

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 16:31
Date Of Accident	09/04/2018 16:10
Exact Location Of Accident	EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK3183U
Insured/Policyholder	
Name Of Registered Owner	LIM HOOI KOW
NRIC No	S2685742B
Email Address	CHURNYEOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96187193
Alternative Phone No	OTHERS-90909949

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5A
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/0040820
Cover Note Number	

Driver

Name of Driver	LIM CHURN YEOW
NRIC No	S8472213H
Date Of Birth	17/12/1984
Occupation	INDOOR
Date Of Driving Pass	23/05/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90909949
Fax Number	
Contact Number	OTHERS-96187193
Email Address	CHURNYEOW@GMAIL.COM

Address	8 KITCHENER LINK #12-16
Postcode	207226
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
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

REFER TO SKETCH PLAN & THIRD PARTY'S DRIVER ADMISSION NOTE

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	XD9117H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SONG XUYAN
NRIC/Passport Number	G6207476R
Contact Number	83627649
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM CHURN YEOW -S8472213H
Approximate Age	

Injuries Sustain

NECK

Injured person in which vehicle?

SGK3183U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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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:

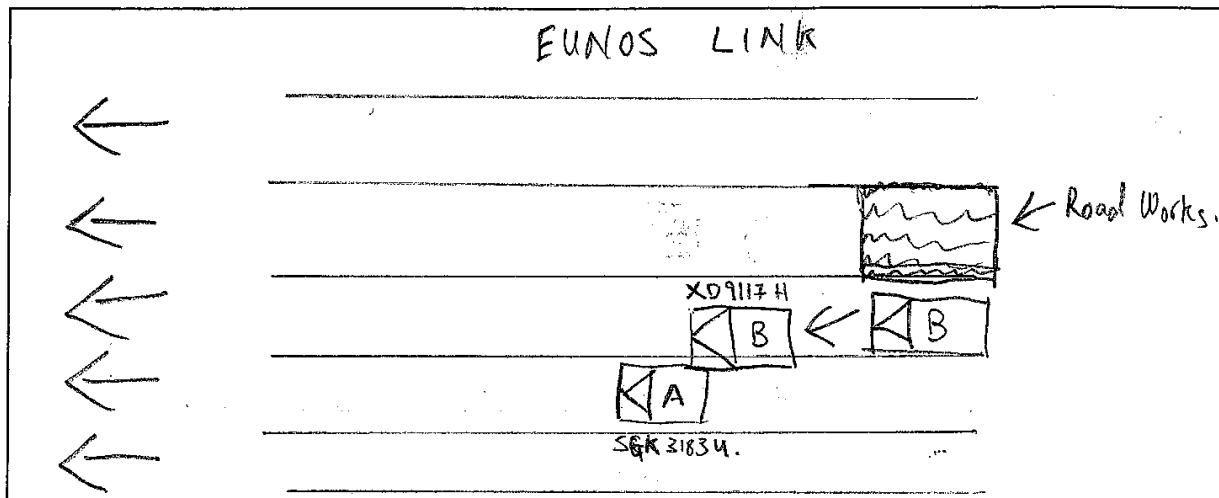
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

SKETCH PLAN

Accident Date: 09/04/18 Time: 1610 Location: EUNOS LINK.
 My Vehicle A: SGK31834 Vehicle B: XD9117H Vehicle C/Others: —



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Eunos Link on the 2nd lane from the left. A lorry (XD9117H) suddenly came from the right and grazed into my right side of the vehicle.

After the impact, the lorry continued to drive to the traffic light and stopped there. I was horning him incessantly to let him know he hit me.

He came ~~to~~ down of his lorry ~~to~~ to exchange particulars with me and also admitted it was his fault as he had swerved to my lane to avoid a vehicle.

() Claim OD / TP at Ah Lim Motor (X) Claim OD / TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to
 My workshop : ALAN'S UNITED AUTO PTE LTD
 Email Address : kennychan@alanutd.com
 & Myself : CHURN YEOW @ GMAIL.COM
 Email Address :

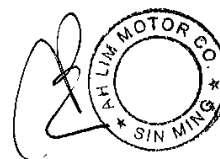
Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Vehicle: SGK31834

[Signature]



Policyholder's Signature

Date & Time:

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

Date & Time

10/04/18. 3.55pm

Witnessed by Reporting Centre

Personnel

thul
10/04/18

At 4.10pm.

I was driving along Ems
and I went past road works

I avoided a bus and
swerved into my left lane
and hit a car.

I was driving XD9117H. I
hit SAK3183U.

I admit it was my fault.

Song Xuyun

CY Lim

G620 74 76 R

88472213H

Song Xuyun

Song Xuyun

fy

~~09/04/18~~ 09/04/18

09/04/18

translated into chinese for Song Xuyun.



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/00404820
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SGK3183U
Chassis No.	: GJ11105518
2) Name of Policy Holder	: Lim, Hooi kow
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 04/08/2017 00:00
4) Date/Time of Expiry of Insurance	: 03/08/2018 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\$ 800.00 (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, CHURN YEOW
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: 02/08/2017

Direct Asia Insurance (Singapore) Pte. Ltd.


Edip Okur
Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd
 88 South Bridge Road Singapore 058716
 www.DirectAsia.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8472213H



Name
LIM CHURN YEOW
林俊耀

Race
CHINESE


Date of birth
17-12-1984

Sex
M


Country of birth
MALAYSIA

S8472213H

S 0 4 5 6 8 2

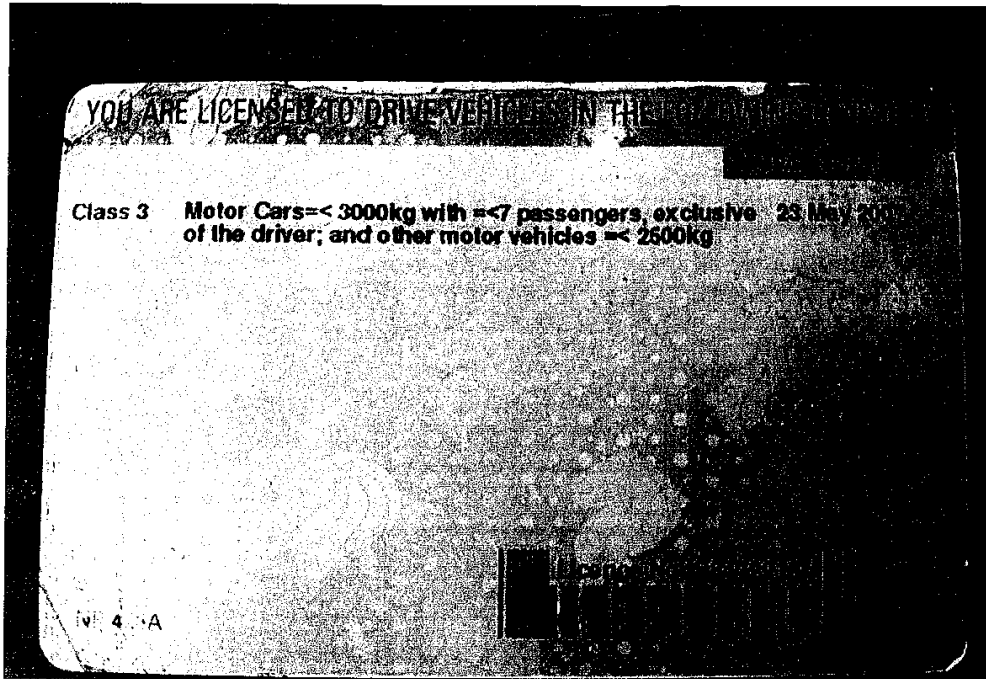


NRIC No. S8472213H



Date of issue
05-06-2012

Address
**8 KITCHENER LINK
#12-16
SINGAPORE 207226**



Accident Photo



Accident Photo



Accident Photo



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