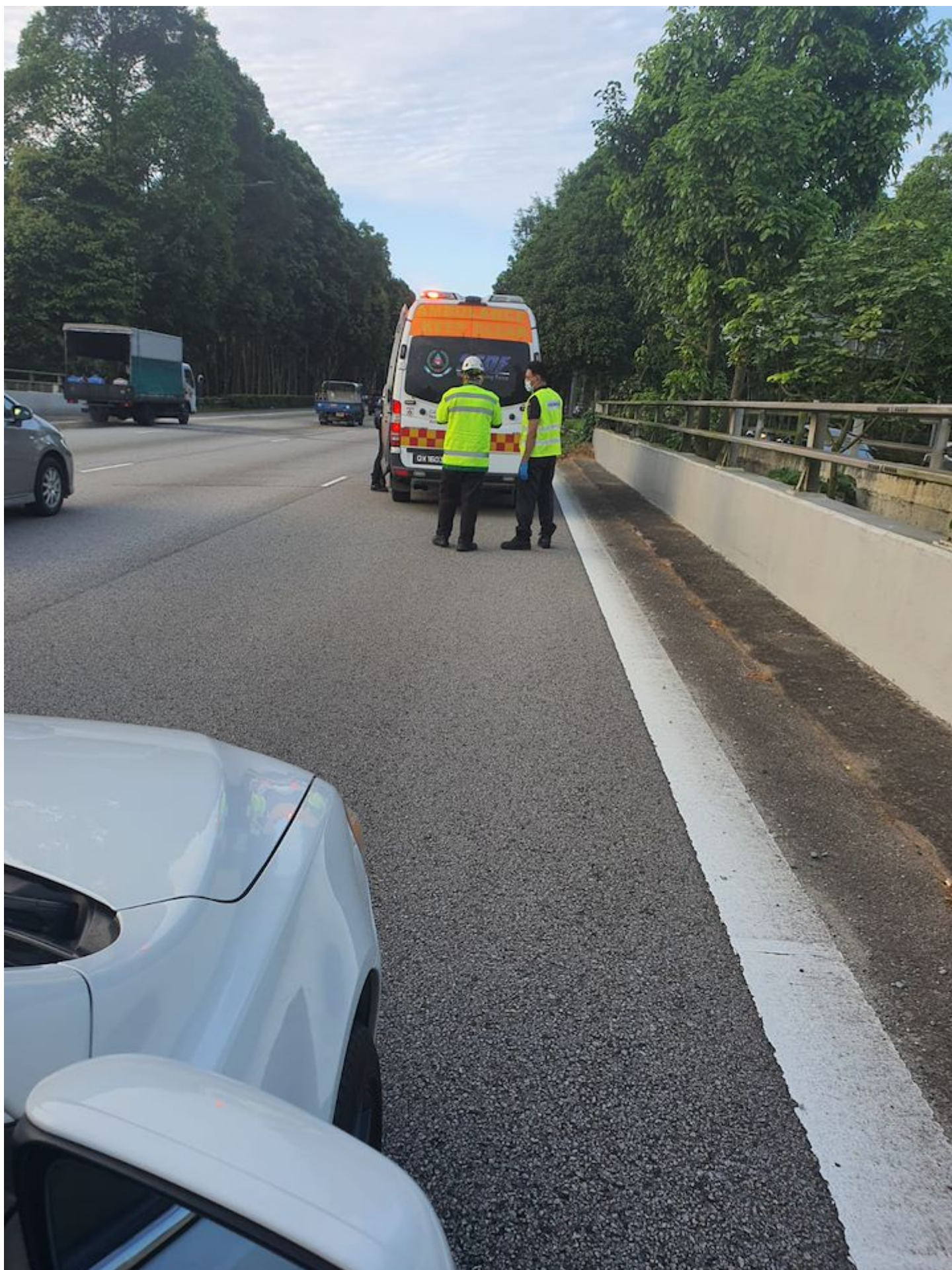










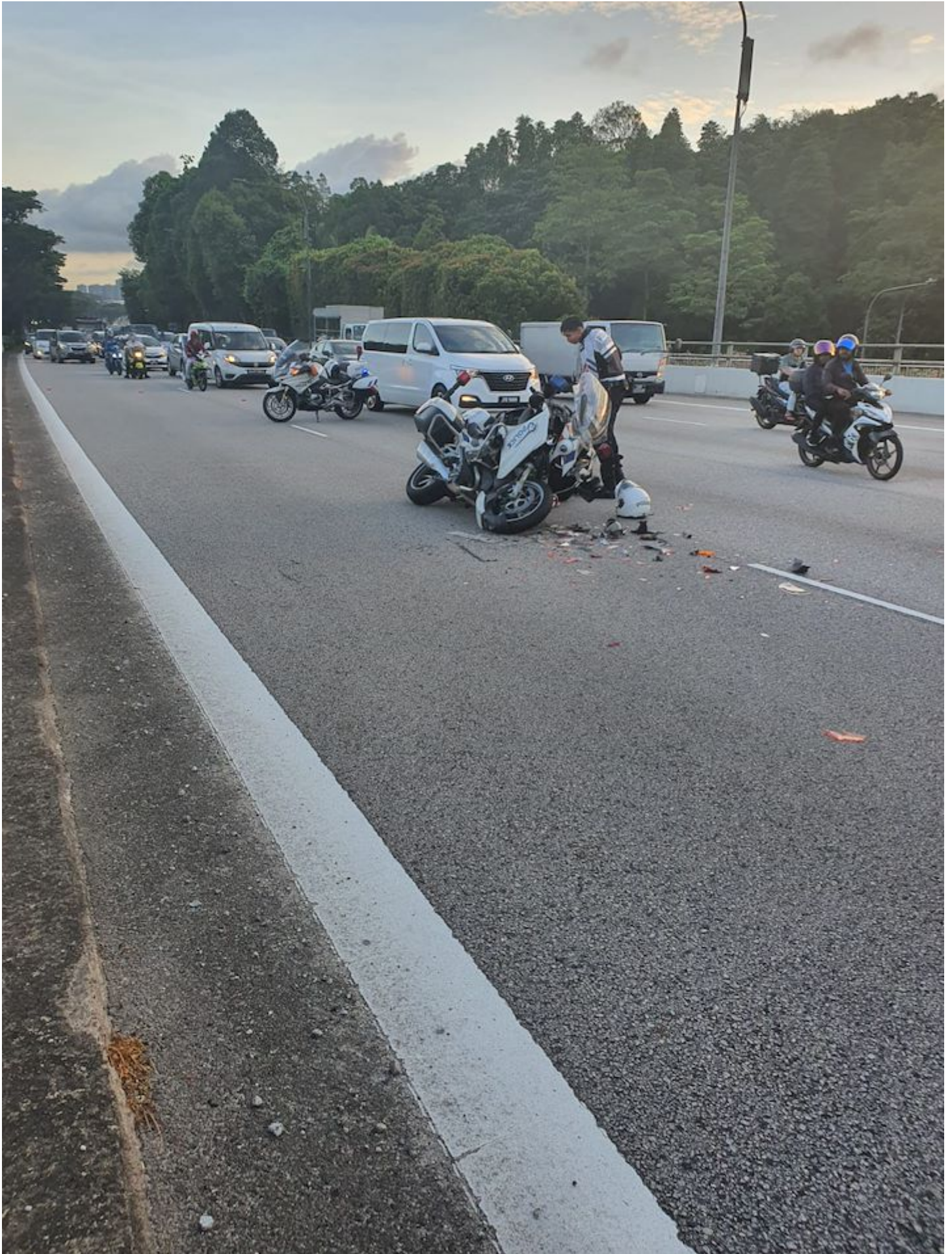


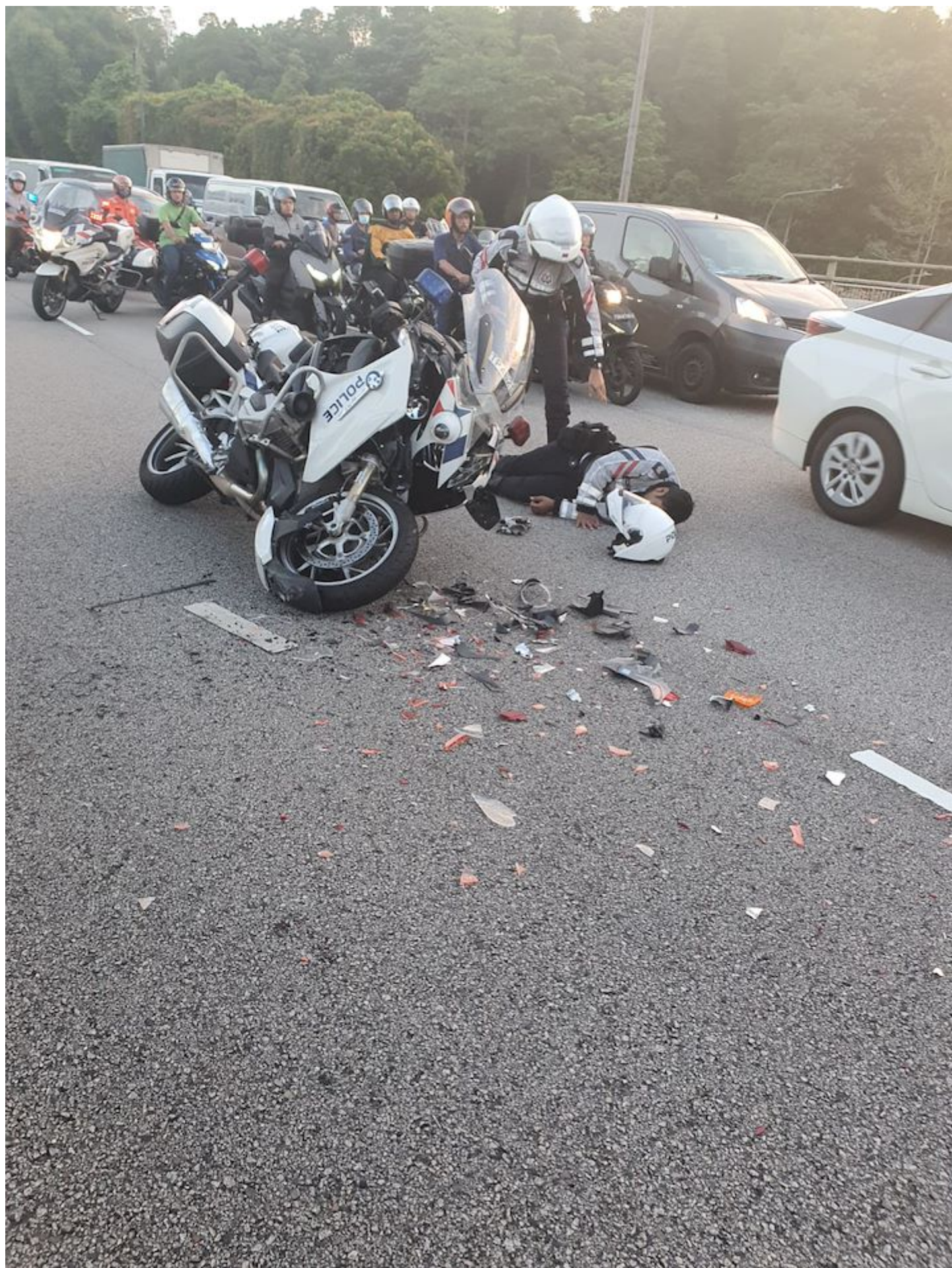















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20230510/2046

1 of 3

Report No. T/20230510/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2023 12:41		Vide Report No.: L/20230510/0035	Station Diary No.: 62
Informant's Particulars			
Name of Informant: LIM TIEN FANG		Address: APT BLK 683A WOODLANDS DRIVE 62 #10-103 SINGAPORE 731683	
ID Type / ID No.: NRIC NO / S1606983C		Contact No.: Home/Office:	Mobile: 96718189
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 06/08/1963	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: OPERATION OFFICER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 10/05/2023 07:05	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJP2435M	Car	MITSUBISHI	LANCER 2.0L MIVEC GLS 6-CVT	White	Slightly Damaged	0
TP462D	Motorcycle				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20230510/2046

2 of 3

Report No. T/20230510/2046

CONTINUATION OF REPORT


Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP2435M	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01164054	18/04/2023	17/04/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM TIEN FANG	ID No.	S1606983C
Related Vehicle	NIL	Contact No.	96718189
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


Brief Details.

On 9/5/2023 at about 0700hrs, I was traveling along BKE towards PIE. I was travelling at the 1st lane. However, I was traveling quite slowly because of the heavy traffic. Suddenly, a TP bike TP462D suddenly hit the rear of my vehicle (SJP2435M). Due to the impact, the rear of vehicle was fully dented in, and the rear glass was shattered. Subsequently, I was given a case card by a TP officer and the In charge case is IO Vilton, 65476232. I wished to state that the TP officer was conveyed to hospital.

SDAY MAY 10.
pore •
(phon
9



 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999


T/20230510/2046

3 of 3
Report No. T/20230510/2046

CONTINUATION OF REPORT

Signature of Officer Recording The Report: L / SGT 3 HOU DE KAI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/05/2023 12:41
Officer In Charge Of Case: TP / DDGVT / SR STAFF SGT MUHAMMAD FARHAN BIN SAIRI Contact No.: 65476350	Classification Of Case:

NP168



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: SA1O235A0001 Vehicle Registration No: SJP2435M
 Name (as shown in NRIC): LIM TIEN FANG NRIC/FIN/Passport No: S1606983C
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: APT BLK 683A WOODLANDS DRIVE 62 #10-103 731683 Singapore ()
 Contact (Tel): 9671 8189 Mobile No.: _____
 Email Address: eelim103@gmail.com
 Date of Accident: 10/05/2023 Time of Accident: 0706
 Place of Accident: BKE
 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:

TO AMEND FROM THIRD PARTY CLAIM TO OWN DAMAGE CLAIM


 Policyholder / Actual Driver's Signature
 Date: _____


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