

## 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 Authorised 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 ability.
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 Report	26/03/2018 10:10
Date Of Accident	23/03/2018 21:20
Exact Location Of Accident	CLUNY PARK ROAD ROUNDABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH747T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OH FOOK LEE
NRIC No	S7627466E
Email Address	JASECA.76@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98426867
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/003550901/01
Cover Note Number	

### Driver

Name of Driver	OH FOOK LEE
NRIC No	S7627466E
Date Of Birth	11/08/1976
Occupation	INDOOR
Date Of Driving Pass	26/05/1995
Driving Experience	22 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98426867
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	JASECA.76@GMAIL.COM

Address	48 EVANS ROAD
Postcode	259372
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - ROUNDABOUT
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 DUKE ROAD , <b>POSTCODE:</b> 268914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4629999 - <b>FAX NO:</b> 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH AND POLICE REPORT T/20180324/2124

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SUBMIT TO DIRECT ASIA DIRECTLY
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ1296L
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	YEO SUAN KIN
NRIC/Passport Number	S1363141G
Contact Number	98396301
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	OH FOOK LEE
Approximate Age	41
Injuries Sustain	PAIN AT THE SIDE OF NECK
Injured person in which vehicle?	SJH747T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	48 EVANS ROAD
Postcode	259372

**SKETCH PLAN**

**IMPORTANT NOTICE**


VEHICLE NO: SJH 747  
 ACCIDENT DATE: 23/3/18  
 @ 21:20

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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)**

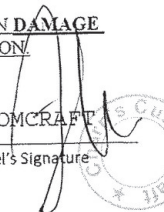
I understand, acknowledge, agree and consent that:

- (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 may 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.

**NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION**

  
 Policyholder's Signature  
 Date & Time: 24/3/2018

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

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

SKETCH PLAN

SSM  
747T

SSM 747

SLJ  
1296L

REFER TO POLICE REPORT

We declare the foregoing particulars are true in every respect.

Date & Time: 24/3/2018

(If driver is not the policyholder)  
Date & Time:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20180324/2124

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

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Report No. T/20180324/2124

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/03/2018 18:46	Vide Report No.:	Station Diary No.: 85
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**Informant's Particulars**

Name of Informant: OH FOOK LEE			Address: 48 EVANS ROAD SINGAPORE 259372		
ID Type / ID No.: NRIC NO / S7627466E			Contact No.: Home/Office: Mobile: 98426867		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 41	Date of Birth: 11/08/1976	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/03/2018 21:20	Type of Location:
Location: Along Road 1 CLUNY PARK ROAD				
Roundabout				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH747T	Car	SUBARU	IMPREZA 5D 1.5R AWD 5MT	Black	Slightly Damaged	0
SLJ1296L	Car				Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH747T	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00355090/01	03/01/2017	02/08/2018





**SINGAPORE  
POLICE FORCE**



T/20180324/2124

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Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20180324/2124

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	OH FOOK LEE	ID No.	S7627466E
Related Vehicle	SJH747T (Car)	Contact No.	98426867
Hospital/Clinic	B.T GOH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	Yeo Suan Kin	ID No.	S1363141G
Related Vehicle	NIL	Contact No.	98396301
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 the above mentioned date, time and location, I was driving from Cluny Park Gate Carpark towards the roundabout at Cluny Park Road to make a left turn into Jalan Kembang Melati. My vehicle had passed 3/4 of the roundabout, about to enter Jalan Kembang Melati when a vehicle hit me from the side. The impact caused me to mount the roadside curb at Jalan Kembang Melati and I stopped my vehicle immediately after which, I alighted from my vehicle and exchanged particulars with the driver who hit my car (V2: SLJ1296L). I would like to inform that V2 is a private hire vehicle and headlights of both vehicles were on during the point of accident.

After exchanging particulars, I asked the driver if he was injured which he mentioned that he was not. There were damages to both vehicles involved. The left back door of my vehicle was damaged and the right front area of V2 was damaged.

I have an in-car camera in my vehicle, I am unsure if V2 has any in-car camera in his vehicle. I believe there are cameras installed near the link way towards Botanic Gardens MRT but I am unsure if it will be able to capture the accident process.

I felt pain at the side of my neck about an hour after the accident and hence, went to see a doctor today. I was given 5 days MC.

I am lodging this report to facilitate insurance claims.