

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 20/05/2020 09:06
Date Of Accident 19/05/2020 13:20
Exact Location Of Accident ALONG SIMS WAY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS4360D
Insured/Policyholder
Name Of Registered Owner LEE KOK LEONG
NRIC No S7510878H
Email Address RAYMONDLEEKOKLEONG@YAHOO.COM.SG
Mobile Phone No (LOCAL) +65-91280120
Alternative Phone No OFFICE-91280120

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model C180-1.6 KOMPRESSOR (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
Cover Note Number

Driver

Name of Driver LEE KOK LEONG
NRIC No S7510878H
Date Of Birth 19/04/1975
Occupation OUTDOOR
Date Of Driving Pass 14/10/2003
Driving Experience 16 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91280120
Fax Number
Contact Number OFFICE-91280120
Email Address RAYMONDLEEKOKLEONG@YAHOO.COM.SG

Address	120 BISHAN ST 12 #03-71
Postcode	570120
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?	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	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please see attached

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	SMA8411K
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)

Sketch Plan

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:



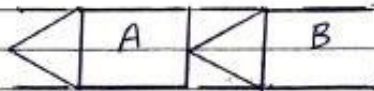
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

GEYLANG ROAD	A - SKS4360D B - SMA8411K
-----------------	------------------------------



SIMS WAY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT G/20200519/7036

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



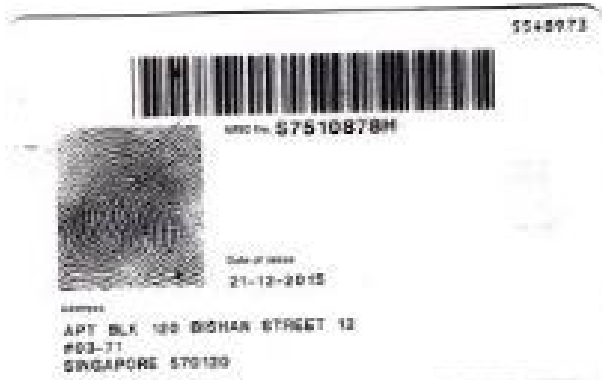
Identification Card



19/5/20

FOR ACCIDENT REPORTING AND CLAIMS

[Handwritten signature]



Insurance certificate



Contact us at
 Hotline: (65) 6532 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.	+ NT/00756400
Type of Coverage / Driver Plan	+ Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	+ SKS4360D
Chassis No.	+ WDD2040452A498797
2) Name of Policy Holder	+ LEE, KOK LEONG
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	+ 20/01/2020 00:00
4) Date/Time of Expiry of Insurance	+ 19/01/2021 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\$ 900.00 (before any applicable GST)
Windscreen Excess	+ S\$ 100.00 (before any applicable GST)
Choice of workshop	+ DirectAsia approved workshops
Finance company / Hire Purchase	+
Main driver	+ LEE, KOK LEONG
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).

Issued on: 15/01/2020

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur (Chief Underwriting Officer)

Direct Asia Insurance (Singapore) Pte Ltd
 20 Anson Road #08-01 Twenty Anson Singapore 079912
 www.DirectAsia.com

Police Report



**SINGAPORE
POLICE FORCE**



G/20200519/7036

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200519/7036

Subjects Involved			
Victim			
Person Name	LEE KOK LEONG		
ID Type	NRIC NO	ID No	S7510878H
Gender	Male	Age	45
Race	Chinese	Language	English
Occupation	Director Operations		Address Type
Address	APT BLK 120 BISHAN STREET 12 #03-71 SINGAPORE 570120		Mobile No
Is Informant A Victim?	Yes		
Person Name			
LEE KOK LEONG (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/05/2020 16:44
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



G/20200519/7036

1 of 2

POLICE REPORT (NP299)

Report No. G/20200519/7036

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 19/05/2020 16:44	Vide Report No.		Station Diary No.	
Name Of Informant LEE KOK LEONG	Address APT BLK 120 BISHAN STREET 12 #03-71 SINGAPORE 570120			
ID Type / ID No. NRIC NO / S7510878H	Contact No. Home/Office:		Mobile: 91280120	
Nationality SINGAPORE CITIZEN	Email Address raymondleekokleong@yahoo.com.sg			
Occupation	Sex Male	Age 45	Date of Birth 19/04/1975	Race Chinese
Director Operations	Language English			
Institution/School Name				
Date/Time Of Incident 19/05/2020 13:20 - 19/05/2020 13:35	Location Of Incident SIMS WAY			

Brief details.

Accident happened on the 19th May 2020 at around 1320H. I was alone in my vehicle SKS4360D at the traffic junction of Sims Way towards KPE adjacent to Geylang Road, waiting for the traffic light to turn green. Just when the traffic light turned green, before I can move off, my vehicle was rear ended by another vehicle SMA8411K. We took pictures, exchange contacts and when on our ways. After I left the accident place, I felt pain and proceeded to seek medical help and was awarded 3 days MC. There is visual damage to my vehicle and I can hear squealing/squeaky sound when I am moving off and stopping my vehicle after the accident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/05/2020 16:44
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp