

## 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 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 Report	15/10/2018 16:34
Date Of Accident	13/10/2018 19:10
Exact Location Of Accident	JUNCTION OF CLEMENCEAN AVE AND RIVER VALLEY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP8109D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE ZHU WEN
NRIC No	S8920768A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96605426
Alternative Phone No	OTHERS-96605426

### Vehicle Particulars

Manufacturer	BMW
Model	520I-2.0 (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/00498091
Cover Note Number	

### Driver

Name of Driver	LEE ZHU WEN
NRIC No	S8920768A
Date Of Birth	17/06/1989
Occupation	INDOOR
Date Of Driving Pass	12/05/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96605426
Fax Number	
Contact Number	OTHERS-96605426
Email Address	NOEMAIL

Address	BLK 314 SEMBAWANG DRIVE #06-464
Postcode	750314
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : QIU KAIRU
	GENDER: : FEMALE

#### 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

PLEASE REFER TO THE ATTACHED STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDE8886J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	LEE ZHU WEN
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SKP8109D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	QIU KAIRU
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKP8109D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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 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.

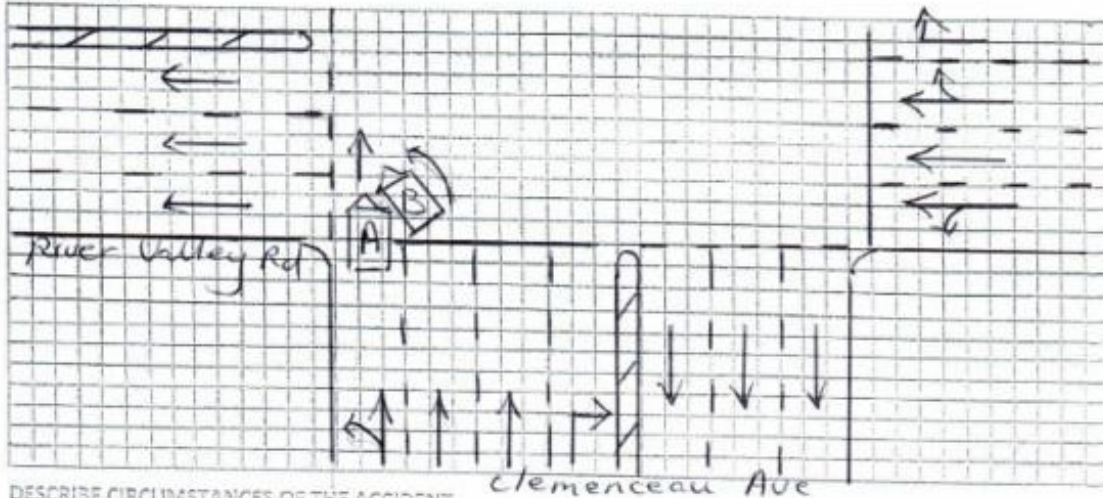
✓   
Policyholder's Signature  
Date & Time:

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

 15/10/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/10/2018 at about 1911 hrs at Junction of Clemenceau Ave and River Valley Road. I was travelling on the extreme left lane along Clemenceau Ave and when coming towards the above mentioned junction, suddenly a Vehicle (B) on my Right making a 'left' turn into River Valley Road at the 'Going Straight Only' lane without proper lookout and hence collided onto my Front Right Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SKP 8109 D  
(B) SDE 8886 J

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## 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:

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

CEPDR (Accident) Form V2

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Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Identification Card

OWNER X OWNER  
SHIP BOARD

REPUBLIC OF SINGAPORE  
IDENTIFICATION CARD 88920768A



LEE ZHU WEN  
李 柱 汶  
CISW02  
Date of Birth 17-06-1983 Sex M  
Country of Birth SINGAPORE



88920768A



88920768A  
Date of Issue 22-08-2004

Address  
APT 804 314 SEMBAYANG DRIVE  
805-804  
SINGAPORE 780014

Driving License

Driver A Driver SP 810997

