# 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.

  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 18/10/2024 14:44 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/10/2024 12:30 (SGT) Exact Location of Accident Singapore Additional Location Information **ARK at Gambas** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

**BMW** 

Vehicle Registration Number SGS1188C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Toh Hon Peng Michael NRIC No. SXXXX319C Email Address miketoh1188@gmail.com Mobile Phone No (Phone) +65-81805796 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer

Model 740i 740i 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 3000 Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT 01434680

DRIVER

Name of Driver	Toh Hon Peng Michael
NRIC No	SXXXX319C
Date Of Birth	20/04/1982
Occupation Date Page Page 1	Indoor
Driving Pass Date	18/09/2007
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience Gender	17 YEARS AND 1 MONTH
Mobile Number	Male (Phone) +65-81805796
Alt, Phone Number	(Filotie) +03-61603/90
Email Address	miketoh1188@gmail.com
Address	335C Anchorvale Crescent #12-80
Address complement	-
Postcode	543335
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	- -
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GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Cida Curina
Weather Conditions	Side Swipe Clear
Road Surface	Dry
Tiour Guildoo	ыу
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No -
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	•
Original language used in the statement	-
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	
Report refer sketch plan	
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	SNM6967L
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)	_

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 3 information provided must be as truthful and accurate as possible. Any wilful micropresentation or withholding of material facts may alow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy fability 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 Sitgapore (GIA) for archiving and that copies of this report will for a fee or 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)

Lunderstand, acknowledge, agree and consent that

(a) tA; insurer , my w orkshop 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 at insurer(s) wind have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collactively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monstary 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:

(i) investigating the accident and/or my ctains:

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by mo:

(x) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disciplure of certain personal data about me to bring about celivary of the same as well as on the external cover of envelopes/mail packages); and/or

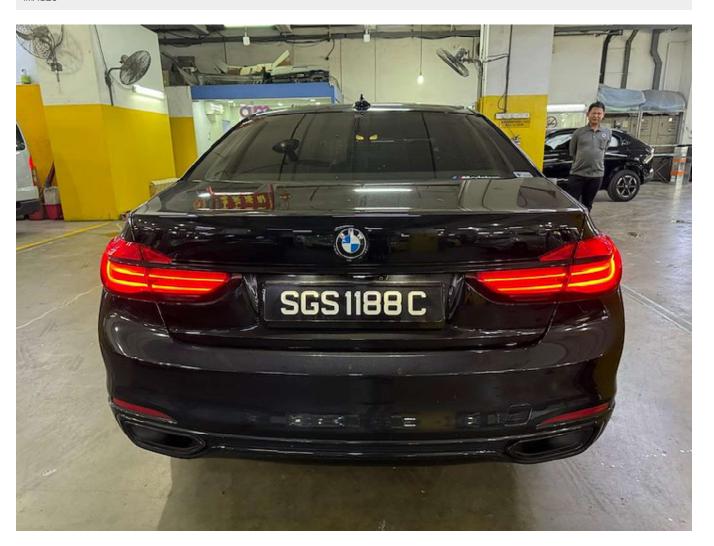
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

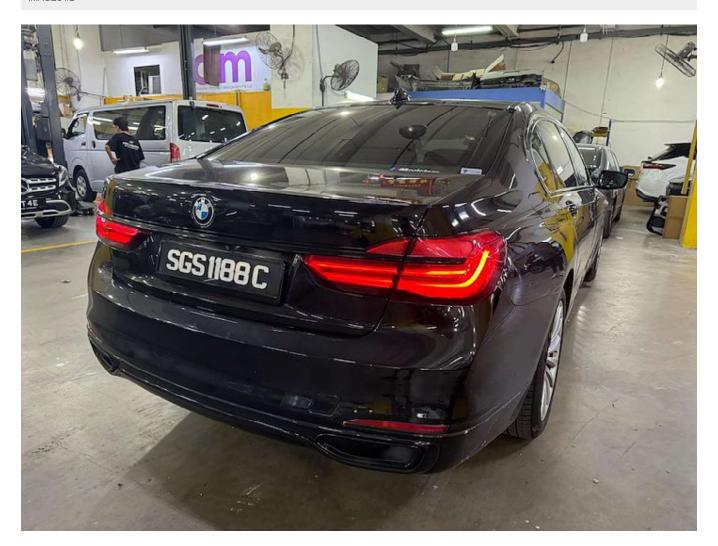
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' tawyers/law firms, may/are permitted to colacit. use, discuse and/or process my Personal Information for one or more of the above Purposes; and

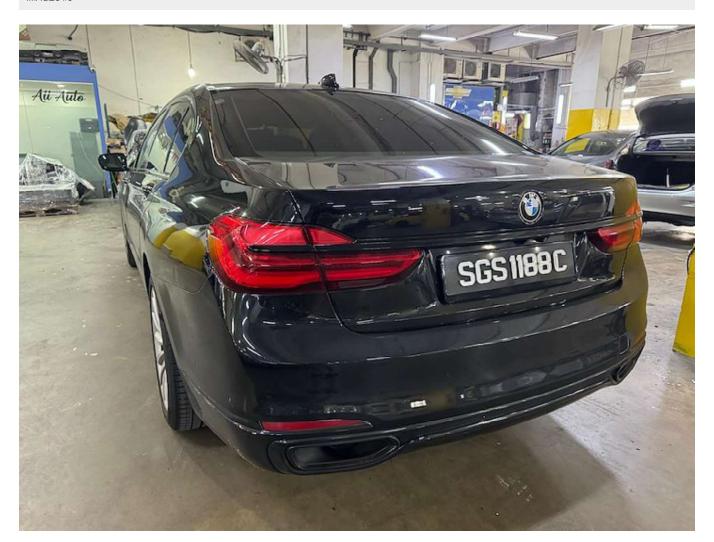
(c) my Personal Information may/can be discussed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

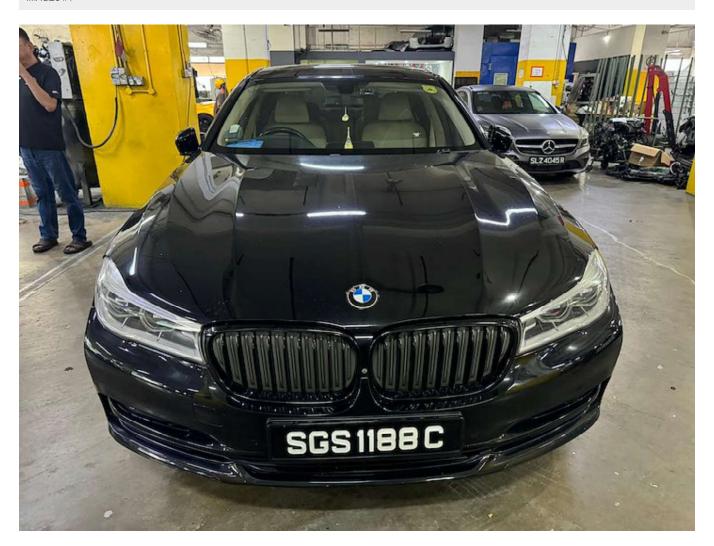
Policyholder's Signature / Date & Time	Driver's Signature (# driver is not & Time	the policy	holder)	Date	Witnesse: Personnel		portin	ig Cent	re
Sketch Plan									
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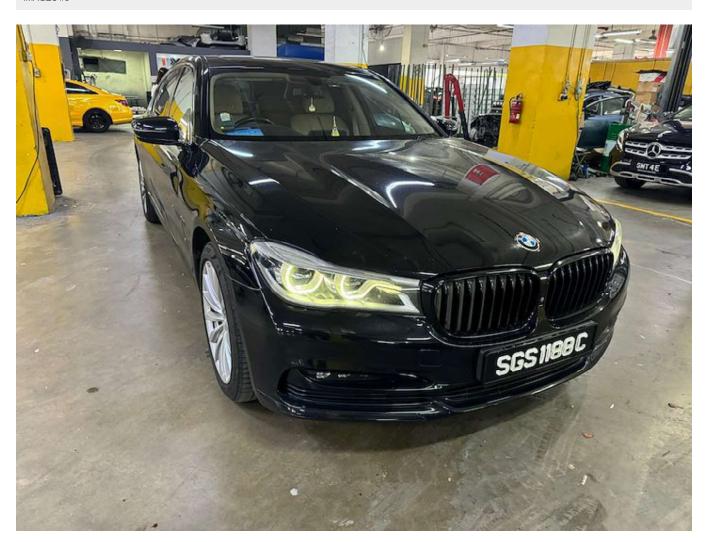
Describe Circumstances of th		- 14 - 0
On the 18/10/20	024 @ about 12.30pm, along A	RKC
Grambas. I was c	driving my Vehicle (14) down the	e comp
from from Leve	-1 2 to Level 1 of the above	mentioned
ocation. Sudden	ly, a Vehicle (B) on the opposit	e lane
veered into my	lane without coution and prop	er lockou-
and collided into	the right portion of my Vehic	1c (A)
causing damages	to my Vehicle	
4		
claration		
e declare the foregoing particulars :	are true in every respect	
0.	$\bigcap$	1
( ) o(	/ Yel	
real residue of the second of	Univers Signature (if driver is not the policyholder) / Date Witnessed t & Time Personnel	oy Reporting Centre



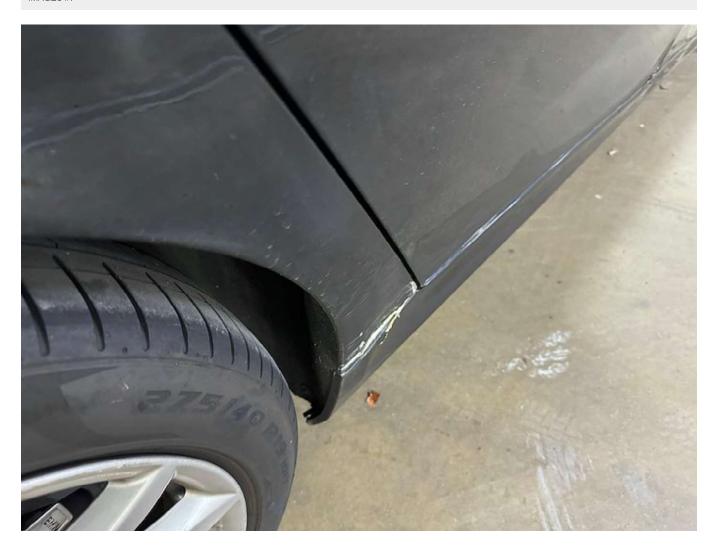








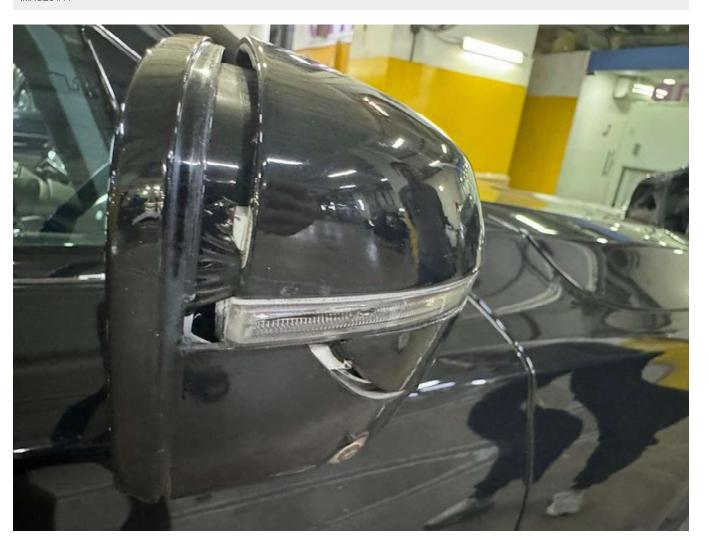




















Contact us at

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.

MT/01434680 Certificate No.

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

SGS1188C 1) Vehicle Registration No.

Chassis No. WBA7E22000G651237

2) Name of Policy Holder TOH HON PENG, MICHAEL

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

01/02/2024 15:37

4) Date/Time of Expiry of Insurance 31/01/2025 23:59

5) Persons or Classes of Persons Entitled to Drive

Any person who is named on the policy 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. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule.

\*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.

Market Value Sum Insured

5\$ 1,000.00 Own Damage Excess

Windscreen Excess S\$ 100.00

DirectAsia approved workshops Choice of workshop

OCBC Bank Finance company / Hire Purchase

TOH HON PENG, MICHAEL Main driver

Named driver

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.

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:

26/02/2024

Direct Asia Insurance (Singapore) Pte. Ltd.

TEE 91093709 carolynteepf@phillip.com.sq Agent Code: PHS00000168DSIB

Direct Asia Insurance (Singapore) Pte Ltd 16 Raffles Quay #39-01 Hong Leong Building Singapore 048581 www.DirectAsia.com

