# **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.

- 4. The issue and acceptance 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 05/12/2024 15:03 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 04/12/2024 19:30 (SGT) Exact Location of Accident Singapore ALONG UPPER SERANGOON ROAD TO UPPER SERANGOON Additional Location Information **CRESCENT** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mazda

Vehicle Registration Number SLF355C

Manufacturer

Model

Effective Date/Time of Ownership

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner JAIR JOASH SIM WEIJIE NRIC No SXXXX716F Email Address JAIRJOASH@GMAIL.COM Mobile Phone No (Phone) +65-98584426 Alternative Phone No

#### VEHICLE PARTICULARS

Variant MAZDA / MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT 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 Vehicle Fuel First Regisration Date Chassis no

# INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/01441775

DRIVER



Name of Driver JAIR JOASH SIM WEIJIE NRIC No SXXXX716F Date Of Birth 09/09/1993 Occupation Indoor Driving Pass Date 03/04/2021 Driving License Pass Class Driving License Validity Valid Driving experience 3 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98584426 Alt. Phone Number Email Address JAIRJOASH@GMAIL.COM Address BLK 142 PASIR RIS STREET 11 #10-137 Address complement Postcode 510142 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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? Nο 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

SND1314B

Vehicle Registration Number

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

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- This Form must be completed by the Policyholder and/or the Actual Driver.
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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 Traffic Police Department for Investigation.
- 6 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
- 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 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.

(4) 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

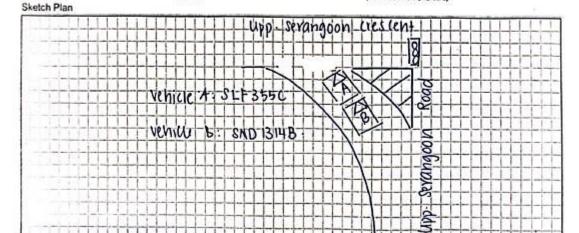
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents uncluding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

PolicyPoider's Signature / Date & Time

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

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Witnessed by Reporting Centre Personnel
(Name as in Infliction Land)



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Driver's Sanature of driver is not the preinvitorised (Date

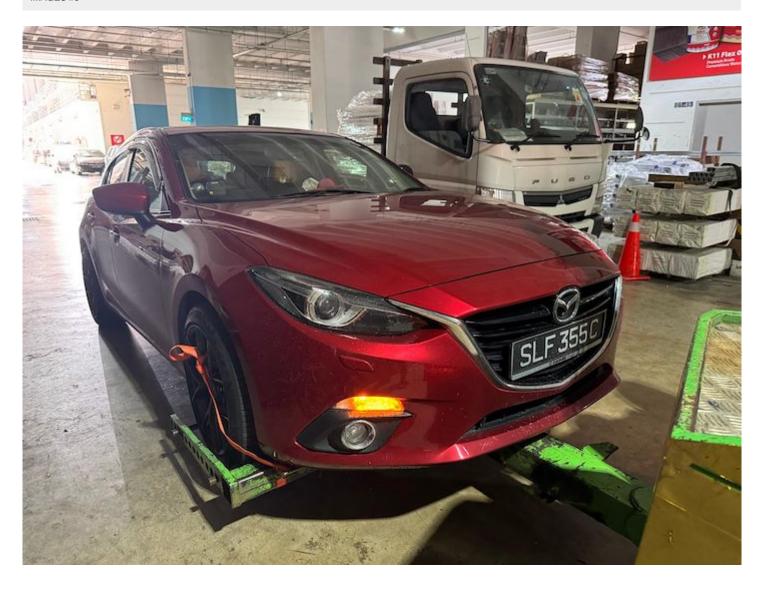
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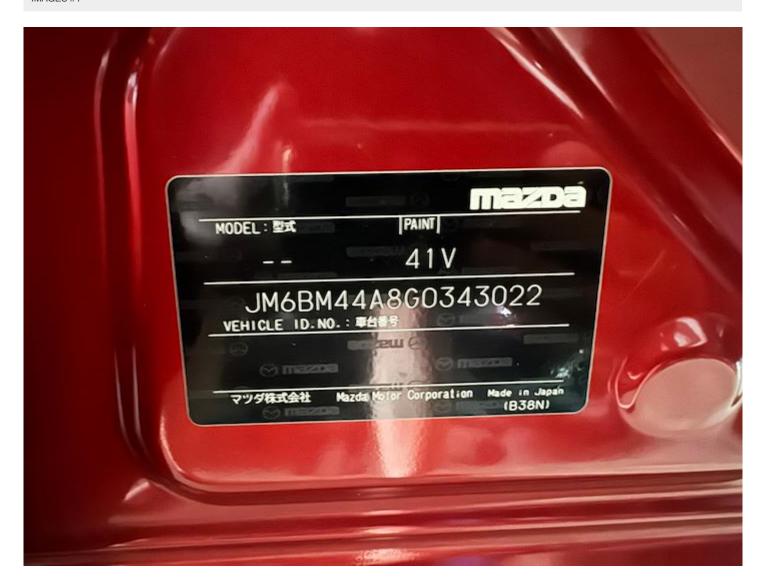
Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

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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/01441775

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

1) Vehicle Registration No. : SLF355C

Chassis No. : JM6BM44A8G0343022

Name of Policy Holder : JAIR JOASH SIM WEIJIE

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 10/03/2024 00:00

4) Date/Time of Expiry of Insurance : 09/03/2025 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. 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.

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 : Henly enterprises Pte ltd
Main driver : MELISSA YEO LI ZHEN

Named driver : None

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 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: 06/03/2024

Direct Asia Insurance (Singapore) Pte. Ltd.

Company Registration: 200822611G

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