

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 | 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 |

DETAILS 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 |
| 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 |
| E-Mail 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 ambulance? | NO |
| 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) | 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 |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | NOT GIVEN |
| 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

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7. 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:
 - (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:

6/3/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

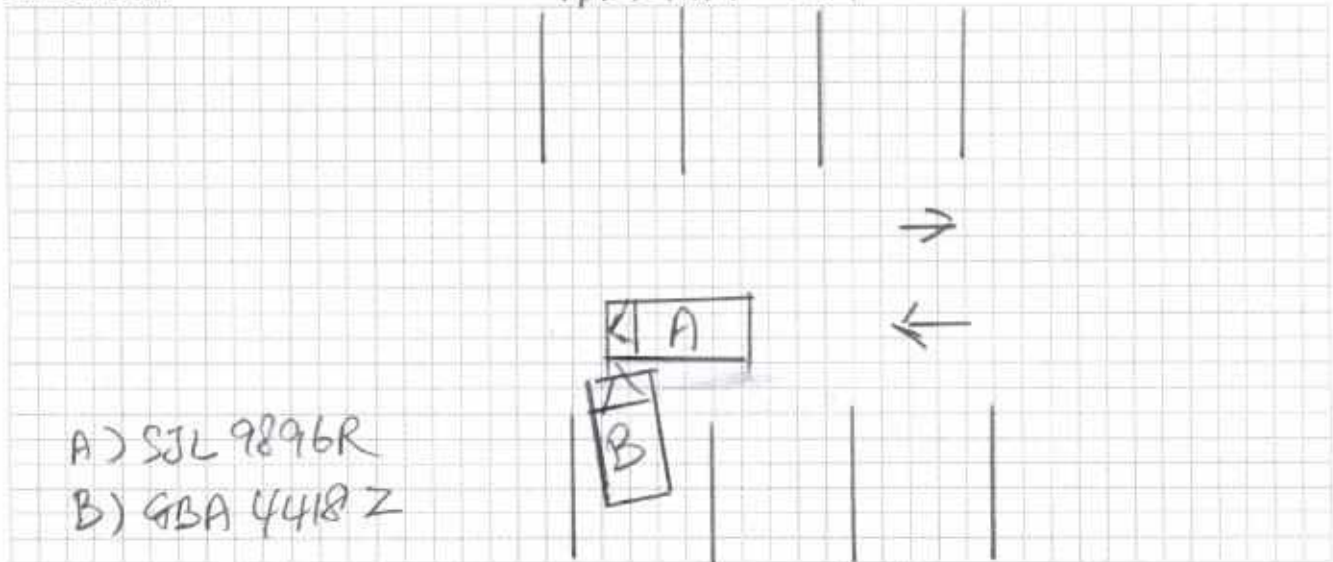
NRIC/FIN No.:

06/03/2018

Rosli N. Abbas

Elementi West St 1 BUC 603

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PARKING LOT

6/8/2018 @ 07:47, I was travelling along Elementi West St 1 near BUC 603, inside carpark. Vehicle GBA 4418Z come out from the carpark ^{LOT} as I was driving straight.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

6/3/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

06/03/2018

Redi wong 603

ACCIDENT STATEMENT

ACCIDENT DATE: 6/3/2018 (DD/MM/YYYY), TIME: 07.47 (HH:MM)

LOCATION: Clementi West St 1 Bk 603

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJL 9896 R
 b) INSURANCE COMPANY: Direct Asia Com
 c) POLICY NUMBER: MT/60349180/01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Mazda
 f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LIM SEOH LAN SUSIE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1178600F CONTACT: 96726515
 c) ADDRESS: 131C 613 Clementi West St 1 #01-342
(2063)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER as above (MALE / FEMALE)
 a) NAME: as above
 b) NRIC/FIN/PASSPORT: as above CONTACT: as above
 c) ADDRESS: as above

* d) DATE OF BIRTH: 18/11/1956 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS 26/1/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS clear
 b) ROAD SURFACE: DRY / WET / OTHERS Dry

6. WAS ANYBODY INJURED (YES/NO) (NO)

7. a) REPORTED TO POLICE (YES/NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(1)

- a) VEHICLE NUMBER: GBA 4418Z MODEL: as above
 b) DRIVER'S NAME: as above CONTACT: 96999953
 c) NRIC/FIN/PASSPORT: as above Andrew

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- d) VEHICLE NUMBER: as above MODEL: as above
 e) DRIVER'S NAME: as above CONTACT: as above
 f) NRIC/FIN/PASSPORT: as above

email: susie_lim@hotmail.com

fax: as above

video yes

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1178600F



Name

LIM SEOH LAN SUSIE

林小兰

Race

CHINESE

Date of Birth

18-11-1956

Country of Birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1178600F

Name

LIM SEOH LAN SUSIE

Birth Date 18 Nov 1956

Issue Date 28 Aug 2014



1185792



NRIC No. S1178600F



Blood Group Date of Issue

O+ 05-08-1993

Address

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

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 26 Jan 2006

NP 428A



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. | : SJL9896R |
| Chassis No. | : JM6GH10F180112878 |
| 2) Name of Policy Holder | : Lim, Seah 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 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\$ 600.00 (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, Seah 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).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on: 25/10/2017



Edip Okur
Chief Underwriting Officer