

# 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 Submission .....	29/03/2021 12:05 (SGT)
Date of Accident .....	26/03/2021 16:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	LORNIE RD FLYOVER TWDS CTE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLS1326L
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ZULKIFLEE BIN ARIS
NRIC No .....	S7707357D
Email Address .....	epzul77@gmail.com
Mobile Phone No .....	(Phone) +65-97242097
Alternative Phone No .....	+65-97242097

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Lancer
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1499

### 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 .....	ZULKIFLEE BIN ARIS
NRIC No .....	S7707357D

Date Of Birth .....	04/03/1977
Occupation .....	Indoor
Date Of Driving Pass .....	24/11/2017
Driving experience .....	3 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97242097
Alt. Phone Number .....	+65-97242097
Email Address .....	epzul77@gmail.com
Address .....	181A BOON LAY DRIVE #07-602 SPORE 641181
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN/POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBH5391Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle

Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLS835R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SKZ9471Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1


Name of injured person .....	ZULKIFLEE BIN ARIS
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLS1326L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

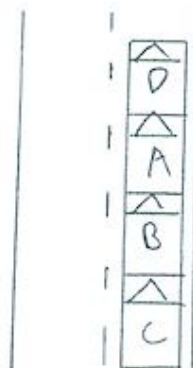
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLS 1326L  
B: GBH 5391Y  
C: SLS 835R  
D: SK2 9471Y

**Describe Circumstances of the Accident**


I was travelling along Lorrie Road flyover towards CTE on the right lane. As the vehicle in front of me stop, I follow to stop as well with a safe distance. All of a sudden, I felt an huge impact from my vehicle rear position and the impact caused my car to thrust forward and collided onto the front car.

Total 4 vehicles involved.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

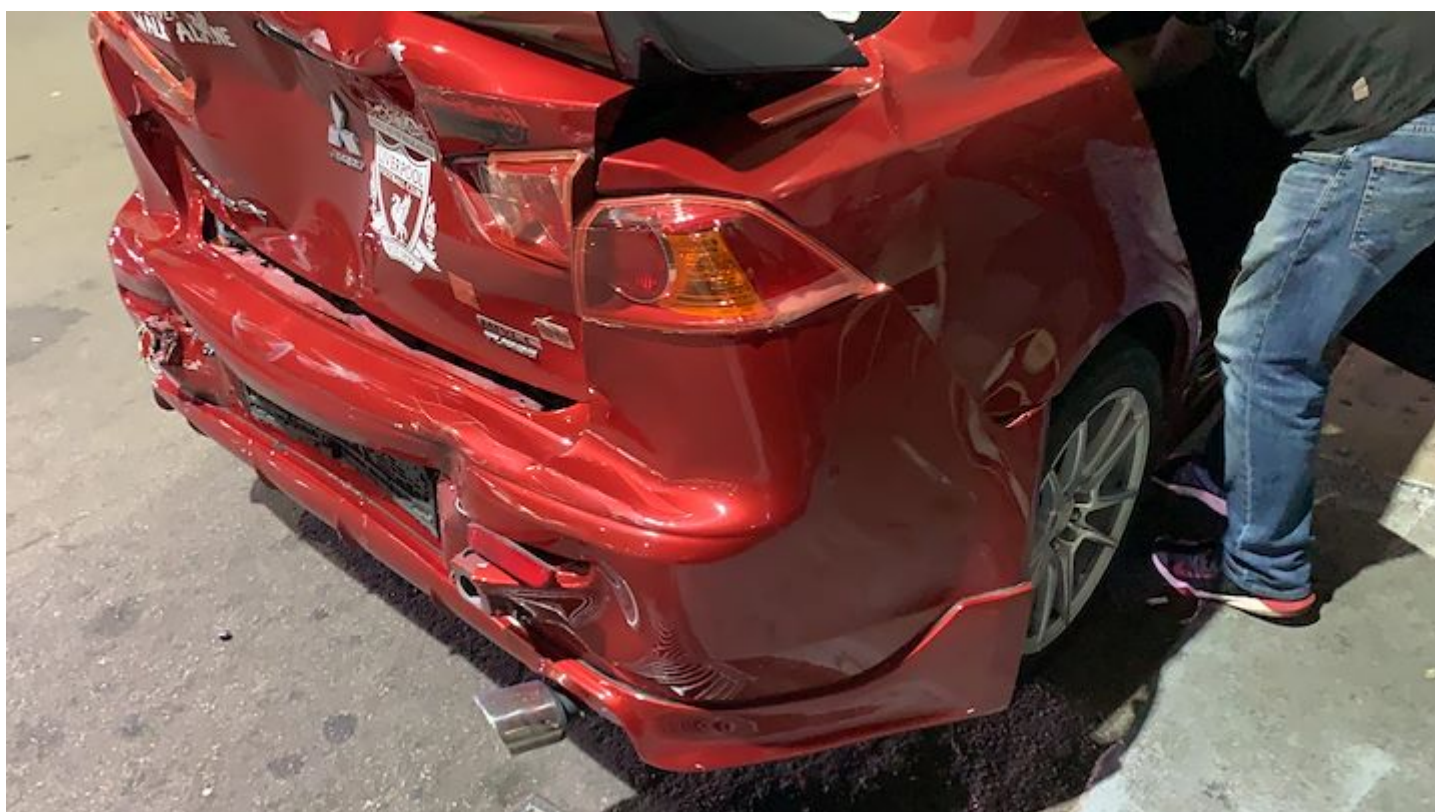
  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel









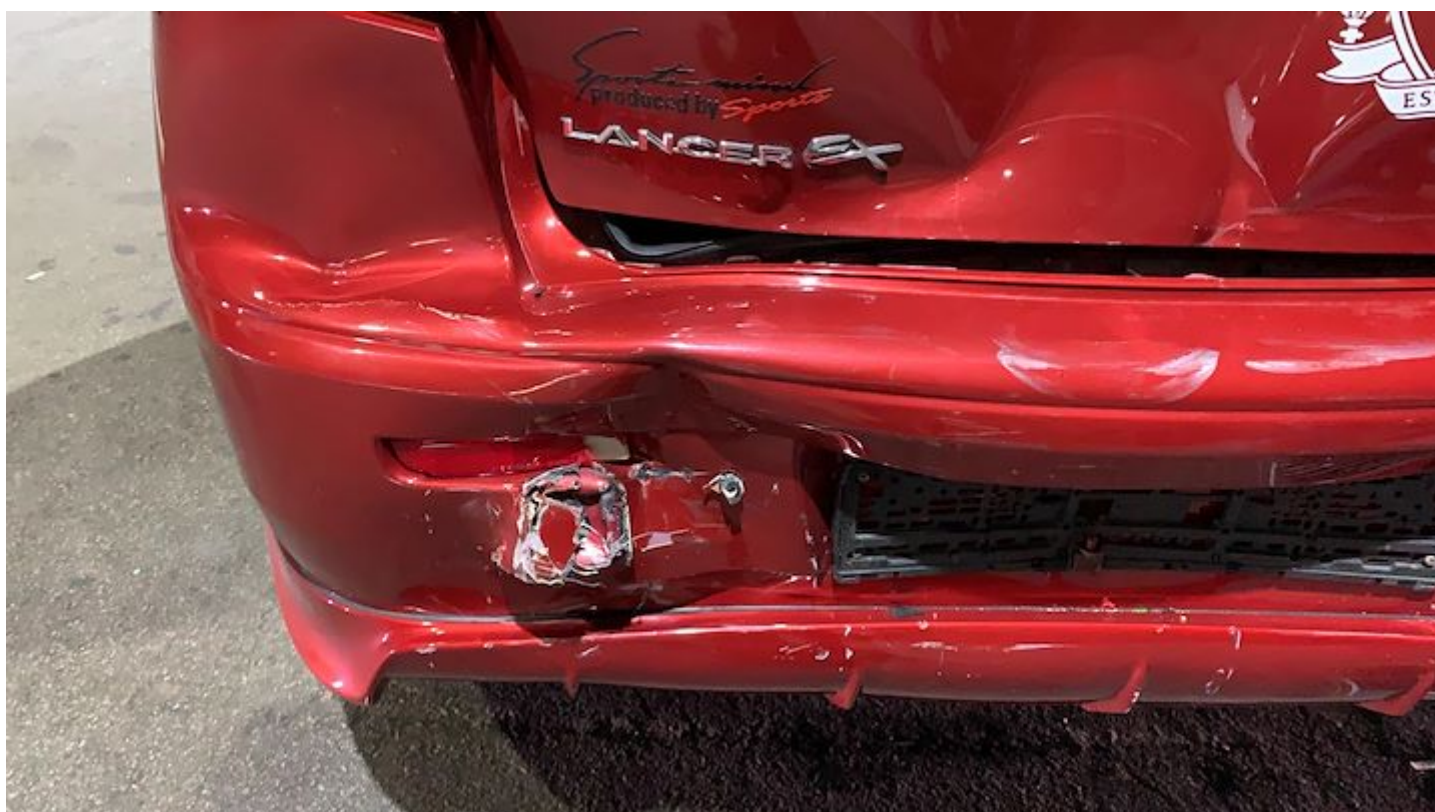

















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Jurong West N.P.C.  
700 Corporation Road SINGAPORE 649818  
Tel No. 1800 2689009



TQ02103212501

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Report No. TQ02103212501

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 27/03/2021 00:42	Video Report No.	Station Diary No. 1
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**Informant's Particulars**

Name of Informant ZULKIFLEE BIN ARIS			Address APT. BLK 181A BOON LAY DRIVE #07-502 SINGAPORE 641181		
ID Type / ID No NRIC NO / S7707357D			Contact No Home/Office Mobile 97242097		
Nationality SINGAPORE CITIZEN			Email		
Sex Male	Age 44	Date of Birth 04/03/1977	Type of Informant Driver		
Race Malay			Language Institution / School Name		
Occupation SECURITY OFFICER			Driving Licence Information Class 3,3A Date of Expiry		

**General Information of the Accident**

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 26/03/2021 16:40	Type of Location Straight Road
Location LORNIE ROAD				
Weather Sunny		Road Surface Dry		Road Speed Limit
Traffic Flow One Way		Traffic Control Not Controlled		Traffic Volume Moderate
Type of Collision Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH5391Y	Lorry	TOYOTA	DYNA 150 5MT	Silver	Slightly Damaged	1
SKZ9471Y	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Silver	Slightly Damaged	0
SLS1326L	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Red	Seriously Damaged	0


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



1/20/21032710/01

Report No: 1/20/21032710/01

## CONTINUATION OF REPORT

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS835R	Car	HONDA	HRV 1.5 DX CVT	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS1326L	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD	MT/00553321/02	20/01/2021	19/01/2022

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

Name	Ng Chun Kiat	ID No.	S8329062E
Related Vehicle	GBH5391Y (Lorry)	Contact No.	98198214
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL

Date Treatment: NIL

No. of Days granted Medical Leave: NIL

Date Discharge: NIL

**Driver**

Name	Morgan Chua Hug Teck	ID No.	S9244383C
Related Vehicle	SKZ9471Y (Car)	Contact No.	90126132
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL

Date Treatment: NIL

No. of Days granted Medical Leave: NIL

Date Discharge: NIL

Degree of Injury: NIL



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12001



# SINGAPORE POLICE FORCE

Police Station Of Origin  
Jurong West N P C  
700 Corporation Road SINGAPORE 649818  
Tel No 1800-2689999



T/20210327/2007

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Report No T/20210327/2007

## CONTINUATION OF REPORT

<b>Driver</b>		<b>ID No</b>	
Name	ZULKIFLEE BIN ARIS	S7707357D	
Related Vehicle	SLS1326L (Car)	Contact No	97242097
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class 3 3A Date of Expiry NIL
Date Treatment	26/03/2021	Date Discharge	26/03/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>		<b>ID No</b>	
Name	Be Tjai Huat	S6982578H	
Related Vehicle	SLS835R (Car)	Contact No	91815227
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class NIL Date of Expiry NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 26 March 2021 at about 1640hrs, I was driving my car bearing SLS1326L along Lornie Road toward Braddell Road (CTE) lane 1. When I was about to drive up toward to Braddell road, I see that the car bearing SKZ9471Y, in front of me started to slow down. Thus, I also managed to brake and stopped in time. However, the lorry bearing GBH5391Y, behind my car collided onto my rear car. The impact was hard. Within second, the lorry collided on my rear again. My car then collided on the car in front of me.

We alighted the car and made a check. I then exchange particulars with the drivers. No ambulance or Traffic police were at scene. Subsequently, I left the scene to my car workshop. Then, I went to see doctor and was given 05 days MC. I sustain pain on my neck, front right chest and lower back.

I wish to state that I have in Car camera and the incident was recorded. From the footage I see that the lorry did not stop and hit on my rear car. And the car bearing SLS835R, behind the lorry also collide on the rear of the lorry. Therefore, I got the second impact from the lorry.

I am making this report for the traffic police to investigate and for my car insurance purpose.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Jurong West N P C  
700 Corporation Road SINGAPORE 649610  
Tel No. 1800-2680000



1/20210327/2001

A of A

Report No. 1/20210327/2001

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

J /

Sgt 3 LOH JIAN HONG, DAN

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time

27/03/2021 00:42

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No. 65476436

Classification Of Case

Authentication Stamp

NP168

Signature

Singapore Police Force



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.

<b>Certificate No.</b>	: MT/00553321/02
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SLS1326L
<b>Chassis No.</b>	: JMYSRCY2A8U004239
<b>2) Name of Policy Holder</b>	: ZULKIFLEE ARIS
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 21/01/2021 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 20/01/2022 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	<p>(a) Any named person under the policy who is driving on the Policyholder's permission.</p> <p>(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</p> <p>The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.</p>
<b>6) Limitations as to use*</b>	<p>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.</p> <p>*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.</p>
<b>Sum Insured</b>	: Market Value
<b>Own Damage Excess</b>	: S\$ 800.00 (before any applicable GST)
<b>Windscreen Excess</b>	: S\$ 100.00 (before any applicable GST)
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	:
<b>Main driver</b>	: ZULKIFLEE ARIS
<b>Named driver</b>	: None
<b>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.</b>	

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: 24/12/2020

Direct Asia Insurance (Singapore) Pte. Ltd.

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