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 witholding 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	30/10/2019 15:53
Date Of Accident	30/10/2019 08:00
Exact Location Of Accident	ALONG UPPER CHANGI ROAD NORTH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF8710U
Insured/Policyholder	
Name Of Registered Owner	HAN FU YUAN
NRIC No	S8006961H
Email Address	HFY1980@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96308607
Alternative Phone No	OFFICE-96308607
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 2.0 TFSI QU DESIGN
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/00610870
Cover Note Number	
Driver	
Name of Driver	HAN FU YUAN
NRIC No	S8006961H
Date Of Birth	06/03/1980
Occupation	INDOOR
Date Of Driving Pass	13/03/2000
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96308607
Fax Number	
Contact Number	OFFICE-96308607
EMail Address	HFY1980@HOTMAIL.COM

Address	110 TANAH MERAH BESAR ROAD #04-62 SINGAPORE 498844
Postcode	
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

Please see attached files

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	GBD7196C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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.
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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: 30/12/16 14:22:01	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

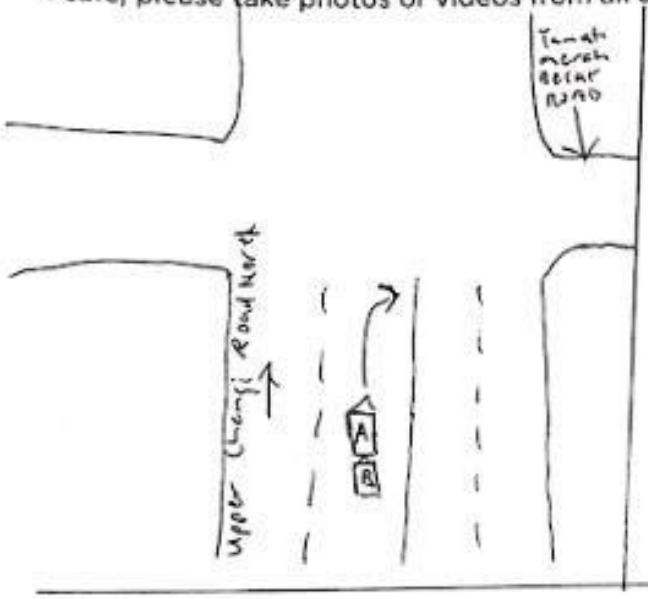
Accident Toolkit

Sketch plan

Sketch of accident scene:

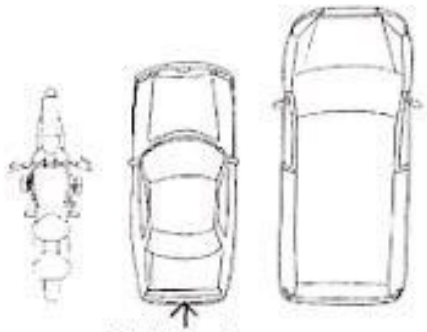
Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.

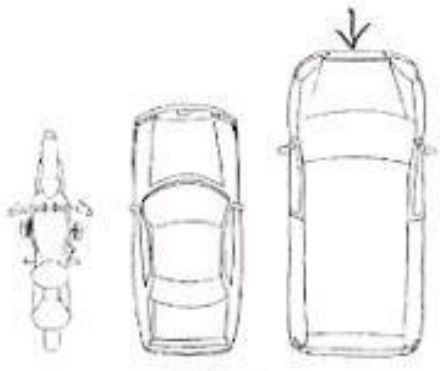


On 30/10/14 at around 0800hrs, I stopped my car at the traffic lights waiting to turn into Tanah merah Besar Road. Suddenly, I felt a bang from behind and realised that the van behind me had crashed into my car.

Please indicate on vehicle A (your vehicle) and, vehicle B(third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A
(SKF8710U)



Vehicle B
(GB07196C)

direct asia
●insurance

MAC
30/10/14
1422hrs

Call us direct
Customer Care
6665 5555
Claims Support 24/7 Hotline
6532 1818
+65 6603 3600 (from overseas)

REHAB & HOMECARE SERVICES

Parkway Hospitals Singapore Pte Ltd

☐ GEH ☐ MEH ☐ MNH ☑ PEH

Parkway East Hospital
24HR WALK-IN CLINIC AND ACCIDENT & EMERGENCY
321 Joo Chiat Place #01-03 Singapore 427990
Tel: 63408666 Fax: 63408660 Co Reg No: 19-050119-D

Name: HAN FU YUAN
NRIC / Passport: 6219476/3019046565 30.10.2019 11:15
Nationality: S8006961H 05/03/1980 39 YRS/M ☐ Female
Address: 110 TANAH MERAH BESAR ROAD #04-62
SINGAPORE 498844 Nat: Singaporean Race: CHINESE
Tel: (HP) Tel:6596309607
Allergy: Not Known
Diagnosis / Surger: DR TAN KEN LEON

IC/O → knee pain

Physiotherapy ☐ Therapist's Recommendation

☐ Doctor's Orders: Hx of C-spondylosis

Occupational Therapy

☐ Therapist's Recommendation	☐ Manual Lymphatic Drainage
☐ Hand Therapy	☐ Splint / Orthosis
☐ ADL Training	☐ Fluidotherapy
☐ Pressure Garment	☐ Paediatric Therapy
☐ CPM Upper Extremity	☐ Caregiver Training

Speech Therapy

☐ Therapist's Recommendation	☐ Voice	☐ Cognitive Rehab
☐ Swallowing / Dysphagia	☐ Speech / Language Therapy	
☐ Oromotor	☐ Stuttering	

Others

☐ Podiatry ☐ Prosthetics & Orthotics ☐ Respiratory Therapy ☐ Homecare Item _____

Home Therapy ☐ PT ☐ OT ☐ ST ☐ RT

☐ Self Pay ☑ Bill to Clinic ☐ Bill to Insurance (SIPL/PSPL/CIGNA/TRICARE/ISOS)

Referring Doctor: _____ Doctor's Signature: _____

Gleneagles SINGAPORE | Mount Elizabeth ORCHARD | Mount Elizabeth NOVENA | Parkway East Hospital

PRT-069-R2-04/16 N104793

ct 2019 at 3_07_53 PM.PNG Open with

UOB

PARKWAY HOSPITALS S PL
321 JOO CHIAT PL
BO LVL 1 ADMISSION CASHIER COUNTER
SINGAPORE 427990

DATE/TIME:30/10/19 12:53:41
MID:000001090001322
TID:58278302 INV:019301
BATCH:000818 TRACE:027936
S/W : 4311.00.01.2
APPR CODE:004559

CONTACTLESS SALE

VISA OFFUS
**** **** **** 1054
ENT:PAYWAVE
REF NUM:000021027936

BASE : S$ 343.59

TOTAL : S$ 343.59

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT.

**** CUSTOMER COPY ****
THANK YOU. HAVE A NICE DAY

Parkway East Hospital

HAN FU YUAN

HAN FU YUAN
BLK/HSE 110
TANAH MERAH BESAR ROAD
SINGAPORE 498844

Accident and Emergency
TAX INVOICE
Duplicate
Page 1 of 2

GST Reg No	20-0409811-Z
Business Reg No	53029034x
Print Date/Time	30.10.2019/12:54:58
Bill Date	30.10.2019
Customer No	6219476
Case No	3019046565
Bill Document No	8206226055
Visit Type	A&E WALK-IN
Visit Date	30.10.2019
Attending Doctor	DR TAN KEN LEON

Date	Code	Service Description	Qty	Amount (S$)
30.10.2019	3501012178	XR-CERVICAL SPINE 3 VIEWS	1	99.60
30.10.2019	7108000001	CONSULTATION - OFFICE HOUR	1	93.46
30.10.2019	ARCO2	ARCOXIA 120MG TABLETS	5	29.95
30.10.2019	BENG7	BENGAY ULTRA STRENGTH 4OZ (113G) CR	1	41.05
30.10.2019	NORG1	NORGESIC 35/450MG TABLETS	30	37.80
30.10.2019	OMEP3	OMEPRAZOLE 20MG CAPSULES	5	19.25

Subtotal	321.11
Hospital Charges	321.11
GST @ 7%	22.48
Hospital Charges Subtotal	343.59
Total Bill	343.59
Total Hospital Charges	343.59

Note: (^)-non discountable items (*)-A&E charges

Customer No./Name: 6219476 HAN FU YUAN
Case Number: 3019046565 Balance Due(S$): 0.00
Cheque Amount:_____ Cheque Number:_____ Bank:_____
Cheque should be crossed and made payable to "Parkway Hospitals Singapore Pte Ltd".
Please detach and return this section with your payment.

Parkway East Hospital · 319 Joo Chiat Place · Singapore 427990 · Tel: 6344 7555 · Fax: 6345 4966
Owned by Parkway Hospitals Singapore Pte Ltd · Company Reg. No. 200409811Z

A0403213184

Parkway East Hospital

OFFICIAL RECEIPT

A registered business of
Parkway Hospitals Singapore Pte Ltd
321 Joo Chiat Place, Singapore 427990
Tel : 6344 7860
GST No. 201406811-Z
Business Reg. No. 63090344X

Date/Time : 30.10.2019 12:52:27
Cashier : Nurul Dhebitah Binte Abdol
Cashier ID : 9018
Machine No : 106
Receipt No : 34546

Patient : HAN FU YUAN
Case No : 3019046565 A1
Cust No : 0006219476 343.59
Patient Bill 343.59

DUE 343.59
RECEIVED

VISA/MASTER SGD 343.59
Approval Code : 004559
Card Number : xxxxxxxxxxxx1054

(GST Inclusive)
Thank You

For cheque payment, validity of
receipt is subject to cheque clearance

ct 2019 at 3_07_53 PM.PNG Open with

Parkway East Hospital

Parkway East Hospital

24HR WALK-IN CLINIC AND ACCIDENT & EMERGENCY
321 Joo Chiat Place #01-00 Singapore 427990
Tel: 63408666 Fax: 63408660 Co Reg No: 19-9509118-D

MEDICAL CERTIFICATE

This is to certify that: MC No: PEH3019046565001
Name: **HAN FU YUAN**
NRIC: S8006961H

Medical leave for 3 day/s from 30.10.2019 to 01.11.2019 inclusive

Date: 30.10.2019

DR TAN KEN LEON

THIS CERTIFICATE IS NOT VALID FOR ABSENCE FROM COURT OR OTHER JUDICIAL PROCEEDINGS UNLESS SPECIFICALLY STATED OTHERWISE

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8006961H

Name

HAN FU YUAN

韓 福 元

Race

CHINESE

Date of birth

06-03-1980

Sex

M

Country of birth

SINGAPORE

S8006961H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8006961H

Name

HAN FU YUAN

Birth Date: 06 Mar 1980

Issue Date: 25 Mar 2004

001176280J

4897549

NRIC No. S8006961H

Date of issue

12-06-2010

Address

110 TANAH MERAH BESAR ROAD
#04-62
SINGAPORE 498844

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

		PASS DATE
Class 3	**Motor Cars and Motor** Tractors the weight of which unladen does not exceed 2500 kilograms	13 Mar 2000

NP 428A

Licence No: S8006961H

AUTHORISATION, ASSIGNMENT AND INDEMNITY

To: VAE Singapore Pte Ltd
48 Toh Guan Road East #05-155
Enterprise Hub
Singapore 608586

ACCIDENT INVOLVING MY/OUR VEHICLE NO. SKF8710U AND GBD7196 ON 30/10/2019
AT/ALONG UPP CHANGI ROAD NORTH

1. I/We, _____, the owner of motor vehicle no. _____("my vehicle") hereby appoint you and authorize you to commence repairs to my vehicle. Except for cases where direct settlement is made with the opposite party's insurers, you will only commence repairs only upon receipt of notification from my/our appointed solicitors that I/we have appointed to act for me/us in the claim in respect of the above caption.

2. Pending notification by my/our solicitors to you. I/we authorize you to appoint a surveyor to survey the damages to my vehicle and to do all necessary work ("the preliminaries") with a view to expediting the repairs to my vehicle. In the event that I/We decide not to proceed with the repairs to my vehicle after the preliminaries were done and/or arranged by you. I/We agree to pay for all the expenses incurred for the preliminaries.

3. You shall not be liable for any delay in the repairs to my vehicle for delays occasioned by the delay in notification by my/our appointed solicitors that I/We have appointed them to act for me/us in the claim in respect of the above caption.

4. I/We also authorize you to liaise with and give all necessary instructions to my/our solicitors as if the instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including, if necessary to commence legal proceedings in my/our name against the third party. Further, I/We have authorized my/our solicitors to direct all correspondence including documents in support of my/our claim and court documents to you as my/our nominated representative to facilitate the settlement of my/our claim.

5. In consideration of you agreeing not to collect from me/us the repair costs, rental fees for another vehicle (if applicable) and surveyor's fees now. I/We agree to assign the whole proceeds of my/our third party claim to you. In this regard, I/We shall authorize my/our solicitors to receive the settlement sum from the third party's insurers and for our solicitors to release all the balance of the settlement funds less the legal costs and disbursements, directly to you whom I/We have so authorized and I/We hereby absolve you and the third party's insurers of any and all liability during your/their course of following any/or all of my/our instructions. My/Our solicitors shall accept this as my/our irrevocable authority to pay the compensation amount in my/our third party claim directly to you after deducting of their costs on a solicitor and client basis. In the event that the third party insurers should make payment to the settlement sum directly to me/us, we will notify you and/or our solicitors of same and make payment to my/our solicitors the settlement sum so received by me/us for my solicitors' necessary action.

6. In the event that my/our claim or suit for damages against the third party is unsuccessful or is dismissed for whatever reasons, I/We understand that I/we shall be liable to pay the legal costs of the third party and the sum of monies due to you including the survey fees and any other costs and disbursements and incidentals incurred by you.

7. If my/our claim against the third party and/or his insurers is unsuccessful or cannot be proceeded with and/or if any judgment or settlement is not honored or satisfied by the third party, I/we authorize you to make a claim under my own motor comprehensive policy for the repair costs and other losses recoverable under the policy. In this respect, I/we understand and accept that the excess amount under the policy shall be borne by me/us.

8. If for whatever reason, my/our insurers reject my/our claim for indemnity for the repair costs and/or other losses recoverable under the policy or offer to pay less than the amount claimed by you, I/we agree and undertake to pay the full amount of your repair bill, survey fee and other expenses reasonably incurred on my/our behalf or to pay you the difference in amount as the case may be.

9. I/We further understand that I/we may receive communications from the third party's insurers including but not limited to statements to be signed by me/us confirming that all items being claimed were caused by the accident or letter of offer/proposal of settlement enclosing discharge voucher. I/We undertake that we will not communicate with the third party's insurers or sign any documents whatsoever or do any act which will jeopardise my/our claim; but rather I/we will direct all communications and forward all documents received by me/us to you or to our solicitors.

Dated this 30 day of OCT 2019

Signature / Company Stamp

NRIC S8006364H

direct asia insurance

Contact us at
Hotline: (65) 6322 2888
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/0065/0870
Type of Coverage / Driver Plan	:	Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	:	SKP871DU
Chassis No.	:	
2) Name of Policy Holder	:	Han, Fu Yuan
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	19/03/2019 00:00
4) Date/Time of Expiry of Insurance	:	18/03/2020 23:59

5) Persons or Classes of Persons Entitled to Drive

(a) Any named person under the policy who is driving on the Policyholder's permission.

(b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, 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. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.

"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
Own Damage Excess	:	S$ 0.00 (before any applicable GST)
Windscreen Excess	:	S$ 100.00 (before any applicable GST)
Choice of workshop	:	My Workshop/ My Authorised Distributor Workshop
Finance company / Hire Purchase	:	DBS
Main driver	:	Han, Fu Yuan
Named driver	:	None

Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.

I/We hereby certify that the Policy to which this Certificate relates 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).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on: 12/03/2019

Edip Okur (Chief Underwriting Officer)

Accident Photo

Accident Photo

Accident Photo

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