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### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 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.
- 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.

- 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

或是2011年2月1日 · 1011年 ·	ACCIDENT STATEMENT
Date Of Report	06/03/2018 10:45
Date Of Accident	06/03/2018 07:50
Exact Location Of Accident	BLK 603 CLEMENTI WEST ST 1 OPEN CARPARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL9896R
Insured/Policyholder	
Name Of Registered Owner	LIM SEOH LAN SUSIE
NRIC No	S1178600F
Email Address	SUSIE_LIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96726515
Alternative Phone No	OFFICE-96726515
Vehicle Particulars	
Manufacturer	MAZDA
Model	6-2.0 V SDN (GH) (A)
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/00349180/01
Cover Note Number	
Driver	
Name of Driver	LIM SEOH LAN SUSIE
NRIC No	S1178600F

 NRIC No
 S1178600F

 Date Of Birth
 18/11/1956

 Occupation
 INDOOR

 Date Of Driving Pass
 26/01/2006

Driving Experience 12 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-96726515

Fax Number

Contact Number OFFICE-96726515

EMail Address SUSIE\_LIM@HOTMAIL.COM

Address

BLK 613 CLEMENTI WEST STREET 1

#09-342

Postcode

120613

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

**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 SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

NOT GIVEN

Remarks/ Reasons: Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBA4418Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

96999953(ANDREW)

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
  - 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:

Beporting Centre Personnel's Signature

an ole 103

Name:

NRIC/FIN No .:

CLUMBUTI WILST ST 1 BCK 603 SKETCH PLAN A) SJL 9896R B) GBA 4418 Z PORKING DESCRIBE CIRCUMSTANCES OF THE ACCIDENT trovellin was Blic 663 Clementi West St near come out DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Name: WOSLI W Policyholder's Signature Driver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No .:

GIARNIC SkirichEtznFohnt: Vill

Date & Time:

ACCIDENT STATEMENT
ACCIDENT DATE: 6. 13 1 DO KIDD/MMAYYY), TIME: UT: 4 1 (HHIMM)
LOCATION: Clementi West St 1 BIL 603
90 Å
1. DETAILS OF VEHICLE CTL9896R
OVERICLE NUMBER: DIVECT ASIA COM.
BINSURANCE COMPANY: 1514 ECT 80 /61
CIPOLICY NUMBER: MT 100 SET 18 PARTY THIRD PARTY FIRE LIHEFT)
BIMAKE & MODEL: MAS OF CYCLE / OTHERS)
O MAKE & MODEL! TOUPE / MPY /VAN / LORRY / MOTORCYCLE / OTHERS)
TOUR DECAME OF THE PARTITION OF THE PART
HIPURPOSE OF USING AT ACCIDENT THE INSURANCE LYES ACE
I) ARE YOU CLAIMING UNDER TOUR OTHER PROPERTING ONLY) IF INO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
IF NO, PLEASE STATE (THIRD TANK)
2. INSURED / POLICY HOLDER LAN SULLE IMALE / REMALE) 6515
DINRIC/FIN/FASSPORT: SITTSGOOF CONTACT: 967363/1
CIADORESS: ISIC BIS CLEMENT (SOL)
CONTINUE TO 3 IN DRIVER ALSO POLICY HOLDER
MALE / FEMALE)
TOTAL CONTRACTOR CONTR
(Including driver) DINRIC/FIN/PASSPORT!CONTACT!
CIADDRESS:
* d) DATE OF BIRTH! (18/ 11/1956 (DD/MM/YYYY)
PIOCEUPATION! (RDDOR! OUT)
THOTE-OF DRIVING PINSS - THE TOTAL COMPANY? (YES / CY)
WAS DRIVER AN EMPLOYED WITH INSURED ! COUNTY
1 NO, RELATIONSHIP OF THE DRIVER WITH THE REST CHECK
THINK ON THINK ON THE PROPERTY OF THE PROPERTY
7. OREPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION!
IF YES, PLEASE STATE WHICH TO
8. THIRD PARTY VEHICLE GBA 4418 Z MODELI GHAGGS 53
DELVER'S NAME: CONTACT: 1011
LINGUING ARIC/FIN/PASSPORIL
( ) o THIRÔ P'ARTY VEHICLE
d) VEHICLE NUMBER:
(Including delver) 1) HRIO, FIN/PASSPORT! ONTACTIL
(Including deliver) 1) HRIO/FIN/PASSPORTI
( <u></u> )

email: susie\_lim @ hotmail.com

Pax =

VIDED Yes.

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1178600F





LIM SEOH LAN SUSIE

CHINESE 18-11-1956

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE S1178600F LIM SECH LAN SUSIE Sell Date 18 Nov 1956 Date 28 Aug 2014

1165792



€N S1178600F

05-08-1993

APT BLK 613 CLEMENTI WEST STREET 1 #09-342 SINGAPORE 0512

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3 Motor Cars=< 3000kg with =</p>
7 passengers, exclusive 26 Jan 2006 at the driver; and other motor vehicles =< 2500kg</p>



NP 428A



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/00349180/01

Type of Coverage / Driver Plan

: Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No.

511.9896R

Chassis No.

JM6GH10F180112878

2) Name of Policy Holder

Lim, Seoh Lan Susie

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

19/12/2017 00:00

4) Date/Time of Expiry of Insurance

: 18/12/2018 23:59

5) Persons or Classes of Persons Entitled to Drive

(a) The Insured

(b) Any named person under the policy who is driving on the Insured's order or with his permission.

(c) 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 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 triais, 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

Lim, Seoh Lan Susie

Named driver

None

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.

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:

25/10/2017

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer