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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. 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.
- 3. 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 GtA 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.

A STREET WAS A STREET OF THE STREET	ACCIDENT STATEMENT				
Date Of Report	21/05/2018 10:19				
Date Of Accident	18/05/2018 14:55				
Exact Location Of Accident	PIE TOWARDS CHANGI (BEFORE KIM KEAT LINK EXIT)				
Country/State of Loss	SINGAPORE				
DW Committee of the land of th	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLT4364B				
Insured/Policyholder					
Name Of Registered Owner	TEE POH BEE				
NRIC No	S7224602J				
Email Address	TANBONGTEE@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-96232202				
Alternative Phone No	OTHERS-96232202				
Vehicle Particulars					
Manufacturer	TOYOTA				
Model	CAMRY				
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE				
Are you claiming under your own insurance policy for repair to your vehicle?	NO				
f 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	THIRD PARTY				
Fleet Policy	NO				
Policy Number	MT/00485667				
Cover Note Number					
Driver					
Name of Driver	TEE POH BEE				

NRIC No S7224602J Date Of Birth 27/12/1994 Occupation INDOOR Date Of Driving Pass 27/12/1994

Driving Experience 23 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96232202

Fax Number

Contact Number OTHERS-96232202

EMail Address TANBONGTEE@GMAIL.COM Address

4 HYTHE ROAD

Postcode

557486

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?

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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

17

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

GU1969E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

TEE POH BEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK AND BACK PAIN

SLT4364B

YES

NO

#### 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
- (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 Parsonnel's Signature
Name:
NRIC/FIN.No.: FOLAL WHATAS

	X		
	A		
	B		
Δ.			
1	3	10	10

A= SLT 4364B

B= GU1969E

PIE towards Changi

CBefore Kim Keat

Link Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MACHINE MANNE
Refer to attach

DECLARATION

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

lumure

Policyholder's Signature Date & Time: Lummy

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

Name: NRIC/FIN No.: NHHOOB

On 18.05.18 at about 14:55 hours along PIE towards Changi (Before Kim Keat Link Exit). I was travelling straight on the lane 3 and it was heavy traffic, when my front vehicle slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear portion of my vehicle (A).

Vehicle (A): SLT 4364B

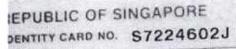
Vehicle (B): GU 1969E

Jurune

# SINGAPORE ACCIDENT STATEMENT

Accident Date: /8/08/16 Time: /4. 55 (hh:mm) 24 hr format
Location PIE towards Changi ( Before Kim Feat Link
exit)
Vehicle Number \$174364 B
Insured Name Tee Poh Bee
NRIC/FIN S72246027 Contact Number 9624 2202
Make Toyeta Model Camry
Are you claiming under your own insurance policy for repair to your vehicle?
( ) Yes If No,Pls select: ( ) Third Party ( ) Reporting
Insurance Company Direct Asia
Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only
Policy Number MT/00485667
AT CD:
Name of Driver ( )Same as Insured
Time Vient
NRIC / FIN Contact Number
Date of Birth $11/07/1972$
Driving Pass Date 27/12/1974
Occupation ( ) Indoor ( ) Outdoor
Gender ( ) Male ( ✓ ) Female
Email Address tanbonytoe ( gmail. Com ( )NO EMAIL
Address of Driver & Hythe Road
Singapore 557486
Was driver an employee of the Insured's Company? ( ) Yes ( ) No
If No, Relationship of the Driver with the Insured
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling
Does the Driver Own Any Other Vehicle ? ( ) Yes ( ) No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions ( ) Clear ( ) Raining ( ) Others
Road Surface (/) Dry ( ) Wet ( ) Others
Was any foreign vehicle involved in this accident? ( ) Yes (√) No
Was anybody injured in the accident? (V) Yes () No
If yes, injured detail Tee Poh Bee Neck & Book Pain.
Was there any video captured by Car Camera? ( ) Yes (√) No
Was the Accident reported to the Police? ( ) Yes ( No If yes attach police repor
DETAILS OF 3rd party Name / Nric Contact  Veh B GM 1969 F
Veh C
Veh D
Veh E
Veh F

Driver Only







TEE POH BEE

CHINESE Date of birth

11-07-1972 F

Country of birth SINGAPORE



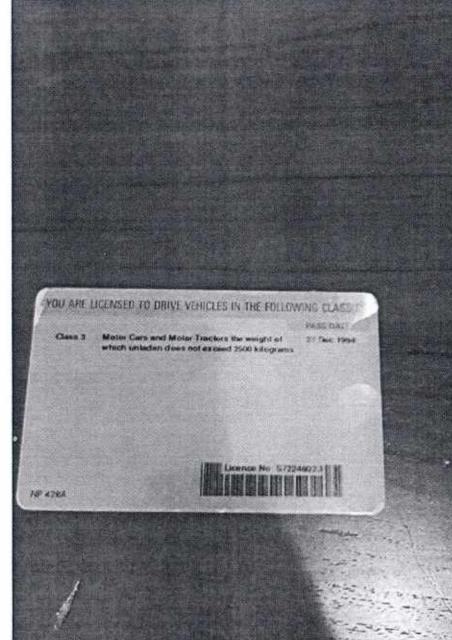
4 HYTHE ROAD SINGAPORE 557486

NRIC No. \$7224602J Date: 14/01/2013 No. 71 48886

3815821

07-12-2005







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 (Majaysia)

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/00485667

Type of Coverage / Driver Plan Low Mileage Car Third-Party Only (Value Plus Plan)

1) Vehicle Registration No. SLT4364B

Chassis No. JTDGG20W60J009371

2) Name of Policy Holder Tee, Poh Bee

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act 18/05/2018 13:17

4) Date/Time of Expiry of Insurance

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

17/12/2018 23:59

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\$ 0.00 (before any applicable GST)

Windscreen Excess 4 Not Applicable (before any applicable GST)

Choice of workshop DirectAsia approved workshops

Finance company / Hire Purchase

Main driver Tee, Poh Bee

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:

18/05/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer . ompany Registration, 2008226116