

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 22/11/2022 11:37 (SGT)
Reported by Both
Date of Accident 22/11/2022 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE TOWARDS CHANGI NEAR LAMP POST 29
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML1305Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOH CHEE KEONG
NRIC No SXXXX614C
Email Address SSCK123@YAHOO.COM
Mobile Phone No (Phone) +65-94592907
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Eclipse cross
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 1492

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number MT/01029993

DRIVER

Name of Driver SOH CHEE KEONG
NRIC No SXXXX614C
Date Of Birth 03/11/1976
Occupation Indoor

Date Of Driving Pass	21/05/2003
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94592907
Alt. Phone Number	-
Email Address	SSCK123@YAHOO.COM
Address	BLK 404B FERNVALE LANE #20-133
Address complement	-
Postcode	792404
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	soh ya ting phylicia
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	SLC5744X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FAN HONG JUN
NRIC No	SXXXX554A
Contact Number	(Phone) +65-90148715
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	SOH YA TING PHYLICIA
Gender	Female
Phone No	(Phone) +65-93880891
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN IN THE NECK, LOWER BACK AND HEAD
Injured person in which vehicle?	SML1305Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SOH CHEE KEONG
Gender	Male
Phone No	(Phone) +65-94592907
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN IN THE NECK, LOWER BACK AND HEAD
Injured person in which vehicle?	SML1305Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

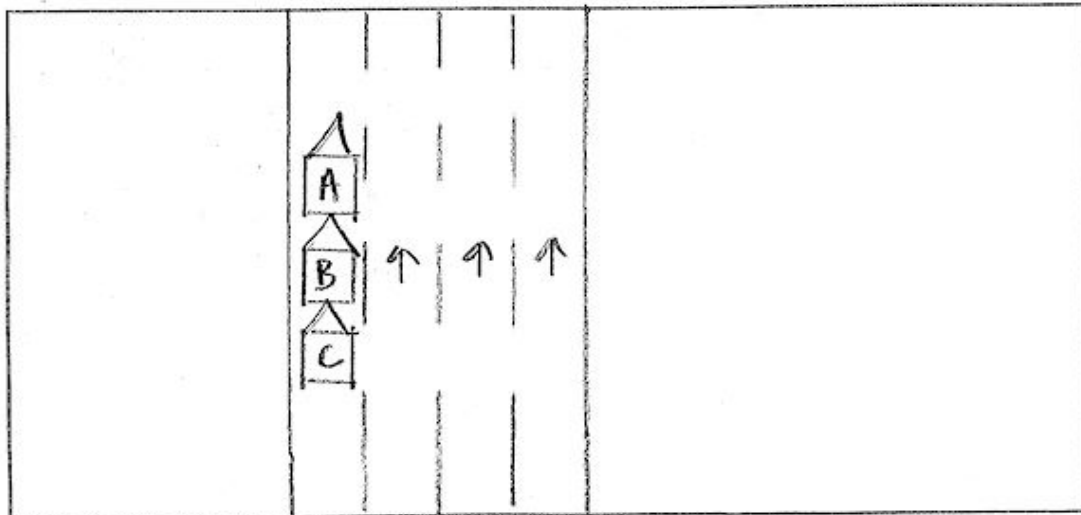
SKETCH PLAN

Direct Arq
Vehicle: SML130-5F
22/11/2022

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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 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' 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.

Sketch Plan



Mga
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

LIAMOTOR COMPANY

Date of accident: 22/11/2022 Time: 0830am Location: TRF towards Changi near Lamp post 29.
 My Vehicle A: SM L1305X Vehicle B: SLC 5744X Vehicle C: GBCN7932

SKETCH PLAN

Describe Circumstances of the Accident.

On 22/11/2022 @ 0830am, I was driving my vehicle SM L1305X along TRF towards Changi. I was travelling along the 4th lane as the vehicle in front of me, slow down and stop, I also stop my vehicle. However, while my vehicle was stationary, I felt a bang and I discovered that the rear vehicle SLC 5744X had hit my vehicle's rear. Upon checking there was another lorry GBCN7932 which I had collided into SLC 5744X. There were no injury.

[Signature]

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

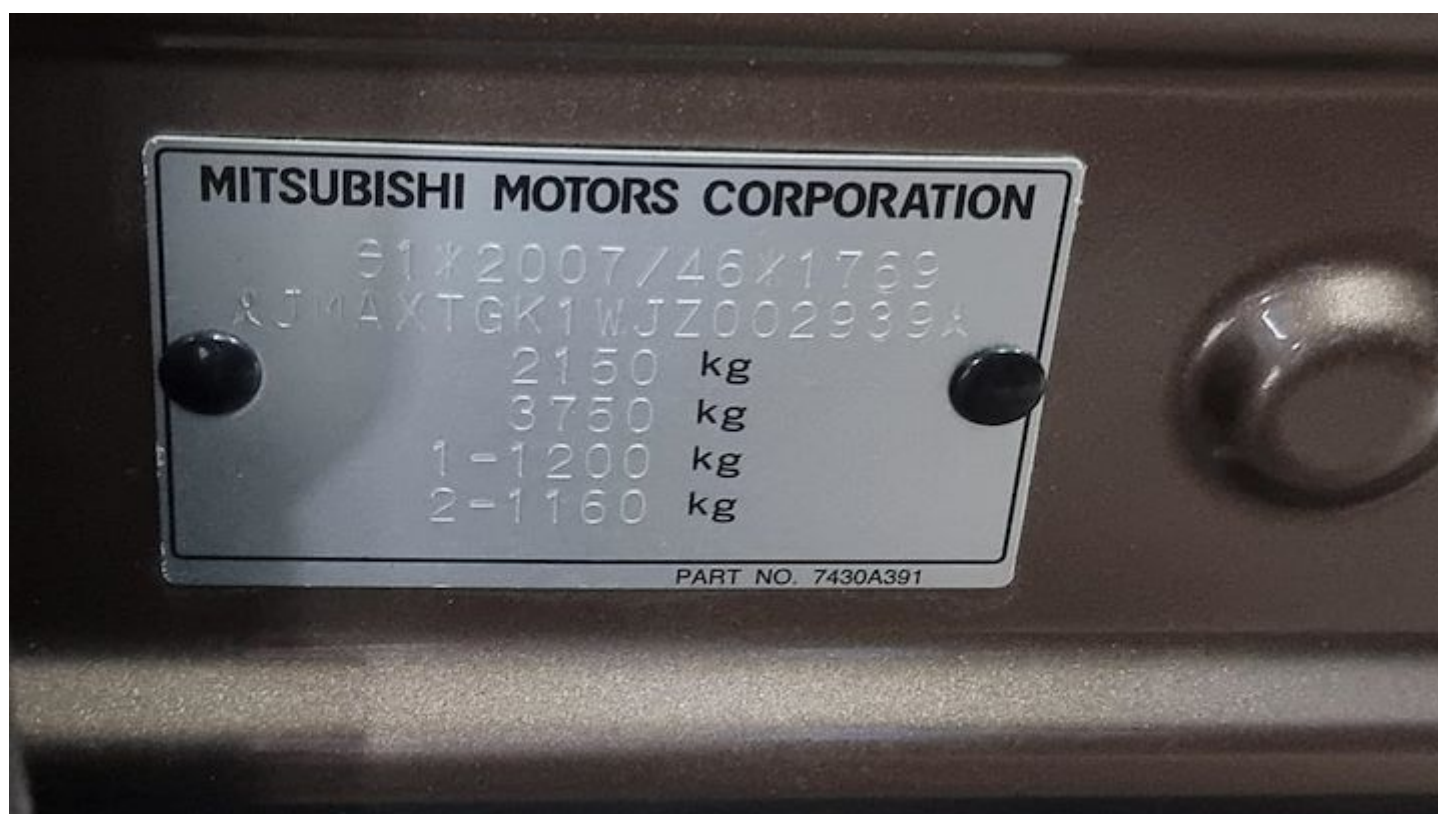
[Signature]
 Policyholder's Signature / Date & Time

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

[Signature]
 Witnessed by Reporting Centre Personnel

ALLIUM MOTOR COURAGE















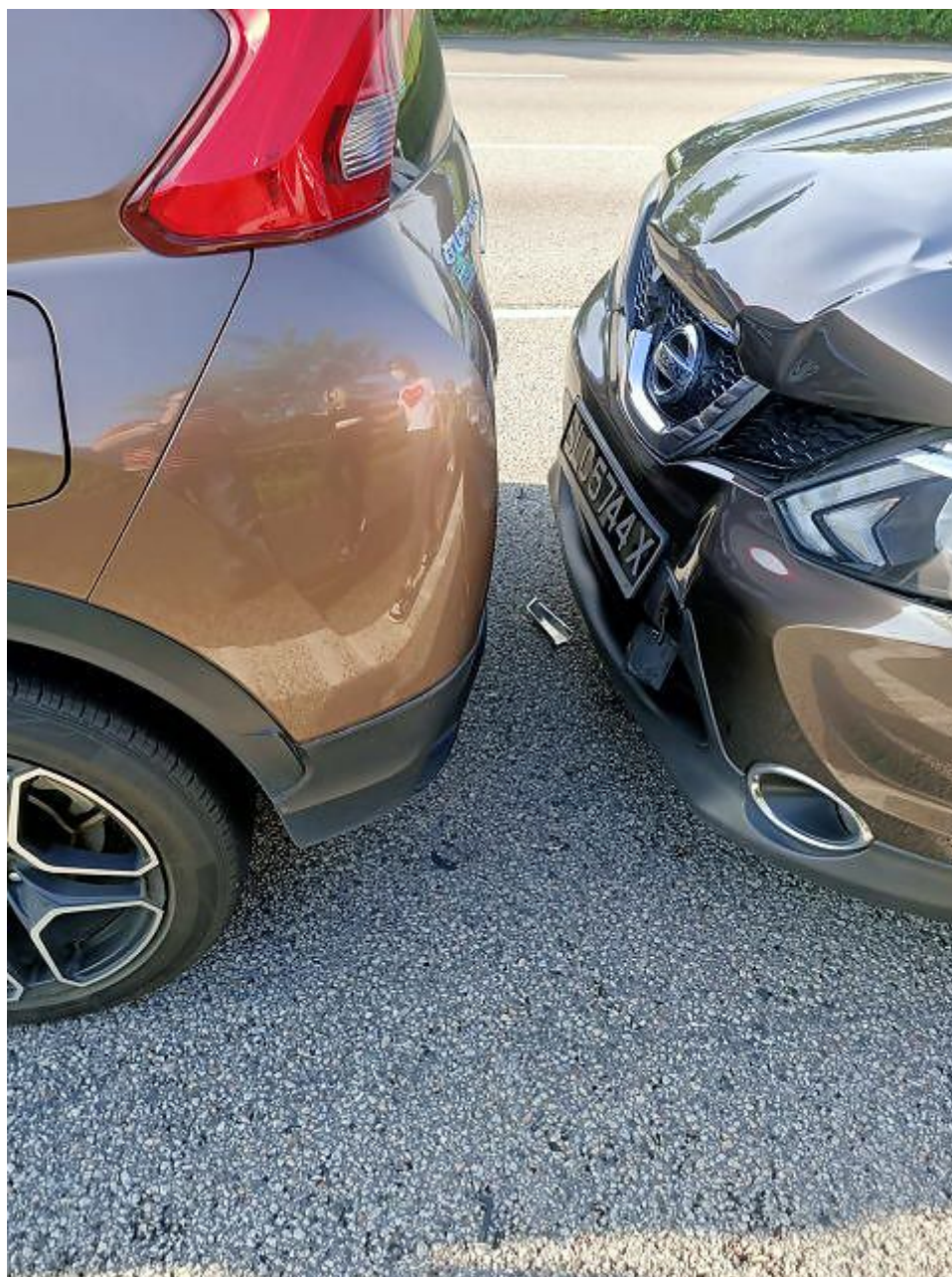








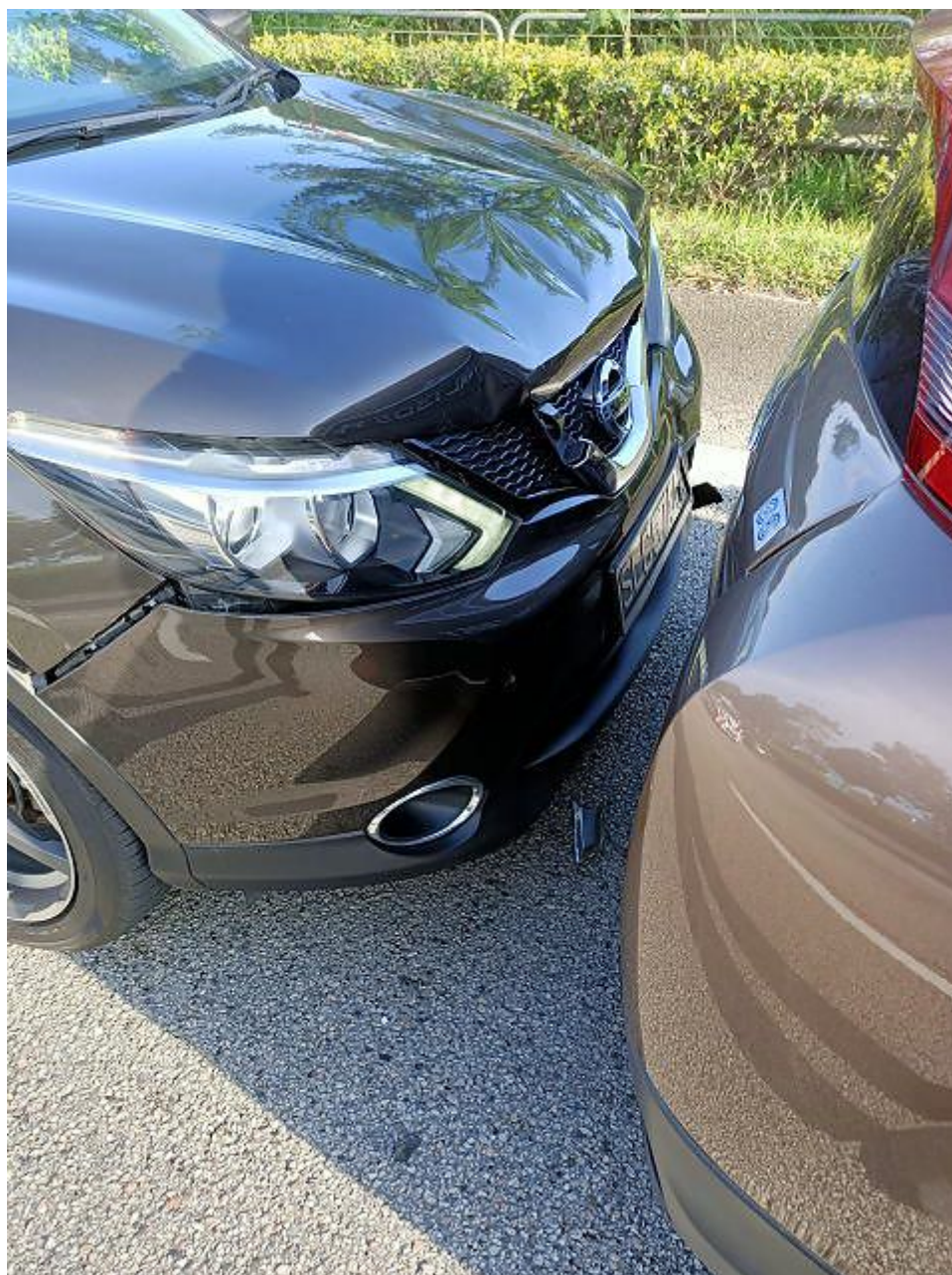














**SINGAPORE
POLICE FORCE**



T/20221122/7075

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20221122/7075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2022 23:32		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: SOH CHEE KEONG		Address: 404B FERVALE LANE #20-133 SINGAPORE 792404		
ID Type / ID No.: NRIC NO / S7634614C		Contact No.: Home/Office: Mobile: 94592907		
Nationality: SINGAPORE CITIZEN		Email: SSCK123@YAHOO.COM		
Sex: Male	Age: 46	Date of Birth: 03/11/1976	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation:		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2022 08:30	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
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
GBC1793Z	Lorry	mitsubishi		White	Slightly Damaged	1
SLC5744X	Car	NISSAN	Qashqai	Brown	Seriously Damaged	2
SML1305Y	Car	mitsubishi	ECLIPSE+C ROSS+1.5+ CVT	Brown	Seriously Damaged	2



SINGAPORE
POLICE FORCE



T/20221122/7075

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20221122/7075

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML1305Y	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT%252F0102999 3	07/05/2022	06/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE JUN XING	ID No.	S8623005D
Related Vehicle	GBC1793Z (Lorry)	Contact No.	88138517
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	FAN HONG JUN	ID No.	S7061554A
Related Vehicle	SLC5744X (Car)	Contact No.	90148715
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	SOH CHEE KEONG	ID No.	S7634614C
Related Vehicle	SML1305Y (Car)	Contact No.	94592907
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	22/11/2022	Date	22/11/2022
No. of Days granted Medical Leave	05	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20221122/7075

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20221122/7075

CONTINUATION OF REPORT

Passenger			
Name	SOH YA TING PHYLCIA	ID No.	T0038834Z
Related Vehicle	SML1305Y (Car)	Contact No.	93880891
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/11/2022	Date	22/11/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the above mentioned, I was driving my vehicle SML 1305Y at the 4th lane along TPE towards Changi near to lamp post 29. The vehicle in front of me stopped and I also stopped my vehicle. However when my vehicle was stationary, a vehicle SLC5744X hit my rear, I alighted and discovered that there is another lorry GBC1793Z which had collided into the rear of SLC5744X. I have made a report to my insurance as initially there was no one injured at the scene. However after the incident, my passenger and myself felt pain on the neck, lower back and head. We have seek medical consultation at Mount Alvernia Hospital and was given 5 days MC.



SINGAPORE
POLICE FORCE



T/20221122/7075

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221122/7075

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/11/2022 23:32

Classification Of Case:

NP168



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: SA1B22BM0001 Vehicle Registration No: 8ML1305K
 Name (as shown in NRIC): SOH CHEE KEONG NRIC/FIN/Passport No: S7634614C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 404B FERNVALE LANE #20-133 Singapore 790404
 Contact (Tel): _____ Mobile No.: 94592907
 Email Address: ssck123@yahoo.com
 Date of Accident: 22-11-22 Time of Accident: 0830
 Place of Accident: TPE towards Changi Near Lamp Post 29
 Insurance Company: DIRECT ASIA

(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:

1. TO ATTACH POLICE REPORT

2. AMEND ANYONE INJURED FROM NO TO YES.

3. BOTH DRIVER AND PASSENGER GOT 5 DAYS MC EACH.

Policyholder / Driver's Signature

Date: 23-11-22



Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.: _____

Date: _____



Contact us at
 Hotline: (65) 6665 5555
 E-mail: customerservice@directasia.com

YOUR POLICY SCHEDULE

This document forms part of your contract with us and should be read together with your Certificate of Insurance and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Car Insurance

Policy number	: MT/01029993		
Period of cover	: Policy begins 07/05/2022 00:00 and runs until 06/05/2023 23:59		
Premium	: S\$ 760.09 (Inclusive of GST)		
Own Damage Excess	: S\$ 800.00		
Windscreen Excess	: S\$ 100.00		
Vehicle Details			
Vehicle Registration	: SML1305Y	Chassis number	: JMAXTGK1WJZ002939
Make and model	: Mitsubishi Eclipse 1.5	Car usage	: Private Use
Year of registration	: 2019		
Finance company / Hire purchase	: HL Bank		
Is your car modified? (Modifications are according to LTA guidelines)	: No		
Policyholder			
Policyholder	: SOH CHEE KEONG (SU ZHIQIANG)		
Mailing Address	: 404B FERNVALE LANE, 20-133, Singapore 792404		
E-mail Address	: ssck123@yahoo.com	Mobile Number	: 94592907
No Claims Discount (NCD)	: 60%		
Main Driver Details			
Main Driver	: SOH CHEE KEONG (SU ZHIQIANG)		
Date of Birth	: 03/11/1976	Marital Status	: Married
Gender	: Male	Number of accidents or claims in the last 36 months	: 0
Certificate of Merit	: Yes	Years of valid driving licence	: > 5
Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.			
Young and/ or Inexperienced Driver (YIED): refers to any driver who is below the age of 30 or holds a driving licence for less than 2 years.			
Promotion Details			
Promotion Item : Free \$175 eCapitaVoucher			

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

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Company Registration: 200822611G