SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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	25/08/2018 14:05				
Date Of Accident	25/08/2018 09:10				
Exact Location Of Accident	BLK 612-MSCP EXIT TO PUNGGOL DRIVE				
Country/State of Loss	SINGAPORE				
D	ETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLQ4433B				
Insured/Policyholder					
Name Of Registered Owner	SUNRANK				
Co Reg No	53323731M				
Email Address	TAYHOCKKEAT@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-98217529				
Alternative Phone No	OFFICE-NOPHONE				
Vehicle Particulars					
Manufacturer	HONDA				
Model	SHUTTLE				
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	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/00496719				
Cover Note Number	11/07/2018 TO 10/07/2019				
Driver					
Name of Driver	TAY HOCK KEAT				
NRIC No	S8125622E				
Date Of Birth	16/08/1981				
Occupation	INDOOR				
Date Of Driving Pass	23/05/2003				
Driving Experience	15 YEARS AND 3 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-98217529				
Fax Number					

TAYHOCKKEAT@GMAIL.CM

63 COMPASSVALE BOW #12-25 Address

Postcode 544990

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - DIRECTOR

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 **MSCP**

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?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : TAY WEI JUN

GENDER: : MALE

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?

NO

NO

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 NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS7392E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

LIANG SEOW CHOO Name of Driver

NRIC/Passport Number S1487528Z 91271881 **Contact Number**

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

Direct Asia

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

Vahicle: SLQUB3B

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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)

Lunderstand, 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)
 - (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
 - 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.
 - 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:

Director Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre I

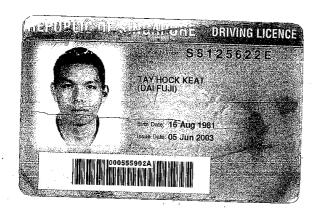
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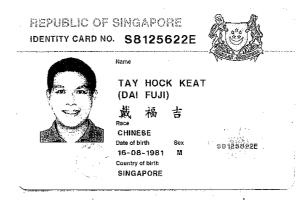
NRIC/FIN No .:

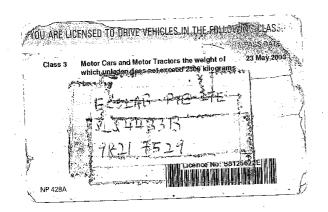
Sketch Plan Pg. 2

to of residents 2x/b 8/	18 Time: <u>0910 km</u> Location: な ぬ Vehicle B: <u>31-3</u> 7392	612 Multy More, c/1
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My workshop : Dukos-	in grou .com.	
0	,	
Email address : tagho	ck Keat @ gmail . Com	•
Note: Please take note that	your insurer have 14 days timeframe for y k with your own insurer for more informa	ou to submit own damage claim under
	- White:	SLQ.
DECLARATION I/We declare the foregoing particu	lars are true in every respect.	4433B
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.:
GIARMC SketchPlanForm, V3	Date & Time.	AH IM MOTOR COMP

Driver's Particulars Pg. 1











Contact us et.

Hotline: (65) 6532 2988 E-mail: CustomorSennore@CirectAsia.com

YOUR POLICY SCHEDULE

This document forms part of your contract with us and should be reed together with your Certificate of Industrice and your Policy Details. Do let us loops if any of the details shown here need to be amended or updated

Car	Time	N 1875	0.00	MIN.	400	400.00
Section 1	38.4	1100	MA.	8.40	ш	1645

MT/00/496719 Policy number

Policy begins 11/07/2018 00:00 and runs until 10/07/2019 23:59 Period of cover

\$\$ 1,144.64 (inclusive of GST). Premium Ss 800.00 (before any applicable GST). Own Domage Excess 54 100.00 (before any applicable OST) Windscreen Excess

Vehicle Details

: GKB1005938 SLQ4433B Chassis number Vehicle Registration

Friends and Suciness Use Honda Shuttle 1.5 Car usage Make and model

2017 Year of registration

No. of

Finance company / Hire accidents/claims in DOMO purchases the last 36months

Is your car modified? No

(Modifications are according to LTA guidelines)

Policyholder

SUBBANK Policyholder

6128 PUNGGOL DRIVE, 12-885; Singapore 822612. Mailing Address

98217529 Mobile Number 1 tayhockleast@gmail. E-mail Address

+ 30% No Claims Discount

INCOS

Meanon.

Main Driver Details HOOK KEAT, TAY Made Orboar

Marital Status Married 16/08/1981 Date of Birth

Private sector : sales person Occupation : Male Gander

Number of accidents or 1. It. Not se fault No Certificate of Merit

claims in the last 36 Years of valid driving

months Scence 34 19

Named Oriver Details

HD KUI LING (Non-YIED) Named Driver (1)

Marital Status 1 Mantred Date of Birth 09/01/1980

Occupation Business owner/self employed Female Gondor

Number of accidents or 1.0 Certificate of Herit Yes

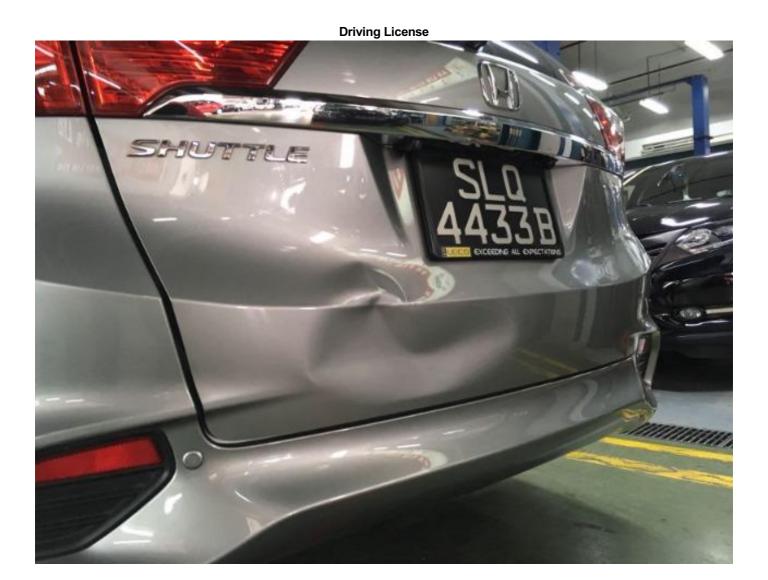
claims in the last 36

Years of valid driving months

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

Young and/ or Inexperienced Driver (YIED): refers to any driver who is below the age of 30 or holds a driving licence for less than 2 years.

> Direct Asia Insurance (Singapore) Pte Ltd 88 South Bridge Road Singapore 056716 niam. Direct/Asia com-



Accident Photo



Accident Photo



Accident Photo









