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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate</u> 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.
- 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	30/05/2018 16:18	
Date Of Accident	30/05/2018 13:45	
Exact Location Of Accident	SIMS AVE TWDS PAYA LEBAR RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	-
Vehicle Registration Number	SKH4197S	
Insured/Policyholder		
Name Of Registered Owner	RAHMAN, RASYIQ	
NRIC No	S8112164H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-90042160	
Alternative Phone No	OTHERS-90042160	
Vehicle Particulars		
Manufacturer	HONDA	
Model	JAZZ 1.3L MT	
Exact Purpose for which vehicle was being used a time of accident	PRIVATE USE	
Are you claiming under your own insurance policy for repair to your vehicle?	YES	
If No, Please state action to be taken		
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/00271259/02	
Cover Note Number		
Driver		
Name of Driver	RAHMAN, RASYIQ	
NRIC No	S8112164H	
Date Of Birth	08/05/1981	
Occupation	INDOOR	
Date Of Driving Pass	07/10/2004	
Driving Experience	13 YEARS AND 7 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-90042160	
Fax Number		
Contact Number	OTHERS-90042160	
EMail Address	NOEMAIL	

BLK 739 PASIR RIS DRIVE 10 Address

#11-09

Postcode 510739

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

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

Passenger 1

NAME: : KHAIRIAH

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

NO

2

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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** 

SJZ7776T

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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")
- 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:
  - 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.

A mass

Policyholder's Signature Date & Time: Fanjo

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

Name: NRIC/FIN No.:

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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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

	А	CCIDENT	DETAILS	No. of the last	100	THE RESIDENCE OF THE PERSON NAMED IN
Date of accident	30 MC	NU 20	118			(DD/MM/YY)
Time of accident	01	45 P	М			(HH:MM)
Exact location of accident	Sims	Ave	towards	Paya	lebar	Road

THE RESIDENCE OF THE PARTY OF T	DETAILS OF VEHICLE
Vehicle registration number	3KH41973
Vehicle make and model	Honda Jazz 1.3
Type of vehicle	Saloon MPV CRV Van C
Vehicle category	Privated Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No I if no, please select: Third part claim I Reporting only I

A. A. S. D. C.	INSURANCE IN	FORMATION	
Insurance company	Direct Asia ly		
Policy number	MT 00271259		
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only 🗆

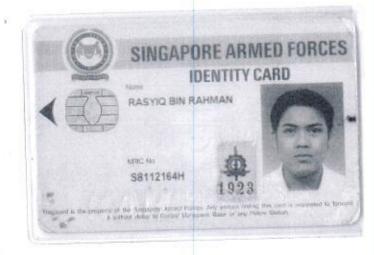
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DRIVER	SAME AS INSURED ABOVE (S	KIP TO D.O.B)	
Name		Male 🗆	Female □
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth	08105/1981		
Occupation	Indoor ☑ Outdoor □		
Driving date pass	07/10/2004		

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he insured's company?			driver and insured:		
Accident captured by camera?	Yes 🗆		0.1		
Weather condition	Clear	Raining 🗆	Others:		
Road surface	Dry 🗷	Wet 🗆			Inclusive of driver
No of passenger	2	2		1	inclusive of driver
	And Township	PASSENGE	2 1 Section 1		LICENSE DE
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Gender	Male 🗆	Female 🗆			
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Name	Male 🗆	Female D		300000000000000000000000000000000000000	
Gender	I WILL I	1.0,1.0.0			
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Was anybody injured?	Yes 🗆	Nod			
Was other vehicle damaged?	Yes 🗆	No□			
No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	DI DI	ETAILS OF POL	ICE ACTION		
Reported to police?	Yes □	No 🗷 I	f yes, please state v	which police	e station.
Police station name					
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Name					
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NRIC / Fin / Passport number		
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Vehicle make model		
Name		
NRIC / Fin / Passport number		
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	THIRD PARTY VEHICLE 3	CONTRACTOR OF THE PARTY OF THE
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
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NRIC / Fin / Passport number		
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Vehicle registration number		
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NRIC / Fin / Passport number		
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### YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 07 Oct 2004 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

NP 428A

Licence No:S8112164H

JAVANESE 0+ S8112164H / PINK Date Of Birth Country Of Birth 08/05/1981 SINGAPORE Military Rank Status WOSE Service Status NSman This card is to be us IF FOUND, CONTAC RASVIG 90042160



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/00271259/02

Type of Coverage / Driver Plan

Low Mileage Car Comprehensive (Value Plan)

1) Vehicle Registration No.

SKH4197S

Chassis No.

JHMGE67509S242176

2) Name of Policy Holder

RAHMAN, RASYIO

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act

05/12/2017 00:00

4) Date/Time of Expiry of Insurance

: 04/12/2018 23:59

- 5) Persons or Classes of Persons Entitled to Drive
  - (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.

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\$ 500.00 (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

RAHMAN, RASYIQ

Named driver

None

Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.

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:

05/11/2017

Edip Okur Chief Underwriting Officer