

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	26/02/2018 15:51
Date Of Accident	24/02/2018 22:20
Exact Location Of Accident	PIE TWDS PASIR RIS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF4887U
Insured/Policyholder	
Name Of Registered Owner	BIN SAMSURI, MOHAMMED HAZEEQ
NRIC No	S8927396Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82887458
Alternative Phone No	OFFICE-82887458

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.6 AT
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
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/00368297
Cover Note Number	-

Driver

Name of Driver	BIN SAMSURI, MOHAMMED HAZEEQ
NRIC No	S8927396Z
Date Of Birth	15/08/1989
Occupation	INDOOR
Date Of Driving Pass	10/06/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82887458
Fax Number	
Contact Number	OFFICE-82887458
Email Address	NOEMAIL

Address BLK 540 WOODLANDS DR 16 #10-75
 Postcode 730540
 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

Type Of Accident COLLISION - HEAD TO REAR
 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) 4

Passenger 1 NAME: : LIYANA
 GENDER: : FEMALE
 Passenger 2 NAME: : FALYNDA
 GENDER: : FEMALE
 Passenger 3 NAME: : HYDER
 GENDER: : MALE

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

PLEASE REFER TO ATTACHED STATEMENT.

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 SKQ1538P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SEAH JIN DA FORBES
 NRIC/Passport Number S9248004F
 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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.
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

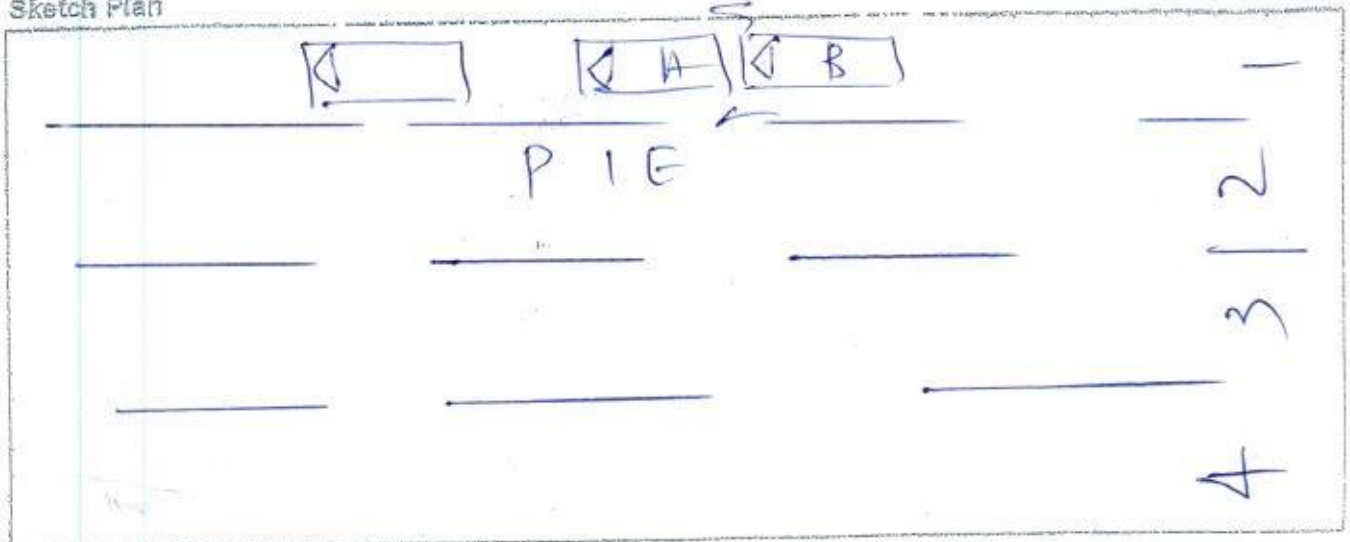
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
 26/2/18, 11am

Driver's Signature (if driver is not the policyholder) / Date & Time
 26/2/18, 11am

Witnessed by Reporting Centre Personnel


Sketch Plan



* PLS email to bluwei2088@yahoo.com.sg or
 fax 68412088.

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident: 21/2/18 Time: 1020 PM 2 Exact location of accident: PIE Tnd Pasir Ris

3 Injuries even if slight: No Yes

4 Material damage: To vehicles other than vehicles A and B: No Yes To objects other than vehicles: No Yes

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B):

Registration No. (VEHICLE A): SKF48870

6 Insured / policyholder (see insurance cert.): Mohd Hazeq Bin Samsun

Name (capital letters): Mohd Hazeq Bin Samsun

Address: Bkt 50 Woodlands Dr. 16 #10-15 S130540

NRIC / Passport no.: S9273562

Tel no. (from 9am till 5pm): 8288 7458

HP:

7 Vehicle: Suzuki Swift

Make, type:

8 Insurance company: Direct KIA

Does the policy cover damage to vehicle A? No Yes

Policy No. (if available):

9 Driver (See driving licence) (if different from insured A above):

Name (capital letters): As Above

NRIC / Passport no.:

Class of licence:

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- 1 parked / stopped (at the roadside)
- 2 leaving a parking space / opening the door (at the roadside)
- 3 entering a parking space (at the roadside)
- 4 emerging from a car park, from private grounds, from a minor road
- 5 entering a car park, private grounds, a minor road
- 6 entering a roundabout or similar traffic system
- 7 circulating in a roundabout or similar traffic system
- 8 striking the rear of the other vehicle while going in the same direction and in the same lane
- 9 going in the same direction but different lane
- 10 changing lanes
- 11 overtaking
- 12 turning to the right, making a U-turn (official U-turn)
- 13 turning to the left
- 14 reversing
- 15 encroaching in the opposite traffic lane
- 16 coming from the right (at road junctions)
- 17 not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

Registration No. (VEHICLE B): SK01538P

6 Insured / policyholder (see insurance cert.):

Name (capital letters):

Address:

NRIC / Passport no.:

Tel no. (from 9am till 5pm):

HP:

7 Vehicle

8 Make, type:

9 Insurance company:

10 Does the policy cover damage to vehicle B? No Yes

11 Policy No. (if available):

12 Driver (See driving licence) (if different from insured B above):

13 Name (capital letters): Seah Jin Da, Forbes

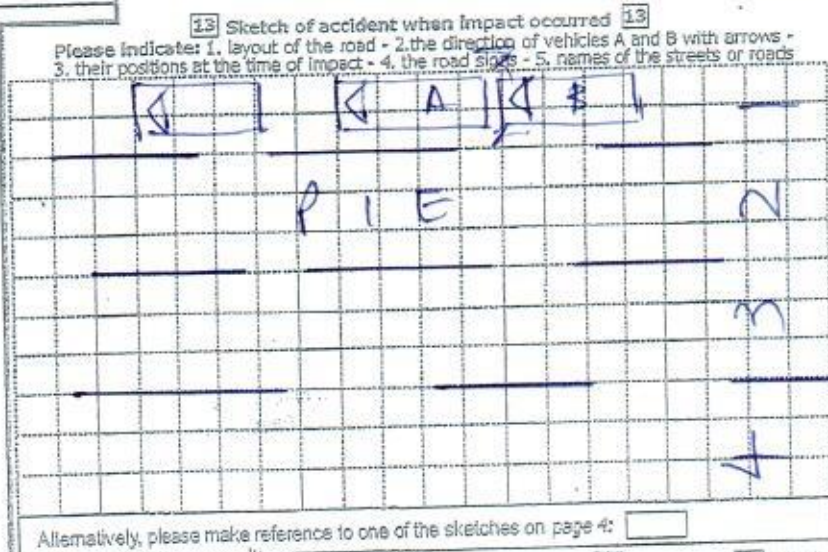
14 NRIC / Passport no.: S9248004F

15 Class of licence:

State TOTAL number of boxes marked with a cross

10 Indicate the point of initial impact with an arrow (⇒)

11 Visible damage to vehicle A:



10 Indicate the point of initial impact with an arrow (⇒)

11 Visible damage to vehicle B:

14 My remarks:

LIYANA F
 FALYORA F
 HYDER M

15 Signatures of drivers:

16

26/2/18, 11am

14 My remarks:

4
 3 passenger

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's individual statements (Part II) see overleaf

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification Number: **S8927396Z**

MOHAMMED HAZEEQ BIN SAMSURI

Issue Date: 15 Aug 1989
 Validity Date: 10 Jan 2008

001560387D




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S8927396Z**



Name
MOHAMMED HAZEEQ BIN SAMSURI

Race
MALAY

Date of birth
15-08-1989

Country of birth
SINGAPORE

Sex
M

22739-2

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	10 Jun 2008
Class 2A	Motorcycles between 201 CC and 400 CC	12 May 2009
Class 2	Motorcycles > 400 CC	24 May 2011
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	10 Jun 2013

S / No. 9000185020

S8927396Z



NP 428A



3618355

NRIC No. **S8927396Z**



Date of issue
29-09-2004

APT BLK 540 WOODLANDS DRIVE 16 #10-75
 SINGAPORE 730540

NRIC No: **S8927396Z**

Date: **26/03/2017**

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/00368297	
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plan)	
1) Vehicle Registration No.	: SKF4887U	
Chassis No.	: jsaetz31s00204465	
2) Name of Policy Holder	: Bin Samsuri, Mohammed Hazeeq	
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 27/02/2017 00:00	
4) Date/Time of Expiry of Insurance	: 26/02/2018 23:59	
5) Persons or Classes of Persons Entitled to Drive		
(a) The Insured		
(b) Any person who is named on the policy who is driving on the Insured's order or with his 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.		
*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\$ 500.00 (before any applicable GST)	
Windscreen Excess	: S\$ 100.00 (before any applicable GST)	
Choice of workshop	: DirectAsia approved workshops	
Finance company / Hire Purchase	:	
Main driver	: Bin Samsuri, Mohammed Hazeeq	
Ref	Named Driver	Date of Birth
Named driver (1)	: Binte Ramnatas Mohd, Nurliyana	09/06/1989
Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.		

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: 21/02/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer

Describe Circumstances of the Accident

DATE OF ACCIDENT: 24/2/18

TIME OF ACCIDENT: 10:30 PM

On the mentioned date & time, I was driving along PIE towards Pasir Ris, vehicle volume was moderate. Vehicle in front came to a stop and I followed. Suddenly I felt an impact at the rear of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS



Policyholder's Signature / Date & Time
26/2/18, 11 am

Driver's Signature (if driver is not the policyholder) / Date & Time
26/2/18, 11 am

Witnessed by Reporting Centre Personnel