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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/07/2018 10:48
Date Of Accident	20/07/2018 08:15
Exact Location Of Accident	ALONG BKE TOWARDS SLE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBJ5763Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HUSSAIN BIN MOHAMED YACOB
NRIC No	S8540326E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83188745
Alternative Phone No	HOME-83188745
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CORONA CD M
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	THIRD PARTY
Fleet Policy	NO
Policy Number	MT/00494773

D	ri۱	/e	r

Cover Note Number

Name of Driver MUHAMMAD HUSSAIN BIN MOHAMED YACOB

NRIC No S8540326E

Date Of Birth 30/11/1985

Occupation INDOOR

Date Of Driving Pass 28/08/2006

Driving Experience 11 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83188745

Fax Number

Contact Number HOME-83188745

EMail Address NOEMAIL

803C KEAT HONG CLOSE #14-114 SINGAPORE 683803 Address

Postcode

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 **CHAIN COLLISION**

Weather Conditions **CLEAR** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO

NO

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : SPOUSE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

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 SDL5900J

Vehicle Make/Model/Colour MAZDA

Details Of Properties FRONT AND REAR PORTION

Vehicle Category PRIVATE CAR

GIN CHEONG PENG Name of Driver

NRIC/Passport Number S7127515I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 27

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

YM8541M

FRONT PORTION
GOODS VEHICLE
KRISHNAMOORTHY

G3043102U



Contact us at

Hotline: (65) 6532 2888

E-mail: CustomerService@DirectAsia.com

- totale total

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/00494773

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

1) Vehicle Registration No. : sbj5763y

Chassis No. JT1EAT17100053624

2) Name of Policy Holder : MUHAMMAD HUSSAIN, MUHAMMAD HUSSAIN

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 12/06/2018 00:00

4) Date/Time of Expiry of Insurance : 30/04/2019 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\$ 0.00 (before any applicable GST)

Windscreen Excess : Not Applicable (before any applicable GST)

Choice of workshop : DirectAsia approved workshops

Finance company / Hire Purchase

09/06/2018

Main driver : MUHAMMAD HUSSAIN, MUHAMMAD HUSSAIN

Named driver : None

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

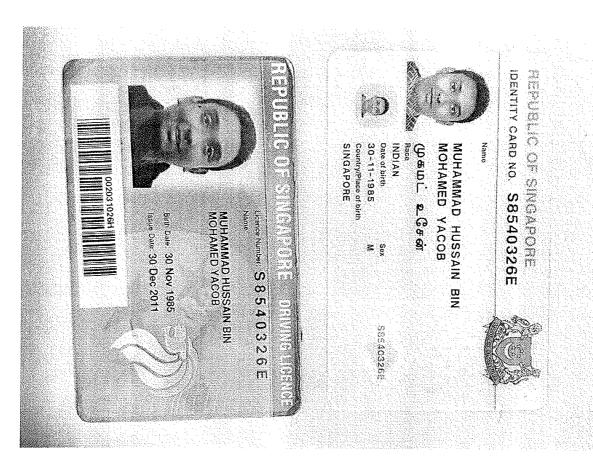
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

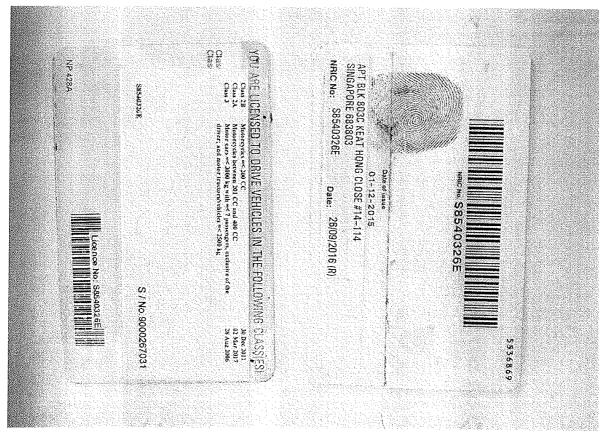
Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on:

Edip Okur Chief Underwriting Officer Company Registration: 2008226110

.





SKETCH PLAN			
A) 86357634			
B) SDL 5900 J	AH KABKAC	J 👍	
2) YM 85HM			
	ROAD SHOULDER M		
DESCRIBE CIRCUMSTANCES OF TI	HE ACCIDENT		
I was about -		the car	hit me from the
back (SDL 5900:		d the car	was hit by anoth
mportant: fou have been advised by the worksho laim against your own policy (OD CLA DAYS CLAUSE WHEREBY MUST BE MA	IM), There is a FOURTEEN (14)		Reporting Only Claim OD Claim TP
rom the day of the occurrence.	The supulated time traine	./ -	Claim OD TP at other workshop
DECLARATION /WE declare the foregoing particul	ars are true in every respect.		
June 20/01/18		m.	
20/01/18 Policyholder's signature 11.06am	Driver's Signature (if driver not the policyholder)	Reportin	g Centre Personnel's Signature

SKETCH PLAN

IMPORTANT NOTICE

- 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 flecords 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 .
 - (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.
 - 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.

olycyholeer's Signature

20/07/18 11,08am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

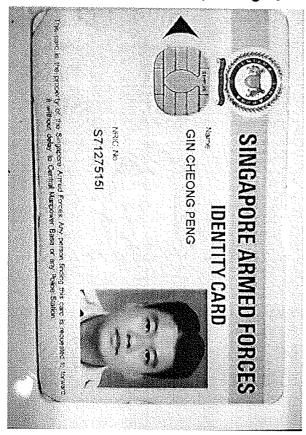
Tring Centre Personnel's Signature

NRIC/FIN No

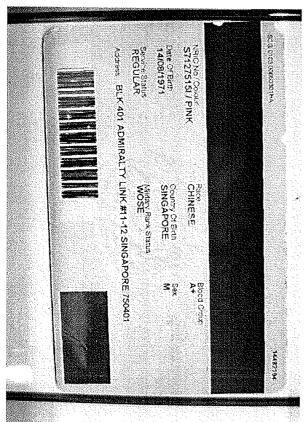
4171003 2 154 345

(B)

3DL 5900J

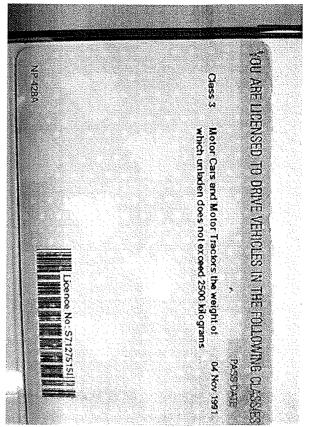






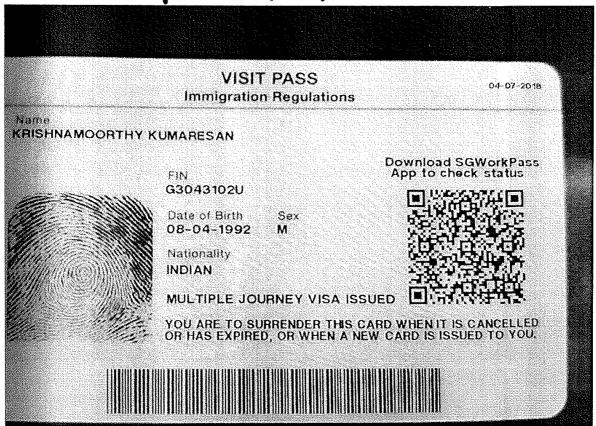
MANAGE TO .

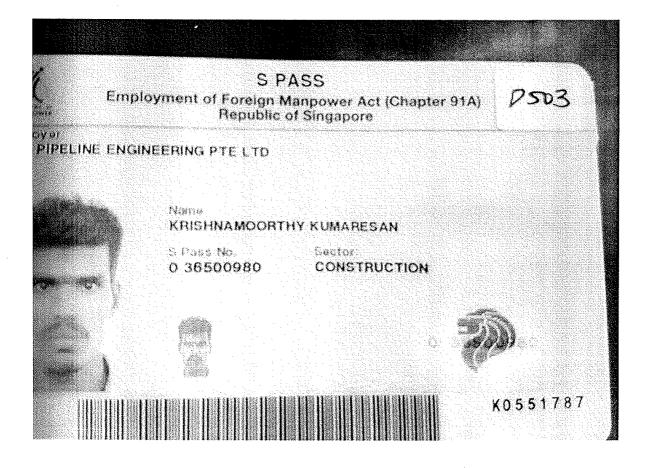
The state of the s



(C)

YM 8541M





and following bendered the man

TOTAL STREET, STREET,

The second secon

A CONTROL OF A CON

.....

......

THE THE PERSON OF THE PERSON O

Sketch Plan Pg. 7

Transfer Fee Enquiry Page 1 of 1 > Back to OneMotoring **Enquire Transfer Fee** Vehicle Details Vehicle No.: SBJ5763Y P10 - Passenger Motor Car Vehicle Type: Vehicle Attachment 1: No Attachment Vehicle Scheme: Normal Vehicle Make: TOYOTA Vehicle Model: CORONA CD M Chassis No.: JT1EAT17100053624 Propellant: Petrol Engine No.: 4A7699186 Engine Capacity: 1587 cc Maximum Power Output: Maximum Laden Weight: Unladen Weight: Year Of Manufacture: 1989 Original Registration Date: 25 Jul 1989 Lifespan Expiry Date: COE Category: A - Car (1600cc & below) PQP Paid: \$3,864.00 COE Expiry Date: 30 Apr 2019 Road Tax Expiry Date: 30 Nov 2018 30 Nov 2018 Inspection Due Date: Intended Transfer Date: 23 Jul 2018 CO2 Emission: CO Emission: HC Emission: NOx Emission: PM Emission: Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable. Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred. **Amount Payable Amount Before GST GST Amount Amount After GST (S\$)** (S\$) **(S\$)** Transfer Fee: 25.00 25.00 **Total Amount Payable:** 25.00

You may print this page for reference.

OK Print

































REPORTING MILEAGE

