

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)  
Tel no: 6555 6888 Fax no: 6454 3279

# survey on  
1 Aug 2019  
10:30am

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27 / 07 / 2019 (dd/mm/yy) Time of Accident: 07 : 45 (24-HR-FORMAT)

Vehicle No.: S8Q 8942 R Vehicle Make & Model: Mitsubishi Pajero

Exact location of Accident: 55 Newton Rd

Policyholder's Name / IC No.: Lee Yee Li (S 7810022B)

Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒

Driver's Contact No.: 9792 7921 Company Contact No.: 9692 2541 (Lester)

Driver's Address: Blk 372 Clementi Ave 4 #11-280 S(120372)

Insurance Company: Direct Asia Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

**No. of Passengers (Including Driver):** 1

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☒ Yes / ☐ No

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SFY 888 C - (B)

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

## 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 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. 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 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.

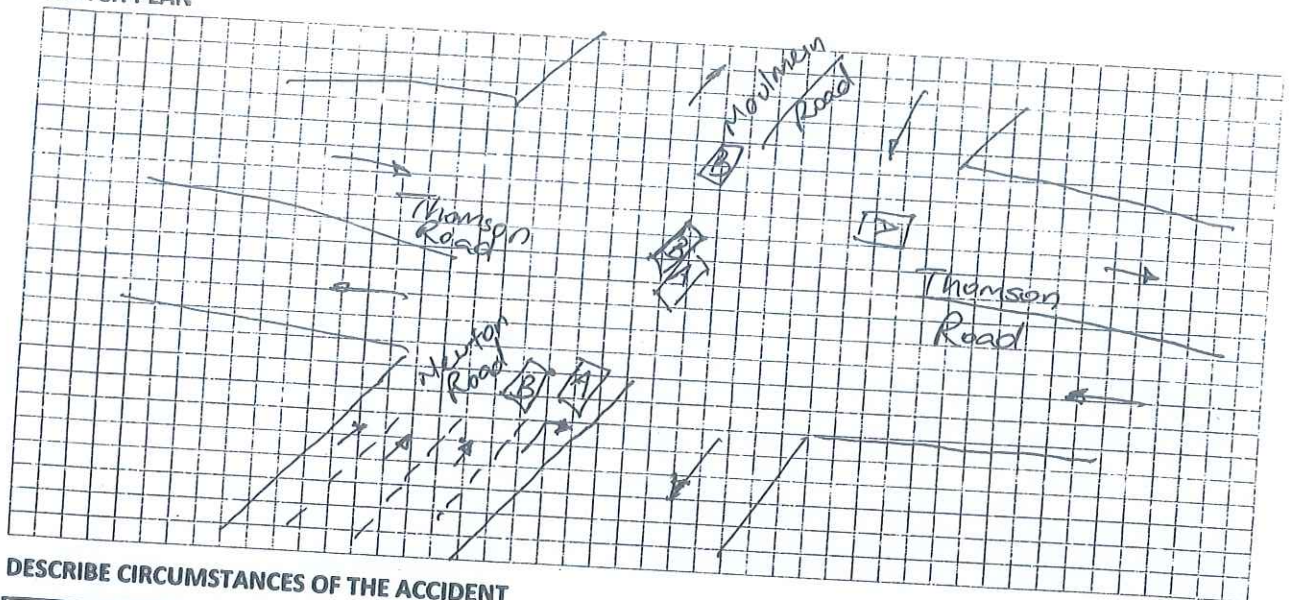
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report # T/2019 0728/2109

## 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.:





of 3  
2109

Origin:

Avenue 5 SINGAPORE 129858  
1800-8729999

1 of 3

Report No. T/20190728/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
28/07/2019 18:41

Vide Report No.:

Station Diary No.:  
134

Informant's Particulars

Name of Informant:  
LEE YEE LI

Address:  
APT BLK 372 CLEMENTI AVENUE 4 #11-280 SINGAPORE  
120372

ID Type / ID No.:  
NRIC NO / S7810022B

Contact No.:  
Home/Office: Mobile: 97927921

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Female 41 17/04/1978

Type of Informant:  
Driver

Race:  
Chinese

Language: Institution / School Name:  
English

Occupation:  
Housewife

Driving Licence Information:  
Class: 2B,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/07/2019 07:50	Type of Location: X-Junction
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Location:  
Along Road 1 Traveling Toward Road 2  
NEWTON ROAD  
THOMSON ROAD  
Newton Road towards Balestier Road turning right to Thomson Road

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light
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Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBQ8942R	Car	MITSUBISHI	PAJERO	Black	Slightly Damaged	0
SFY888C	Car	MERCEDES BENZ	S400L	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBQ8942R	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00515181	01/08/2018	31/07/2019





**SINGAPORE  
POLICE FORCE**



T/20190728/2109

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Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20190728/2

**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	LEE YEE LI	ID No.	S7810022B
Related Vehicle	SBQ8942R (Car)	Contact No.	97927921
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 27/07/2019 at about 0750hrs when I was travelling along Newton Road towards Balestier Road and I stopped my vehicle at the X- junction at the right turning lane as I am turning right to Thomson Road. At that time, the traffic light was red thus I stopped to wait for the green light to change to my favor.

When I was waiting at the junction and I noticed that there are other vehicles on my left which are travelling straight to Balestier Road.

When the traffic light turned green together with the green arrow appears, I moved off by turning right into Thomson Road. When I was turning right and I felt an impact on the left so I made a check and saw a black Mercedes Benz hitting onto my vehicle. The vehicle then switch on the right signal seems wanted to turned right but travelled straight towards Balestier Road instead. When I had turned into Thomson Road and I stopped along the road thinking the driver might approached me regarding the accident but the driver did not.

The damaged to my vehicle are scratches to the front left fender, front left head lamp, left portion of front bumper, left front rim and left front portion of stepping board below the front left passenger door. I felt pain on my right shoulder and I will be seeking medical treatment.

I like to state that there is only one right turn lane at the junction that I am at.



SINGAPORE  
POLICE FORCE



T/20190728/2109

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20190728/2109

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Staff Sgt KELVIN TAN JOON MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/07/2019 18:41

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

SN 37

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE