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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.
 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.
- 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.

STATE OF THE PERSON NAMED IN SOME	ACCIDENT STATEMENT
Date Of Report	27/08/2018 12:36
Date Of Accident	24/08/2018 20:20
Exact Location Of Accident	JB TO SINGAPORE CUSTOM
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM7789A
Insured/Policyholder	
Name Of Registered Owner	TAN SAI MENG, JIMMY
NRIC No	S1737257B
Email Address	JIMMYTAN9909@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97469909
Alternative Phone No	OTHERS-97469909
Vehicle Particulars	
Manufacturer	NISSAN
Model	
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	REPORTING ONLY
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/00502030
Cover Note Number	
Driver	
Name of Driver	TAN SAI MENG, JIMMY
NRIC No	S1737257B
Date Of Birth	06/06/1966
Occupation	INDOOR
Date Of Driving Pass	14/11/1991
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97469909
Fax Number	
Contact Number	OTHERS-97469909
EMail Address	JIMMYTAN9909@HOTMAIL.COM

Address BLK 573B WOODLANDS DRIVE 16

#11-662

Postcode 732573

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

-

NO

3

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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.

Number of Passengers (Including Driver)

Passenger 1 NAME: : NIL

GENDER: ; FEMALE

Passenger 2 NAME: : NIL

GENDER: : MALE

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

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

Vehicle Registration Number SJN3799S

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)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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")
- (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.:

MT739A	Singapers conston
127990	- [a] [a]
N31998	
	< 10 X
	I car and notor cycle
DESCRIBE CIRCUMSTANCES	
VehAl am	driving JB contour to Singapork
Veh Blank	Any only Jallow Lorry and bus only
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bady set	The Veh VET SIN STAGS IS also the
the Privet	el hiver cour.
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DECLARATION	iculars are true in every respect.
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I/ we declare the foregoing part	81/8

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-- Reported on 25 rt 2018

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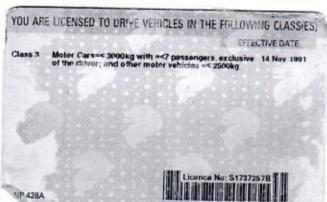
ACCIDENT STATEMENT

ACCIDENT STATEMENT	
ACCIDENT DATE: 29, 8: 12018 (OD/MM/YYY), TIME: (20: 20) (HH:MM)	
ACCIDENT DATE: (C. 1/ . Q.) (OD/MM/YYYY), TIME: (
LOCATION: JB" to Singapore Cuestoin.	
tocanon.	
1. DETAILS OF VEHICLE CTNA -7789 A. ::	
a) VEHICLE NUMBER:	
b)INSURANCE COMPANY:	
C)POLICY NUMBER:	
COURT / MOLUCIONE / MPV /V AN / LORRY / MOLORCI DUC. / OTHERWI	
a) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTOR)	
NOURROSS OF USING AT ACCIDENT TIME!	
DARE VOIL & LAIMING LINDER YOUR OWN INSURANCE (TESTINO)	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
WINDER LEGICY HOLDER	
AINAME:	
b) NRIC/FIN/PASSPORT:CONTACT:	
c ADDRESS:	
THE REPORT ALSO POLICY HOLDER	
* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER	
WHO OF passing & DRIVER IMALE / FEMALE) 0000	
a)NAME!	
D) NRIC/FIR/F ASSI OKI	
(
Male OF BIRTH: () (DD/MM/YYYY) : : Perral OF DRIVING PASS	
Gerral . e)OCCUPATION: (INDOOR / OUTDOOR)	
INDATE OF DRIVING PASS - THE INSUBER'S COMPANY? (YES ! NO) OWNER	
THE INSURED'S COMPANY IN	
THE LATION CALL DE LOC OPTION TO THE PARTY OF THE PARTY O	
E CIWEATHER CONDITION: (CLEAR) RAINING / CITICAL	
LIBOAD SURFACE (DRY / WEI / OTHER)	
6. WAS ANYBODY INJURED (YES /NO)	
7. O REPORTED TO POLICE (YES NO)	
8. THIRD PARTY VEHICLE CTN 7799 SMODEL	
1 MODEL MODEL	
CONTENTS NAME	
(Induding driver) b) DRIVER'S NAME:CONTACT:CONTACT:	
- THE STATE OF THE	
d) VEHICLE NUMBER:	
4 10 of perminant of DRIVER'S NAME!	
(Including driver) 1) NRIC/=:N/PASSPORT!CONTACT	
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limmy tan 99014 delimailzo	-
email = whow Jimmytan 9909 @ notwail cou	
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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/00502030

Type of Coverage / Driver Plan

Car Third-Party Only (Value Plan)

1) Vehicle Registration No.

SJM7789A

Chassis No.

JN1BAAG11Z0107257

2) Name of Policy Holder

TAN SAI MENG, JIMMY

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

27/06/2018 16:17

4) Date/Time of Expiry of Insurance

27/01/2019 23:59

- 5) Persons or Classes of Persons Entitled to Drive
 - The Insured (a)
 - Any person who is named on the policy who is driving on the Insured's order or with his permission. (b)

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

Main driver

TAN SAI MENG, JIMMY

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).

www.DirectAsia.com

Issued on:

27/06/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd 88 South Bridge Road Singapore 058716