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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to a truthful and accurate as possible.
- 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.

- Any false reporting may be referred to the Police for investigation. Arry raise reporting may be referred to the Folice for investigation.
 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

	ACCIDENT STATEMENT
ate Of Report	26/02/2018 15:51
ate Of Accident	24/02/2018 22:20
xact Location Of Accident	PIE TWDS PASIR RIS
Country/State of Loss	SINGAPORE
ountry/state of coss	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SKF4887U
nsured/Policyholder	BIN SAMSURI, MOHAMMED HAZEEQ
Name Of Registered Owner	S8927396Z
VRIC No	NOEMAIL
Email Address	(LOCAL) +65-82887458
Mobile Phone No	OFFICE-82887458
Alternative Phone No	OTTION TO THE PARTY OF THE PART
Vehicle Particulars	0171171
Manufacturer	SUZUKI
Model	SWIFT 1.6 AT
Exact Purpose for which vehicle was being used a 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/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
	4 YEARS AND 8 MONTHS
Driving Experience	MALE
Gender	INITIE

OFFICE-82887458

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.

Number of Passengers (Including Driver)

Passenger 1 NAME: : LIYANA
GENDER: : FEMALE

NO

4

NO

NO

Passenger 2 NAME: : FALYNDA

GENDER: : FEMALE

Passenger 3

NAME: : HYDER

Passenger 3 NAME: : HYDER
GENDER: : MALE

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?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

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 \$9248004F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Polloyholder and/or the Authorised Driver.
- 3. Information provided must be as fruthful 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.
- 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 svallable aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that :

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GtA") 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, involves, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the seme 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' law yers/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 law yers/law firms), which may be siled outside of Singapore, for one or more of the above Purposes.

Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre gnature / Date & Personnel Time K Ilam Sketch Plan

* Pls email to bluw 112088@ yaroo. un. 59 or tar 68+12088.

ACCIDENT STATE	MENT (F	Part I)	796		To be signed by BOTH drive
his is NOT an admission of blame / liabilit nd facts which will speed up the settlemen	/, but a summary it of daims Exact location (3 Injuries even if slight
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Material damage To vehicles other than vehicles A and B	To objects other	rthan vehicles Yes *	is passenger in vehicle A	or vehicle 8)	and the color of t
Registration No. NKF488		Put a cross ()	CUMSTANCES () in each of the relevant licable to your vehicle	(V	istration No. SKN 1538(EHICLE B) ired /policyholder (see insurance o
Insured /policyholder (see insurence Mola Hazea Bin Sal	nsun A	DOXES OPP	12.00	B Name.	1
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no. (from 95m till 5pm)	5	entering a car park	, private grounds, a minor road	5 Tel no.	(from 9am till 5pm)
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(If different from insured A above)	15		n the opposite traffic lane	15 []	Seah In Da. Forbe
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apital letters)	17	(e.g. red tra	ffic light, stop sign, etc.)	A/ 1 1	Passport no. 59248004 F
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to vehicles A and B, give Information overleaf



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8927396Z





MOHAMMED HAZEEQ BIN SAMSURI

Hace

MALAY

Date of birth 15-08-1989

22730-

3618355

Country of birth

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

Class 2B Motorcycles =< 280 CC
Class 2A Motorcycles between 201 CC and 460 CC
Class 2 Motorcycles > 400 CC
Motor cars =< 3000 kg with =< 7 passengers, exclusive of the drive; and motor treators/vehicles =< 2500 kg

PASS DATE

NP 428A

S/No. 9000185020



S8927396Z

29-09-2004

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

NRIC No: S8927396Z

Date: 26/03/2017



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.

MT/00368297

Type of Coverage / Driver Plan

Car Comprehensive (Value Plan)

1) Vehicle Registration No.

SKF4887U

Chassis No.

jsaezc31s00204465

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

The Insured

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.

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

Bin Samsuri, Mohammed Hazeeq

Date of Birth

Ref

Main driver

Named Driver

09/06/1989

Named driver (1)

Binte Ramnatas Mohd, Nurliyana

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).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on:

21/02/2017

Edip Okur Chief Underwriting Officer

DATE OF ACCIE	ances of the Accident	
TIME OF ACCID	ENT: 1020PM	
On the	writioned date 2 time, I was d	ming alo
	ards Pasir Ris Villicle Volume	
	affort camp to a stop and 17	
	n impact at the rear of my v	
- 12010	The received the r	enga.
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	*	

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

HECK YOUR POLICY FOR MORE DETAILS

Policyholder's Signature / Date &

older's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date 56 2 18/11 am

Witnessed by Reporting Centre Personnel