



## 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	10/04/2018 14:06
Date Of Accident	10/04/2018 00:45
Exact Location Of Accident	CARPARK BLK 18A JALAN MEMBINA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5023A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAM YOKE FEI
NRIC No	S1799031D
Email Address	TANYOKEFEI@BASILENTERPRISE.COM.SG
Mobile Phone No	(LOCAL) +65-96727829
Alternative Phone No	OTHERS-96727829
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	CROSSROAD
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MT/00471077
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAM YOKE FEI
NRIC No	S1799031D
Date Of Birth	10/01/1967
Occupation	OUTDOOR
Date Of Driving Pass	02/09/1991
Driving Experience	26 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96727829
Fax Number	
Contact Number	OTHERS-96727829
EEmail Address	TANYOKEFEI@BASILENTERPRISE.COM.SG

Address	BLK 23 JALAN MEMBINA #24-76
Postcode	163023
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	COLLIDED INTO PARKED VEHICLE
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

**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	SKJ1561H
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAW SANG
NRIC/Passport Number	S2632817I
Contact Number	96931001
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 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 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 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.



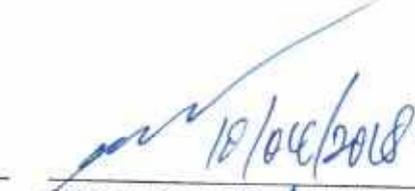
Policyholder's Signature  
Date & Time:

10 Apr 13:40pm



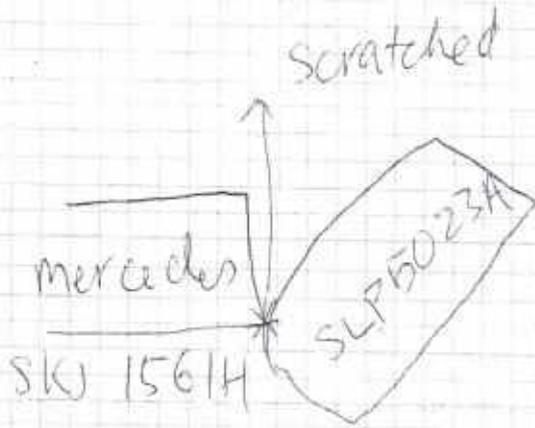
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

As indicated



10/04/2018

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing into the parking space & I miscalculated the distance & my car scratched\* the front of the Mercedes SKJ 1561H, the right side front bumper.

I wrote down my contact & placed it on the Mercedes for the owner to contact me.

DECLARATION

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

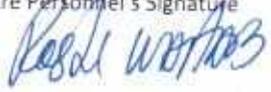
  
 Policyholder's Signature

Date & Time:  
 10 Apr 13.40 pm

  
 Driver's Signature  
 (If driver is not the policyholder)

Date & Time:

  
 Reporting Centre Personnel's Signature

Name:  
 NRIC/FIN No.: 

# ACCIDENT STATEMENT

ACCIDENT DATE: <sup>10</sup> 10/04/2018 (DD/MM/YYYY), TIME: 00:44 (HH:MM)

LOCATION: Carpark 18A Jalan Membina

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP 3823A  
b) INSURANCE COMPANY: Direct Asia  
c) POLICY NUMBER: MT100471077  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA / CROSSROAD  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING HOME  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: TAN YOKO FEI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1799031D CONTACT: 96777829  
c) ADDRESS: 23 JALAN MEMBINA #24-76  
5163023

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

# No of passengers  
(including driver)  
(1)

- DRIVER  
a) NAME: AS ABUOK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 10/01/1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02/09/1991

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear  
b) ROAD SURFACE: (DRY / WET / OTHERS) D.R.S.

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

# No of passenger  
(including driver)

a) VEHICLE NUMBER: SKJ 1561H MODEL: Mercedes

b) DRIVER'S NAME: TAN SANG

c) NRIC/FIN/PASSPORT: S26328177 CONTACT: 96931001

## 9. THIRD PARTY VEHICLE

# No of passenger  
(including driver)

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = tanyokefei@basilentorque.com.sg

fax =

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1799031D



TAN YOKE FEI

陈学菲

CHINESE

10-01-1967 F

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



DRIVING LICENCE NO. S1799031D

TAN YOKE FEI

Birth Date: 10 Jan 1967

Issue Date: 14 Sep 2016



1303244

NRIC No. S1799031D



Blood Group: AB+  
Date of Issue: 25-09-1993

APT BLK 23 JALAN MEMBINA #24-76  
SINGAPORE 163023

NRIC No. S1799031D Date: 27-02-2002 No: 4168157

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

Class	Description	Effective Date
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	02 Sep 1991



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)**

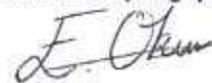
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	: MT/00471077
<b>Type of Coverage / Driver Plan</b>	: Car Third-Party Fire and Theft (Value Plan)
<b>1) Vehicle Registration No.</b>	: slp5023a
<b>Chassis No.</b>	: rt11000141
<b>2) Name of Policy Holder</b>	: tan, yoke fei
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 05/04/2018 11:38
<b>4) Date/Time of Expiry of Insurance</b>	: 04/04/2019 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(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.	
<b>6) Limitations as to use*</b>	
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.	
<b>Sum Insured</b>	: Market Value
<b>Own Damage Excess</b>	: S\$ 800.00 (before any applicable GST)
<b>Windscreen Excess</b>	: Not Applicable (before any applicable GST)
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	:
<b>Main driver</b>	: tan, yoke fei
<b>Named driver</b>	: None
<b>Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.</b>	

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: 05/04/2018

**Direct Asia Insurance (Singapore) Pte. Ltd.**



**Edip Okur**  
Chief Underwriting Officer