# 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 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.

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   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 16/12/2022 10:13 (SGT) Reported by Driver Date of Accident 15/12/2022 18:15 (SGT) Exact Location of Accident Near 464B Bukit Batok West Ave. 8, Singapore 652464 Additional Location Information BUKIT BATOK WEST AVE 8 TOWARDS BUKIT BATOK WEST AVE 5 (TRAFFIC JUNCTION) Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLJ9221A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

LAU SEY PING NRIC No SXXXX884I

Email Address HIISIEWYI@GMAIL.COM Mobile Phone No (Phone) +65-96274058

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mazda Model

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 1496

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd

Policy Number / Cover Note Number MT/00990212

DRIVER

Name of Driver HII SIEW YI NRIC No SXXXX305E Date Of Birth 14/05/1991

Occupation Indoor Date Of Driving Pass 31/05/2010 Driving experience 12 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-96274058 Alt. Phone Number Email Address HIISIEWYI@GMAIL.COM Address BLK 463B BUKIT BATOK ST 41 Address complement Postcode 652463 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 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 POLICE REPORT NO. T/20221215/7051 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident SD CARD WITH TRAFFIC POLICE **DETAILS OF OTHER VEHICLE PROPERTY 1** 

SG5959P

## Accident report SW0E22CG0001

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LAM LEE BOON
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

UNKNOWN
_
_
-
_
-
_
_
SG5959P
-
Yes

scribe Circumstance of the Accident			
: Refer to	Ponce Ropor No. 7/	ואסל צוי בו בבסב	
	# # # # # # # # # # # # # # # # # # #		
2200			
eclaration Ve declare the foregoing particula	rs are true in every respect.	The state of the s	
olicyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)	

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
DIDPLEED TAN

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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.

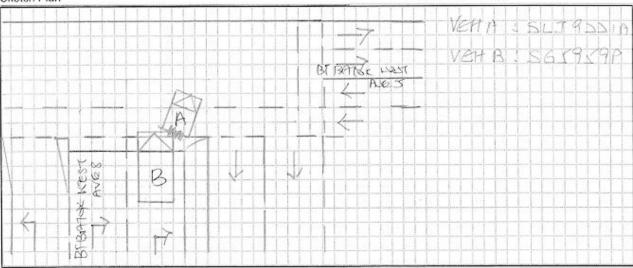
(collectively the "Purposes")

- (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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

#### Sketch Plan



BT BATOK WELL AVE & TWBS BT BATOK WELT AVE I.

1

























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20221215/7051

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time 15/12/202		lade:	Vide Report No.: J/20221215/0125	Station Diary No.:
Informan	t's Partic	ulars		
Name of I HII SIEW	nformant: YI		Address: 463B BUKIT BATOK STREET	T 41 #12-39 SINGAPORE 652463
ID Type / NRIC NO	ID No.: / S91163	05E	Contact No.: Home/Office:	Mobile: 96274058
Nationalit MALAYS			Email: hiisiewyi@gmail.com	
Sex: Female	Age: 31	Date of Birth: 14/05/1991	Type of Informant: Driver	
Race: Chinese	A.C.		Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 3A	Date of Expiry:

General Inform	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/12/2022 18:15	Type of Location: T-Junction	
	K WEST AVENUE 8	T Dood Confession		Dood Speed Limits	
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage	e Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLJ9221A	Car	MAZDA	Mazda 2	Grey	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLJ9221A	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/0090212	29/12/2021	28/12/2022		



T/20221215/7051

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221215/7051

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	edestrian	Cross	ing: NA
Driver						
Name	HII SIEW YI			ID No.		S9116305E
Related Vehicle	SLJ9221A (Car)		Contac	t No.	96274058	
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 3A Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	Sligh	t

## Brief Details.

The accident happened along Bukit Batok West Ave 8. I was in the midst of making a u-turn with the right of way when an SMRT bus, SG5959P, collided with me from the back. The Traffic Police has my SD card under the same reference number. An ambulance, QX2136B, came and picked up an injured bus passenger.



T/20221215/7051

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221215/7051

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 15/12/2022 23:03
Officer In Charge Of Case: TP / TPIB / SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187	Classification Of Case:



Contact us at

Hotline: (65) 6665 5555

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/00990212

Type of Coverage / Driver Plan : Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No. : SLJ9221A

Chassis No. : JM6DJ2HAA01100910

2) Name of Policy Holder : Lau Sey Ping

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 29/12/2021 00:00

4) Date/Time of Expiry of Insurance : 28/12/2022 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
 : \$\$ 800.00

 Windscreen Excess
 : \$\$ 100.00

Choice of workshop : DirectAsia approved workshops

Finance company / Hire Purchase

Main driver : Hii Siew Yi

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 Com pensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 02/12/2021

Direct Asia Insurance (Singapore) Pte. Ltd.

**Underwriting Manager** 

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