

## 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	24/04/2018 13:41
Date Of Accident	23/04/2018 14:50
Exact Location Of Accident	CHANGI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1217T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH SOR HOON JENNIFER JOY
NRIC No	S6907942C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90077346
Alternative Phone No	OTHERS-NOPHONE

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	BEETLE-2.0 (A)
Exact Purpose for which vehicle was being used at 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/00423545
Cover Note Number	

### Driver

Name of Driver	LOW KWEE CHOO
NRIC No	S1714934B
Date Of Birth	29/09/1965
Occupation	INDOOR
Date Of Driving Pass	05/06/1991
Driving Experience	26 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90077346
Fax Number	
Contact Number	
Email Address	KWEECHOO2909@GMAIL.COM

Address	7D PALM DR
Postcode	456481
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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.	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 ATTACHED

#### 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	GBC2953Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUBRAMANI NAGARAJAN
NRIC/Passport Number	G2249068R
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)**

(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:

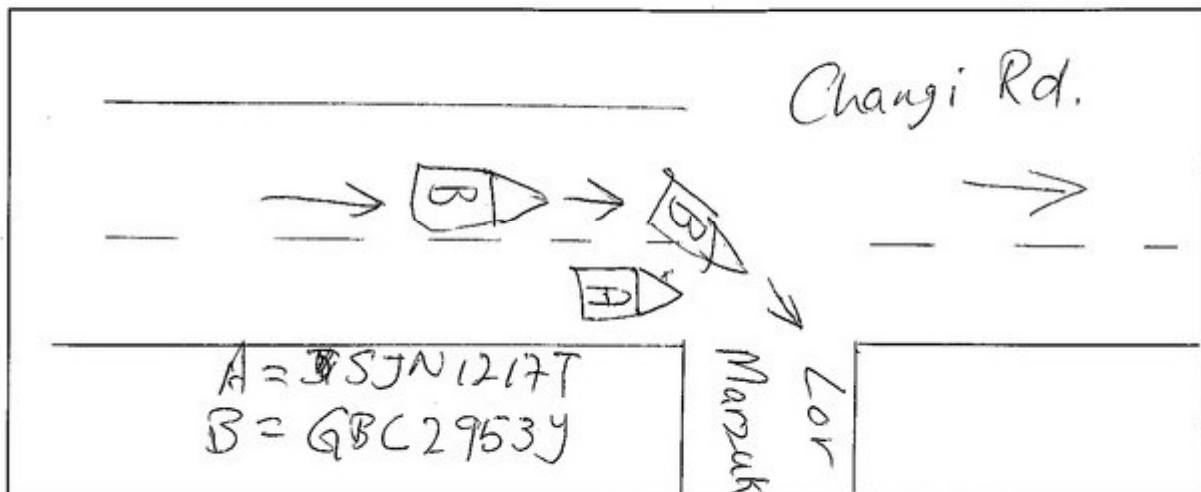
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

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



SKETCH PLAN

Accident Date: 23/4/18 Time: 14:50 Location: Changi Rd.  
 My Vehicle A: SJN 1217T Vehicle B: QBC 2953Y Vehicle C/Others: \_\_\_\_\_



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was along Changi Road (Car A SJN 1217T) going to turn right into Lorong Marzuki. Car B QBC 2953Y suddenly turn right abruptly into my lane and hit my car on the left hand side.

Car B turned right into Lorong Marzuki from the outer lane.

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

Remarks : Please forward a copy of my efile accident report to

My workshop : M/s Loh Heng  
 Email Address : loh\_heng\_0308@yahoo.com.sg  
 & Myself :  
 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.

Policyholder's Signature  
 Date & Time:

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

Witnessed by Reporting Centre  
 Personnel

## 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/00423545
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Flexible Plan)
<b>1) Vehicle Registration No.</b>	: sjn1217t
<b>Chassis No.</b>	: wwwzzz1yz9m403547
<b>2) Name of Policy Holder</b>	: Goh, Sor Hoon Jennifer Joy
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 20/10/2017 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 19/10/2018 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(a) The Insured	
(b) Any other person 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>Your Excess</b>	
<b>Own Damage Excess</b>	: S\$ 300.00 (before any applicable GST)
<b>YIED Excess</b>	: S\$ 2,500.00 (before any applicable GST)
<b>Windscreen Excess</b>	: S\$ 100.00 (before any applicable GST)
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	: uob
<b>Main driver</b>	: Goh, Sor Hoon Jennifer Joy
<b>Named driver</b>	: None
<b>Important Note: This policy covers any authorised drivers. If you authorise a Young or Inexperienced Driver (YIED) then please note the increased excess above. YIED refers to any driver who is below the age of 30 or has held a driving license for less than 2 years.</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: 19/10/2017

**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

Company Registration: 200822611G

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1714934B



Name  
LOW KWEE CHOO

刘桂珠

Race  
CHINESE

Date of Birth 29-09-1965 Sex F

Country of Birth  
SINGAPORE



S1714934B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1714934B

Name  
LOW KWEE CHOO

Birth Date 29 Sep 1965

Issue Date 30 May 2003




000525553K

A0149261



NRIC No. S1714934B



Valid Group Date of issue  
O+ 20-06-2002

70 PALM DRIVE  
SINGAPORE 458481


NRIC No. S1714934B Date: 11/06/2017

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

PASS DATE  
05 Jun 1991

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A



Licence No: S1714934B

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

