

## 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 .....	17/12/2024 14:18 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	17/12/2024 11:30 (SGT)
Exact Location of Accident .....	Moulmein Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMV4579B
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	YEO KWEE CHYAN
NRIC No .....	SXXXX089E
Email Address .....	VICTORKZZZ@YAHOO.COM
Mobile Phone No .....	(Phone) +65-96770546
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	CX-30 2.0 AT CLASSIC
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 .....	1998
Vehicle Fuel .....	Petrol
First Registration Date .....	30/09/2020
Chassis no .....	JM6DM2W7AL0100308
Effective Date/Time of Ownership .....	30/09/2020 11:09 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number .....	MT/00955713/03

#### DRIVER

Name of Driver .....	YEO KWEE CHYAN
NRIC No .....	SXXXX089E
Date Of Birth .....	26/07/1971
Occupation .....	Indoor
Driving Pass Date .....	30/08/1995
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	29 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96770546
Alt. Phone Number .....	-
Email Address .....	VICTORKZZZ@YAHOO.COM
Address .....	BLK 487 YIO CHU KANG ROAD 01-14 SINGAPORE 787059
Address complement .....	-
Postcode .....	-
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 .....	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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	KWEE ING
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

PLS REFER TO THE SKETCH PLAN BY DRIVER

#### 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 .....	GBC3867G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 PLANIMPORTANT NOTICE

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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 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:

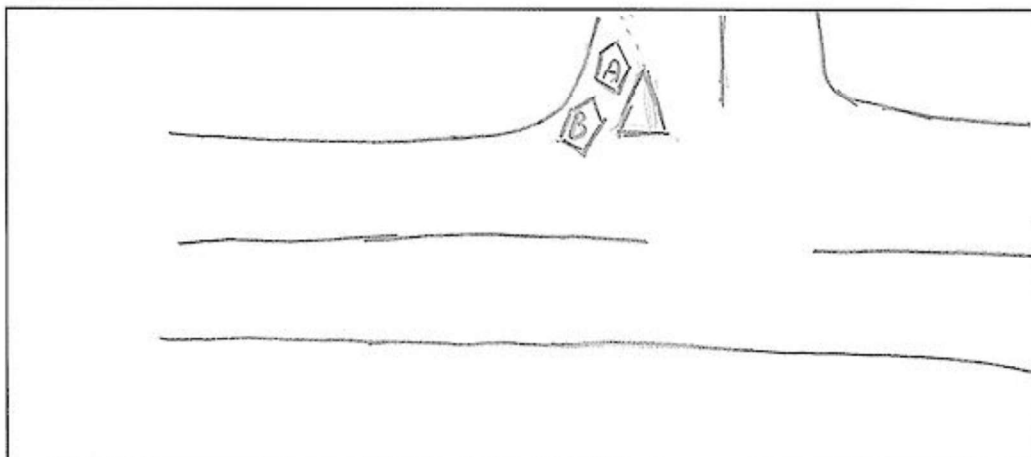
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (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.

 17/12/24 1.19pm  
Policyholder's Signature / Date & Time

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

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


Sketch Plan



Describe Circumstance of the Accident		
Date of Accident : <u>Dec 17, 2024</u> Time : <u>11:30 am</u> Location : <u>Moulmein Rd / Jln Tan Tock Beng</u>		
My Vehicle A : <u>SMV 4579 B</u> Vehicle B : <u>GBC 3867 G</u> Vehicle C : _____		
<p>1 (Geo Kwee Chyan) Vehicle A (SMV 4579 B) was driving along Moulmein Road and turning into Jalan Tan Tock Beng.</p> <p>While waiting at the give-way mark, to allow vehicles turning into Jalan Tan Tock Beng. Vehicle B (GBC 3867 G) driven by MR. Musvata (NRIC 3xxx 444D) rear-ended by car, causing damages to my bumper and rear door.</p>		
<input type="checkbox"/> Claim OD/TP at Ah Lim Motor <input checked="" type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only		
Remarks : Please forward a copy of my efile accident Report to :		
My Workshop : _____		
Workshop Email Address : _____		
<input checked="" type="checkbox"/> Note : Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.		

## Declaration

I/We declare the foregoing particulars are true in every respect.

 17/12/24  
 Policyholder's Signature / Date & Time  
 1.19 pm

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

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

















































**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

<b>Policy number</b>	: MT/00955713/03		
<b>Period of cover</b>	: Policy begins 30/09/2024 00:00 and runs until 29/09/2025 23:59		
<b>Premium</b>	: S\$ 739.59 (inclusive of GST)		
<b>Own Damage Excess</b>	: S\$ 0.00		
<b>Windscreen Excess</b>	: S\$ 100.00		
<b>Vehicle Details</b>			
<b>Vehicle Registration</b>	: SMV4579B	<b>Chassis number</b>	: JM6DM2W7AL0100308
<b>Make and model</b>	: Mazda CX-30 2.0	<b>Car usage</b>	: Private Use
<b>Year of registration</b>	: 2020		
<b>Finance company / Hire purchase</b>	:		
<b>Policyholder</b>			
<b>Policyholder</b>	: YEO KWEE CHYAN		
<b>Mailing Address</b>	: 487 YIO CHU KANG ROAD, #01-14, Singapore 787059		
<b>E-mail Address</b>	: victorkzzz@yahoo.co	<b>Mobile Number</b>	: 92979889
	m		
<b>No Claims Discount (NCD)</b>	: 40%		
<b>Main Driver Details</b>			
<b>Main Driver</b>	: YEO KWEE CHYAN		
<b>Date of Birth</b>	: 26/07/1971	<b>Marital Status</b>	: Married
<b>Gender</b>	: Female		
<b>Certificate of Merit</b>	: Yes	<b>Years of valid driving licence</b>	: > 5
<b>Important Note:</b> This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.			
<b>Young and/ or Inexperienced Driver (YIED):</b> refers to any driver who is below the age of 30 or holds a driving licence for less than 2 years.			

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



**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.

<b>Certificate No.</b>	: MT/00955713/03
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SMV4579B
<b>Chassis No.</b>	: JM6DM2W7AL0100308
<b>2) Name of Policy Holder</b>	: YEO KWEE CHYAN
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 30/09/2024 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 29/09/2025 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(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.	
<b>6) Limitations as to use*</b>	
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.	
*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.	
<b>Sum Insured</b>	: Market Value
<b>Own Damage Excess</b>	: S\$ 0.00
<b>Windscreen Excess</b>	: S\$ 100.00
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	:
<b>Main driver</b>	: YEO KWEE CHYAN
<b>Named driver</b>	: None
<b>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.</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).

**Direct Asia Insurance (Singapore) Pte. Ltd.**

Issued on: 13/08/2024

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

Customer Policy Number: 2003222610