

SC2B24A8M002 / Century Motors (Singapore) Pte Ltd [415875]  
ENTRY DATE & TIME: 08/10/2024 15:29 (SGT)  
SUBMITTED BY: David Goh  
VERSION: 1 (08/10/2024 15:29 (SGT))

## 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 First Submission        | 08/10/2024 15:29 (SGT)    |
| Reported by                     | Actual Driver             |
| Date of Accident                | 07/10/2024 17:30 (SGT)    |
| Exact Location of Accident      | Hougang Ave 10, Singapore |
| Additional Location Information | -                         |
| Country/State of Loss           | Singapore                 |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SJE6724K |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                       |
|--------------------------|-----------------------|
| Is company?              | No                    |
| Name Of Registered Owner | NOORZIHA BINTE MURAD  |
| NRIC No                  | S9350159D             |
| Email Address            | ZIHA EY2010@GMAIL.COM |
| Mobile Phone No          | (Phone) +65-98232621  |
| Alternative Phone No     | -                     |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Estima                    |
| 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   | 2362                      |
| Vehicle Fuel   | -                         |
| First Registration Date  | -                         |
| Chassis no   | ACR500068712              |
| Effective Date/Time of Ownership   | -                         |

#### INSURANCE COMPANY

|                                   |   |
|-----------------------------------|---|
| Name of Insurance Company         | Direct Asia Insurance (Singapore) Pte Ltd |
| Policy Number / Cover Note Number | MT/01328839                               |

#### DRIVER

|  |  |
|--|--|
| Name of Driver   | MOHAMAD SAHHARI BIN SUALIMAN                     |
| NRIC No  | S9007465B  |
| Date Of Birth  | 02/03/1990                                       |
| Occupation   | Outdoor  |
| Driving Pass Date  | 03/03/2020                                       |
| Driving License Pass Class                                   | 3  |
| Driving License Validity                                     | Valid  |
| Driving experience   | 4 YEARS AND 7 MONTHS                             |
| Gender   | Male   |
| Mobile Number  | (Phone) +65-94301490                             |
| Alt. Phone Number  | -  |
| Email Address  | ZIHAHEY2010@GMAIL.COM                            |
| Address  | BLK 704 HOUGANG AVENUE 2 03-237 SINGAPORE 530704 |
| Address complement   | -  |
| Postcode   | -  |
| Is the driver the policyholder?                              | No   |
| If No, Relationship of the Driver with the Insured           | Spouse   |
| 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   | Collision - Head to Rear |
| 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?  | 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   | NIL    |
| Gender | Female |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER SKETCH.

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|   |             |
|---|-------------|
| Vehicle Registration Number             | SKS9306D    |
| 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                              | MOHAMAD SAHHARI BIN SUALIMAN |
| Gender  | -                            |
| Phone No  | -                            |
| Address   | -                            |
| Address Complement                                  | -                            |
| Post Code   | -                            |
| Approximate Age Years Old                           | -                            |
| Injuries Sustained                                  | -                            |
| Injured person in which vehicle?                    | -                            |
| Were seat belts worn?                               | -                            |
| Was this injured conveyed to hospital by ambulance? | -                            |



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Hotline: (65) 6665 5555

E-mail: [customerservice@directasia.com](mailto: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/01126839  |
| Type of Coverage / Driver Plan   | Car Comprehensive (Value Plan)   |
| 1) Vehicle Registration No.  | SJE67248   |
| Chassis No.  | ACR30066712  |
| 2) Name of Policy Holder   | NOORZIHA BINTE MURAD   |
| 3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act   | 09/11/2023 00:00   |
| 4) Date/Time of Expiry of Insurance  | 08/11/2024 23:59   |
| 5) Persons or Classes of Persons Entitled to Drive   | (a) Any person who is named on the policy who is driving on the Policyholder's permission.<br><br>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. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule.<br><br>Limitations rendered imperative 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\$ 800.00   |
| Windscreen Excess  | S\$ 100.00   |
| Choice of workshop   | DirectAsia approved workshops  |
| Finance company / Hire Purchase  |  |
| Main driver  | MOHAMAD SAHHARI BIN SUALJMAN   |
| Named driver   | None   |
| <b>Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered.</b> |  |

I/We hereby certify that the Policy to which this Certificate relates to 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: 26/10/2023

Direct Asia Insurance (Singapore) Pte. Ltd.

Underwriting Manager

SHERIE TAN  
97235627  
[sherie@grinwelly.com](mailto:sherie@grinwelly.com)  
Agent Code: GWD00000002DSIA

Direct Asia Insurance (Singapore) Pte Ltd  
20 Anson Road #09-01 Twenty Anson Singapore 079912  
[www.DirectAsia.com](http://www.DirectAsia.com)





**Describe Circumstances of the Accident**

On the stated date and time, I am hereby certifying that my  
 Highway Access to battle Highway and Highway, I have been in  
 impact from rear side. I got down and noticed that the vehicle B  
 has collided to rear of my vehicle.

**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

Witnessed by Reporting Officer / Personnel



# SKETCH PLAN

## IMPORTANT NOTICE

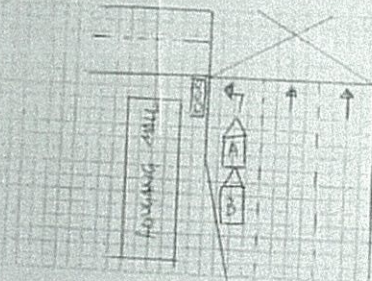
1. Please report correctly the details of the accident to speed up the claim process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting 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 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 if needed.
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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' law firm, 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 claim, including the settlement of the claim and any necessary investigations relating to the claim;  
(ii) investigating the accident and/or my claim;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claim (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me in connection with delivery of the same as well as on the external cover of check/claimant package(s)), and/or  
(v) complying with applicable law, in administering, processing, handling and/or dealing with my claim, collectively the "Purposes";  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firm, may be 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 firm/s), which may be used 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

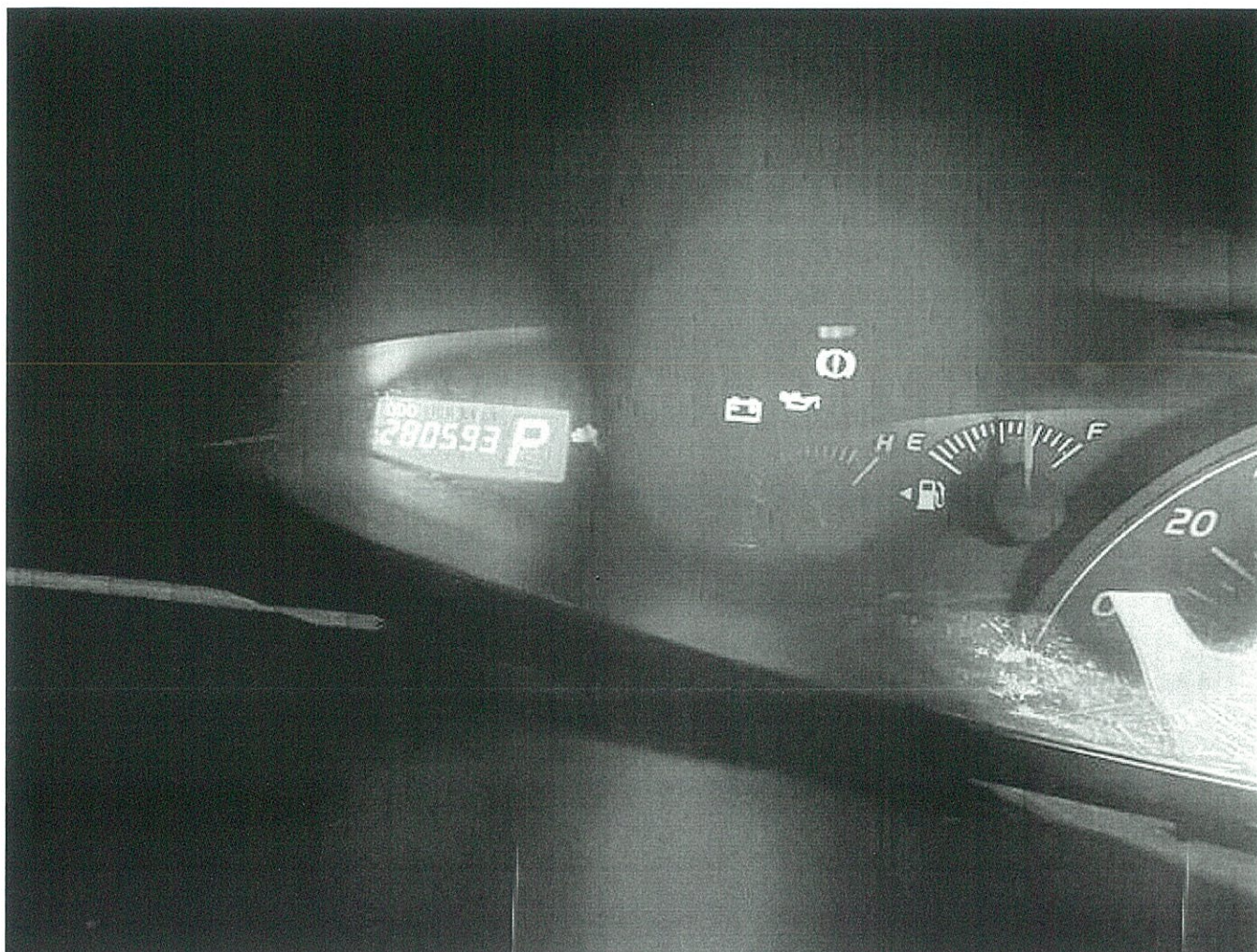
Sketch Plan



A: S5E 6724K

B: S5S 9366D



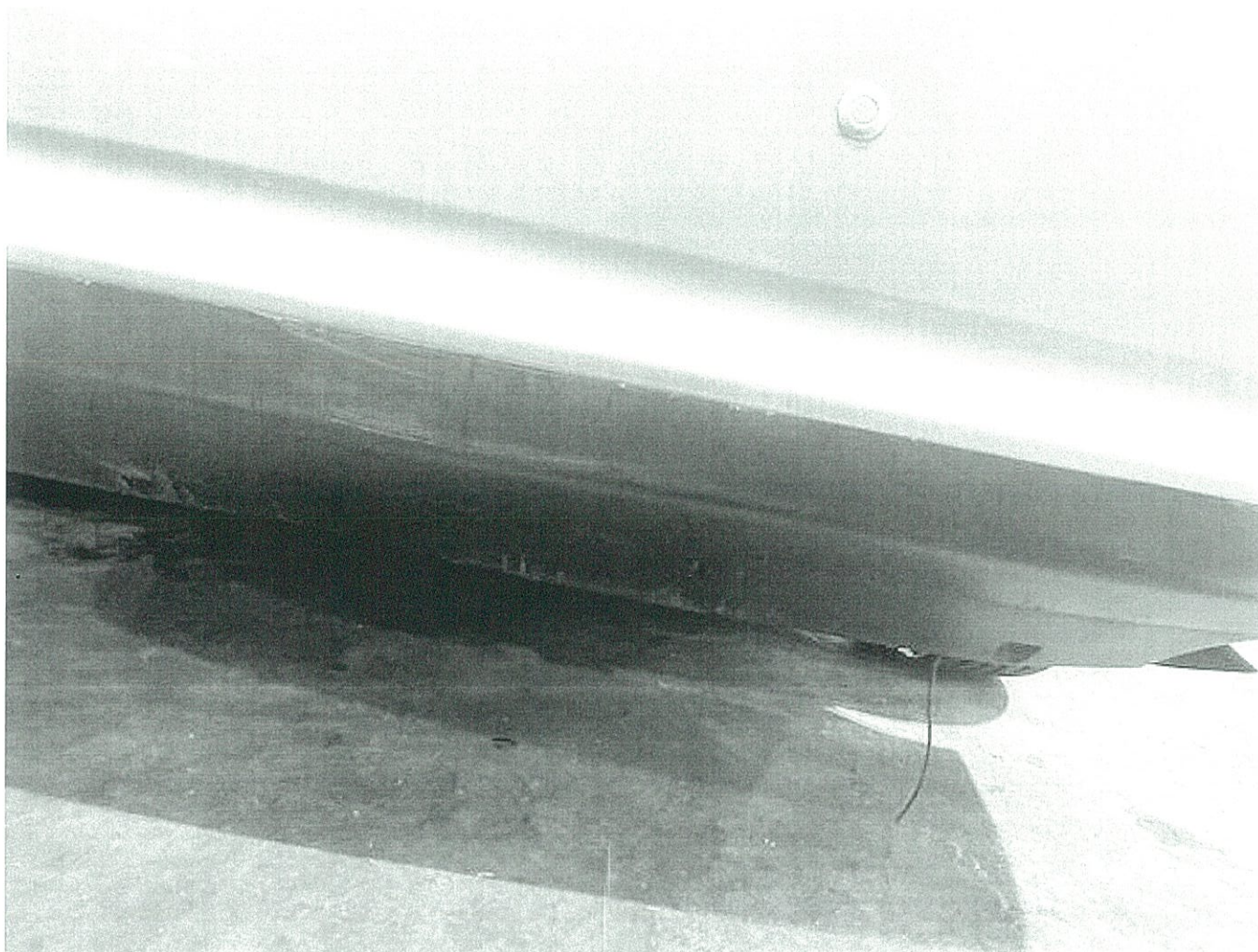








IMAGES #3















IMAGES #7









