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 Authorised 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 ability.
- 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 coraforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/02/2018 14:04
Date Of Accident	17/02/2018 16:45
Exact Location Of Accident	JUNCTION OFTOH GUAN RD TWDS PIE CHANGI FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF3179T
Insured/Policyholder	
Name Of Registered Owner	PHYO SITHU
NRIC No	S8372651B
Email Address	SITHU2002@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98007347
Alternative Phone No	OFFICE-98007347
Vehicle Particulars	
Manufacturer	HARLEY-DAVIDSON
Model	XL883N IRON
Exact Purpose for which vehicle was being used a time of accident	t
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

VEITICIE	Category	
Insuran	ce Company	

DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number MC/0042785

Cover Note Number 06/11/2017-05/11/2018

Driver

Name of Driver PHYO SITHU NRIC No S8372651B Date Of Birth 29/12/1983 Occupation **INDOOR Date Of Driving Pass** 12/06/2007

Driving Experience 10 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98007347

Fax Number

Contact Number OFFICE-98007347

EMail Address SITHU2002@YAHOO.COM

54 CHAI CHEE ST Address

09-849

Postcode 460054

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB9791G Vehicle Make/Model/Colour TOYOTA DYNA

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

Name of Driver K PREETHI NRIC/Passport Number S7671327H **Contact Number** 91474562

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 19 FEBS /1345HBS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

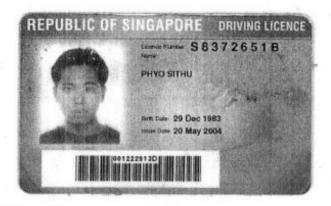
porting Centre Personnel's Signature

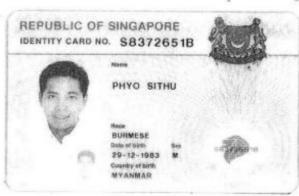
NRIC/FIN No

Sketch Plan Pg. 2

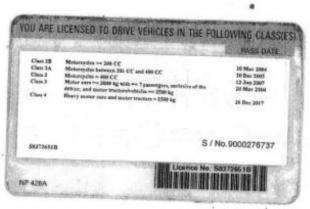
SKETCH PLAN TOH GUAN RO TOH GUAN RO	Vehicle A: FBF31797 B: GBB97910
	· · · · · · · · · · · · · · · · · · ·
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	·
ON 17 FEB 18 I WAS RIDING MY BIKE FBF319T ALONG GUAN RO TOWARDS "TOH GUAN FLYOUER" PIE CHANGI. I WAS DAYDREAMING AND DID NOT REALISED THE TRA LIGHT WAS RED ON ME. AND DID NOT MANAGE TO STOP OF UNFORTUNATELY MY VEHICLE COLLIDED WITH A VEHICLE "GBB DRIVEN BY "MS R PREETHI" TURNING RIGHT FROM TOH GUAN TOWARDS IMM.	FFIC N TIME. 97916'
TIME OF ACCIDENT: 1643 HRS	
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurance. Reporting Only Claim OD Claim OD TP at C	other workshop
DECLARATION	
Policyholder's Signature Date & Time: 19 Fe 818 1345 H83 (If driver is not the policyholder) Date & Time: Name NRIC/FIN No.:	Signature
Syl MC Sayoth) yill are 33	,

DRIVER DL









INSURANCE CERT



Contact us at

Hotline: (65) 6532 2888 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. MC/00427485

Type of Coverage

Comprehensive Cover

1) Vehicle Registration No. Chassis No.

FBF3179T

2) Name of Policy Holder

5HD4LE2C9BC422905

3) Effective Date of Commencement of Insurance

PHYO, SITHU

for the Purpose of the Act

06/11/2017

4) Date of Expiry of Insurance

05/11/2018

- 5) Persons or Classes of Persons Entitled to Drive
 - The Insured
 - A named driver who is driving on the Insured's order or with his permission.

Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.

6) Limitations as to use

Use only for private purposes, in accordance with the declared motorcycle 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.

Sum Insured

Market Value

Policy Excess

S\$ 300.00

PHYO, SITHU

Important Note: The policy only cover the main driver and the following named driver:

No named driver declared

Finance Company / Hire Purchase

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

Issued on:

30/10/2017

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer

Company Registration, 200322511G









