

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 Actual 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	29/07/2022 18:03 (SGT)
Reported by	Both
Date of Accident	28/07/2022 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALEXANDRA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3151S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JERALD FOO ZHI LI
NRIC No	SXXXX884I
Email Address	JERALD_FOO@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98278692
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01038985

DRIVER

Name of Driver	JERALD FOO ZHI LI
NRIC No	SXXXX884I
Date Of Birth	18/06/1991
Occupation	Indoor

Date Of Driving Pass	20/09/2011
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98278692
Alt. Phone Number	-
Email Address	JERALD_FOO@HOTMAIL.COM
Address	19 KEPPEL BAY #01-38
Address complement	-
Postcode	098021
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC7652R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	LIM SOON HOCK
Contact Number	(Phone) +65-97800594
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	SHARON
Gender	Female

SKETCH PLAN

VEHICLE NO:
DATE OF ACCIDENT:

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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:

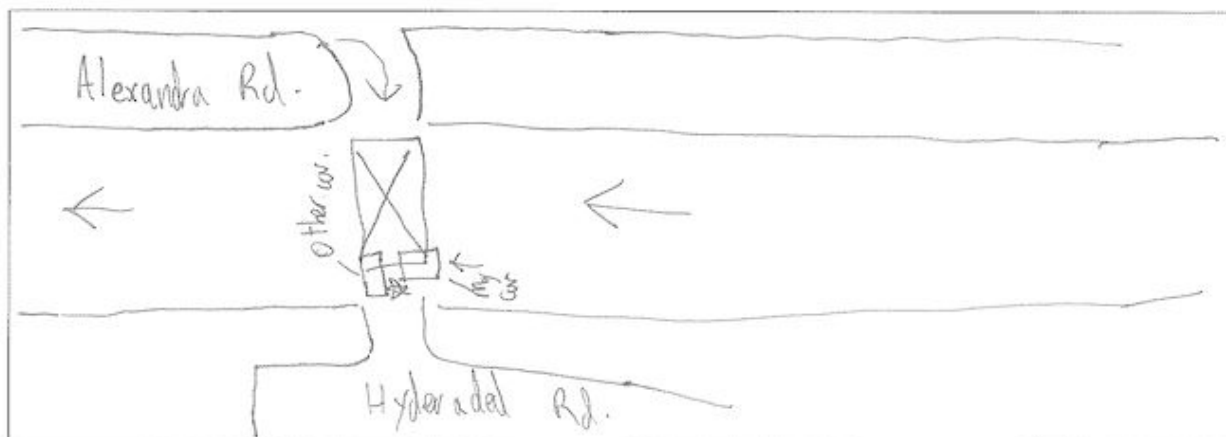
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

 28 07 22 10 50 hrs	 CHARN'S CUSTOMCRAFT
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time
Witnessed by Reporting Centre Personnel	

Sketch Plan

Describe Circumstances of the Accident

DATE OF ACCIDENT:

I Was traveling towards the AYE along Alexander Rd, At the ~~entrance~~ entrance to Hyderabad Rd, a vehicle which was turning in did not stop and I drove into his side. There were no vehicles in my lane and accident happened on a yellow box.

Declaration NOTE: DO NOT THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

CHARNIS CUSTOMCRAFT

Witnessed by Reporting Centre
Personnel







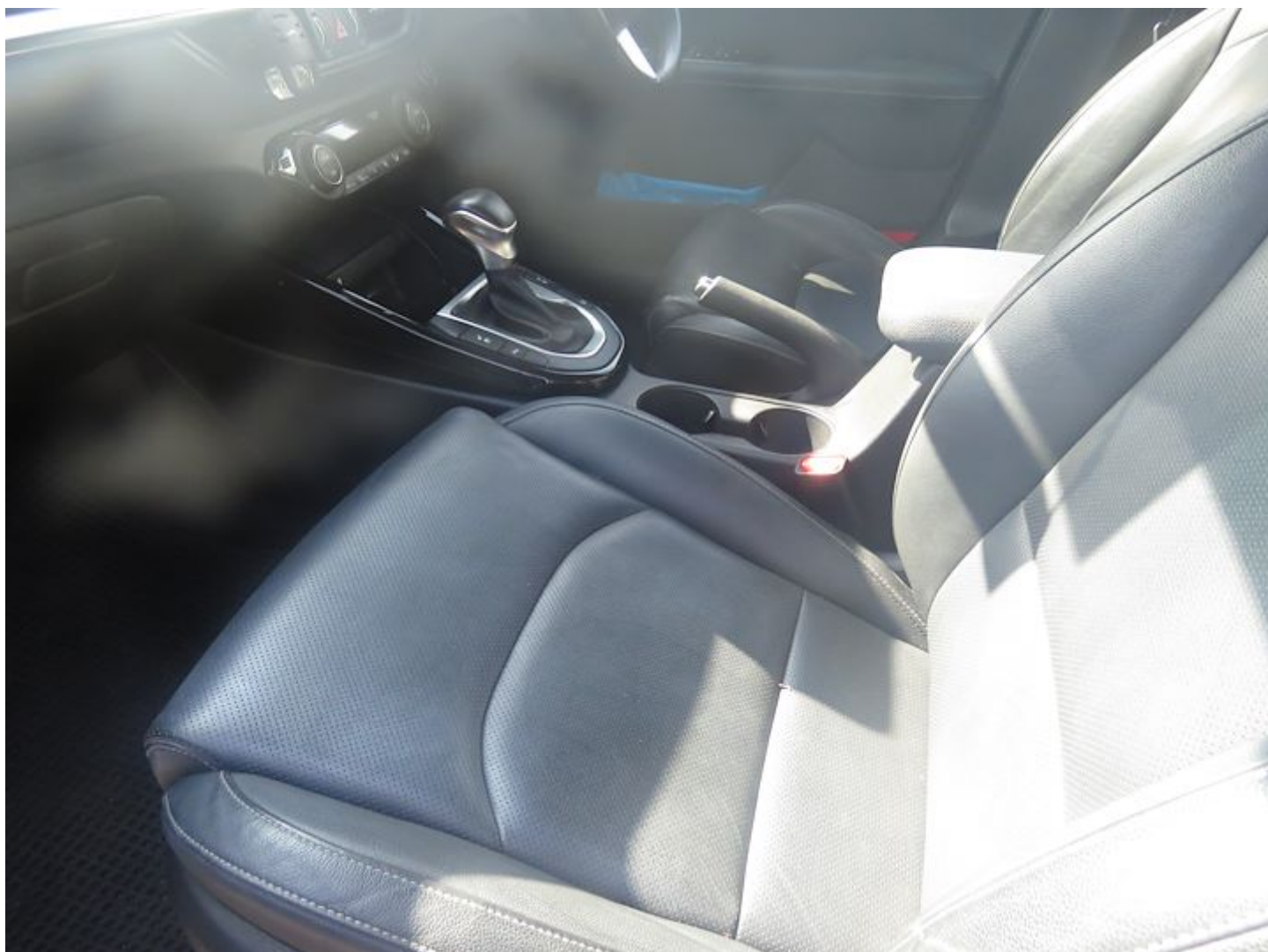




















**SINGAPORE
POLICE FORCE**



T/20220728/2080

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20220728/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2022 15:37	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: FOO ZHI LI, JERALD		Address: 19 KEPPEL BAY DRIVE #01-38 SINGAPORE 098021	
ID Type / ID No.: NRIC NO / S9120884I		Contact No.: Home/Office: Mobile: 98278692	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 18/06/1991	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SAF OFFICER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident


Type of Accident: Non-Injury	Drink Drive: No.	Date/Time of Accident: 28/07/2022 08:50	Type of Location: Yellow Box
Location: ALEXANDRA ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMF3151S	Car	KIA	CERATO 1.6(A) SX	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMF3151S	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01038985	08/05/2022	07/05/2023

 **SINGAPORE
POLICE FORCE**

Barcode: T/20220728/2060

Police Station Of Origin: Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3
Report No. T/20220728/2060

CONTINUATION OF REPORT

Brief Details.
On 28/7/2022 at around 0850hrs, I was driving along Alexandra Rd toward AYE. As I was passing by the entrance of Hyderabad Rd at the left-most lane, a car from the opposite side of the road wanted to turn right into Hyderabad Rd. There was a yellow box at that junction. As I was passing through, I collided head-on with the side of the car that was turning right. The collision happened in the yellow-box. My lane was also clear hence I did not have to stop behind the yellow-box. I would like to state that I was not speeding and that I could not react in time as I only saw the car appear when I was too close to him. There was also traffic at the other lanes and vehicles had to be queued up. The car I collided with bears the number plate SNC7652R.

I suffered minor injuries on my wrists and my car sustained damages at the front of my car. I am lodging this report for insurance claim purposes.



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1E227S0003 Vehicle Registration No: SMF 3415
 Name (as shown in NRIC): JERALD FOO ZHI LI NRIC/FIN/Passport No: S91 208841
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 19 KEPPEL BAY #01-38 Singapore (098021)
 Contact (Tel): _____ Mobile No.: +65 98278692
 Email Address: JERALD_FOO@HOTMAIL.COM
 Date of Accident: 28/07/2022 Time of Accident: 14:00
 Place of Accident: ALEXANDRA ROAD
 Insurance Company: Direct Asia Insurance (Singapore) Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

REVERT TO THIRD PARTY CLAIM

Policyholder / Driver's Signature
Date:

CHARN'S CUSTOMCRAFT

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