

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 withholding 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 consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	07/02/2018 14:31
Date Of Accident	07/02/2018 08:15
Exact Location Of Accident	AT KEMBANGAN MRT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL3608J
Insured/Policyholder	
Name Of Registered Owner	YEOW KENG SIANG
NRIC No	S1394802Z
Email Address	RIKALU18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98290561
Alternative Phone No	OFFICE-98290561

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 A

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00420445
Cover Note Number	30/10/2017-29/10/2018

Driver

Name of Driver	LU JIAN
NRIC No	S6984391C
Date Of Birth	24/09/1969
Occupation	INDOOR
Date Of Driving Pass	05/08/2002
Driving Experience	15 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	+65-98296990
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	3 SIGLAPROAD #04-22
Postcode	448907
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OWNER WILL RETRIEVE FROM OWN PC
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ8013E
Vehicle Make/Model/Colour	REBAULT
Details Of Properties	
Vehicle Category	
Name of Driver	JOHARI BIN HAMDAN
NRIC/Passport Number	S7042946B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

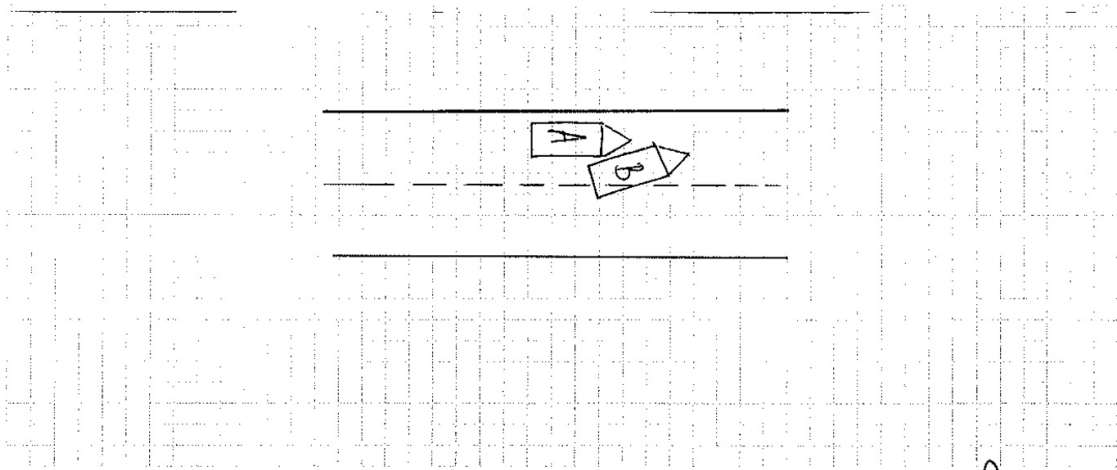
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

And moving forward straight with signal on.

I was stationary. Suddenly vehicle SJ2 BUI3E turned from out front of my car to the right without signalling, hit my right side bumper.

<p>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 occurrence.</p>	Reporting Only
	Claim OD
	<input checked="" type="checkbox"/> Claim TP
	Claim OD / TP at other workshop

DECLARATION

I/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 & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6984391C



Name
LU JIAN

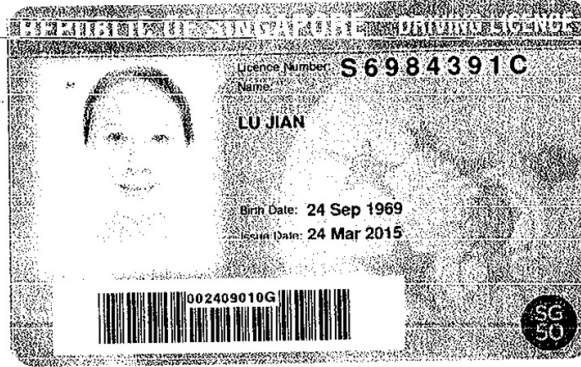
呂 健

Race
CHINESE

Date of birth
24-09-1969

Country/Place of birth
CHINA

Sex
F



5377642



NRIC No. S6984391C



Date of issue
03-11-2014

Address
3 SIGLAP ROAD
#04-22
SINGAPORE 448907

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 05 Aug 2002

NP 428A



Licence No: S6984391C

**Contact us at**

Hotline: (65) 6532 2888

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

Policy number	: MT/00420445		
Period of cover	: Policy begins 30/10/2017 00:00 and runs until 29/10/2018 23:59		
Premium	: S\$ 864.63 (inclusive of GST)		
Own Damage Excess	: S\$ 1,000.00 (before any applicable GST)		
Windscreen Excess	: S\$ 100.00 (before any applicable GST)		
Vehicle Details			
Vehicle Registration	: SKL3608J	Chassis number	: WDD2074482F161061
Make and model	: Mercedes Benz E-Class Cabriolet E200 CGI BlueEFFICIENCY (A)	Car usage	: Private Use
Year of registration	: 2013	No. of accidents/claims in the last 36 months	: 0
Finance company / Hire purchase	: Nil		
Is your car modified? (Modifications are according to LTA guidelines)	: No		
Policyholder			
Policyholder	: Yeow, Keng Siang		
Mailing Address	: 3 SIGLAP ROAD, 04-22 MANDARIN GARDENS, Singapore 448907		
E-mail Address	: luis_yeow@yahoo.co	Mobile Number	: 98290561
No Claims Discount (NCD)	: 60%		
Main Driver Details			
Main Driver	: Lu, Jian		
Date of Birth	: 24/09/1969	Marital Status	: Married
Gender	: Female	Occupation	: Homemaker
Certificate of Merit	: No	Number of accidents or claims in the last 36 months	: 0
Years of valid driving licence	: > 5		
Important Note: 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.			
Young and/ or Inexperienced Driver (YIED): refers to any driver who is below the age of 30 or holds a driving licence for less than 2 years.			
Promotion Details			
Promotion Item : 3000 Escape Points + 24Hr Breakdown Assistance			

Company Registration: 20082261G

Direct Asia Insurance (Singapore) Pte Ltd
 88 South Bridge Road Singapore 058716
www.DirectAsia.com

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



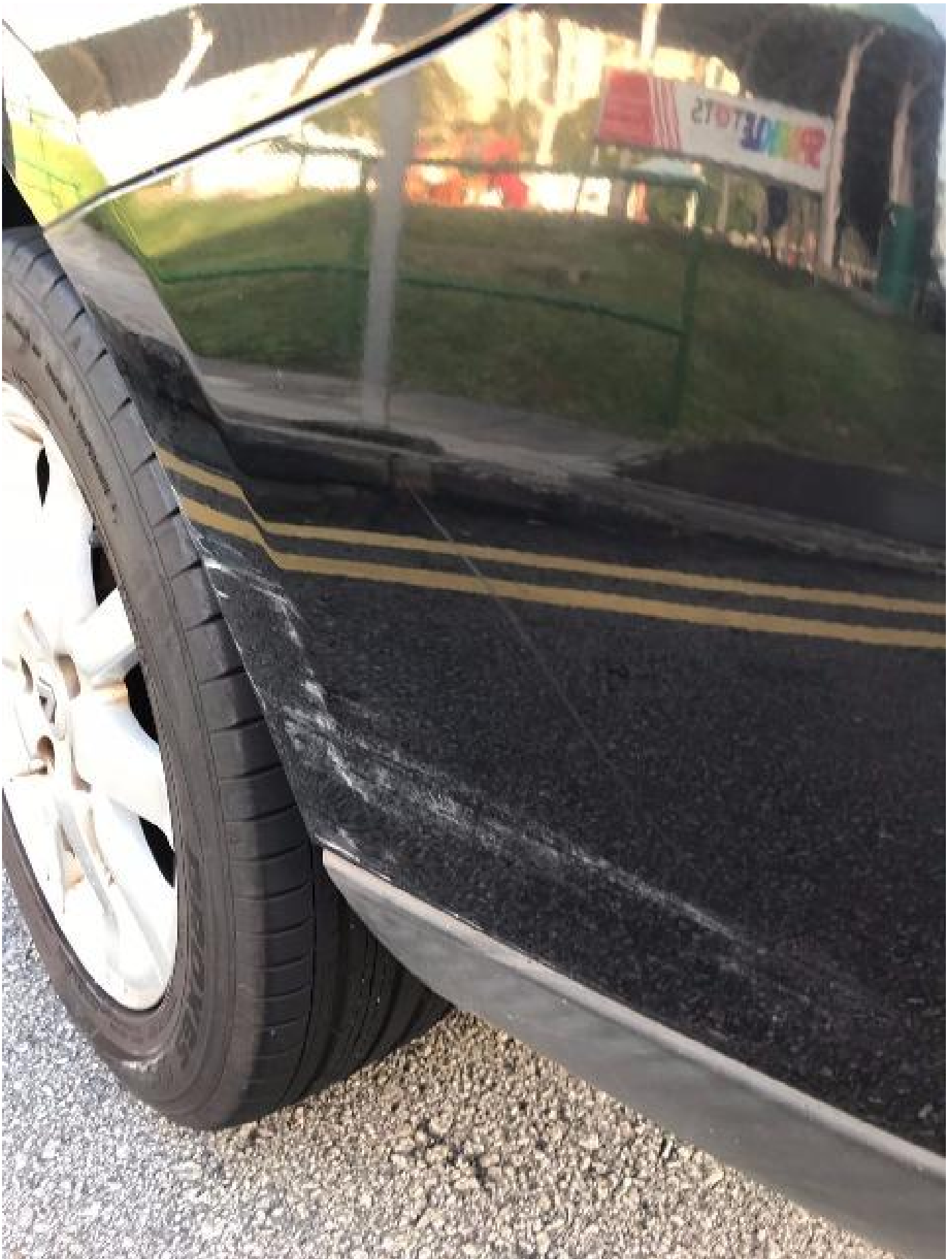
Accident Photo



Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7042946B



Name

JOHARI BIN HAMDAN

جوهاري بن حمدان

Race

MALAY

Date of birth

27-11-1970

Sex

M

Country/Place of birth

SINGAPORE



Accident Photo



Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MOR118019053 Vehicle Registration No : SKL3608J
Name(as shown in NRIC): LU JIAN
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S6984391C
Address :
Contact (Tel) : (H/P) : 98296990
(Email) :
Date of Accident : 07/02/2018 Time of Accident : 08:15
Place of Accident : AT KEMBANGAN MRT
Insurance Company : DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

to amend statement

Signature of Vehicle Owner / Driver

Date: 8 Feb 2018

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm