

## 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	12/04/2018 10:48
Date Of Accident	11/04/2018 18:50
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM7421Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN BEE HUI ELENA
NRIC No	S7811574B
Email Address	ELENATAN.BEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97642523
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	YARIS-1.5 E (A)
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?	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/00219942/03
Cover Note Number	

### Driver

Name of Driver	TAN BEE HUI ELENA
NRIC No	S7811574B
Date Of Birth	04/05/1978
Occupation	INDOOR
Date Of Driving Pass	26/07/2002
Driving Experience	15 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97642523
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	ELENATAN.BEE@GMAIL.COM

Address	23 AKYAB RD #20-01
Postcode	309978
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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX5046R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG SIQIAN
NRIC/Passport Number	G5418905
Contact Number	96522402
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**SKETCH PLAN**

**IMPORTANT NOTICE**

VEHICLE NO: SKM 7421 Z  
ACCIDENT DATE: 11/04/18

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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.
- (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 NOT 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:

12/04/18  
9:54am

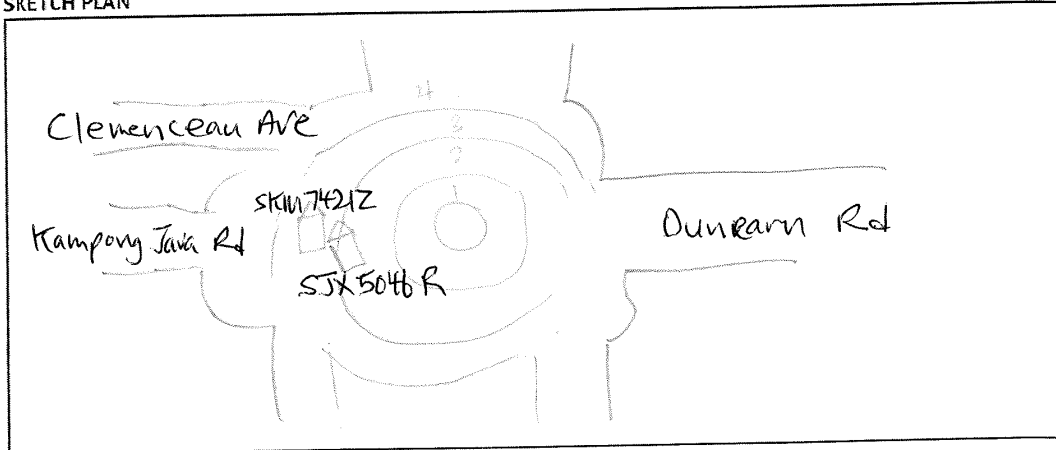
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

CHARN 'S CUSTOMCRAFT

SKM 74212  
11/4/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~The~~ The accident happened when I was driving along the Newton Circus roundabout at around 6:50 pm on 11 April. I was keeping within my lane when the other car hit me at the ~~the~~ rear right hand side. The other car was changing lane when he hit my car. I was heading from Dunearn Rd to Clemenceau Ave when the accident happened. After the accident, the driver of the other car told me that he was exiting toward the Kampong Java Rd and he was late for his appointment so he was rushing there.

OWN DAMAGE ( )    3RD PARTY CLAIM ( )    REPORTING ONLY ( ☒ )    OWN WORKSHOP ( )

DECLARATION

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

(X)

Policyholder's Signature  
Date & Time:

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

CHARN'S CUSTOMCRAFT

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



**Contact us at**  
 Hotline: (65) 6532 2888  
 E-mail: CustomerService@DirectAsia.com

## YOUR POLICY SCHEDULE

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

### Car Insurance

<b>Policy number</b>	: MT/00219942/03		
<b>Period of cover</b>	: Policy begins 09/03/2018 00:00 and runs until 08/03/2019 23:59		
<b>Premium</b>	: S\$ 906.03 (inclusive of GST)		
<b>Own Damage Excess</b>	: S\$ 500.00 (before any applicable GST)		
<b>Windscreen Excess</b>	: S\$ 100.00 (before any applicable GST)		
<b>Vehicle Details</b>			
<b>Vehicle Registration</b>	: SKM7421Z	<b>Chassis number</b>	: MR054HY9104020679
<b>Make and model</b>	: Toyota Yaris 1.5 (A) E	<b>Car usage</b>	: Private Use + Commuting to work
<b>Year of registration</b>	: 2007		
<b>Finance company / Hire purchase</b>	:		
<b>Is your car modified? (Modifications are according to LTA guidelines)</b>	: No		
<b>Policyholder</b>			
<b>Policyholder</b>	: Tan, Bee Hui Elena		
<b>Mailing Address</b>	: 23 AKYAB ROAD, #20-01 PAVILION 11, Singapore 309978		
<b>E-mail Address</b>	: elenatan.bee@gmail.com	<b>Mobile Number</b>	: 97642523
<b>No Claims Discount (NCD)</b>	: 30%		
<b>Main Driver Details</b>			
<b>Main Driver</b>	: Tan, Bee Hui Elena		
<b>Date of Birth</b>	: 04/05/1978	<b>Marital Status</b>	: Single
<b>Gender</b>	: Female	<b>Occupation</b>	: Private sector : executive & admin
<b>Certificate of Merit</b>	: No		
<b>Years of valid driving licence</b>	: > 5		
<b>Important Note: This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.</b>			
<b>Young and/ or Inexperienced Driver (YIED): refers to any driver who is below the age of 30 or holds a driving licence for less than 2 years.</b>			

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7811574B



Name  
ELENA TAN BEE HUI  
(ELENA CHEN MEIHUI)

Race  
CHINESE  
Date of birth 04-05-1978 Sex F  
Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7811574B

Name  
ELENA TAN BEE HUI  
(ELENA CHEN MEIHUI)

Birth Date: 04 May 1978  
Issue Date: 06 Jan 2004

001075067F

SKM 7421 Z  
11/4/10

3457914



NRIC No. S7811574B

Date of issue  
30-12-2003

APT BLK 186 GANGSA ROAD #10-82  
SINGAPORE 670166

NRIC No: S7811574B

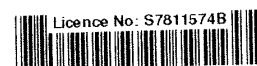
Date: 24/06/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

26 Jul 2002



NP 428A

Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





**Accident Photo**





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MCCC18048552 Vehicle Registration No: SKM7421Z  
Name (as shown in NRIC) : Elena Tan Bee Hui NRIC/FIN/Passport No : S781574 B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 23 Akyab Rd #20-01 Singapore 309978  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97642523  
Email Address : elenatan.bee@gmail.com  
Date of Accident : 11/4/18 Time of Accident : 1850  
Place of Accident : Newton Circus Roundabout  
Insurance Company : Direct Asia Insurance (S) Pte Ltd

**(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 to third party claim.

[Signature]  
Policyholder / Driver's Signature  
Date: 13/4/18

[Signature]  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_