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OD TP Reporting Only		15, 77 + 1015)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report	to Occurred Wilson	
	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW: (7.553	K:)
TP Particulars: Veh No: JA	1A 23947 . INC)/Non-INC()	
Owner / Driver: (Devied (Tel:	
	Period: (Cover Type: (
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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 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.
- 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.

By the lodgement of this report to the insurers, you hereby cons aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available	
The Control Sension Supplement	ACCIDENT STATEMENT	
Date Of Report	10/09/2018 15:33	
Date Of Accident	10/09/2018 13:30	
Exact Location Of Accident	WOODLANDS CHECKPOINT TWDS SINGAPORE	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJU7256D	
Insured/Policyholder		
Name Of Registered Owner	SANIA BINTE MOHAMAD JONID	
NRIC No	S6927151J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-83391309	
Alternative Phone No	OFFICE-83391309	
Vehicle Particulars		
Manufacturer	CHEVROLET	
Model	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
Are you claiming under your own insurance policy	NO	

for repair to your vehicle?

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/00501013

Cover Note Number

Driver

Name of Driver MOHD FARID BIN ALIMAN

NRIC No S6837289E Date Of Birth 30/10/1968 INDOOR Occupation Date Of Driving Pass 03/03/2016

Driving Experience 2 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84683100

Fax Number

OFFICE-84683100 Contact Number

EMail Address NOEMAIL Address 880 UPPER BUKIT TIMAH ROAD

#04-03

Postcode 678181

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

8

Insurance Company of Driver's Own Vehicle

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 2
Was any body injured in the Accident? YES
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:

: SANIA BINTE MOHAMAD JONID

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?

NO

NO

2

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE, I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

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 SMA5297T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver ONG JULIANA
NRIC/Passport Number S8203165J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

MOHD FARID BIN ALIMAN Name

Approximate Age

NECK & BACK Injuries Sustain SJU7256D Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

SANIA BINTE MOHAMAD JONID Name

Approximate Age

Injuries Sustain NECK & BACK Injured person in which vehicle? SJU7256D YES

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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 truthful and accurate as possible. Any wilful 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.
- 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")
- (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.

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.:

Policyholder's Signature Date & Time:

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

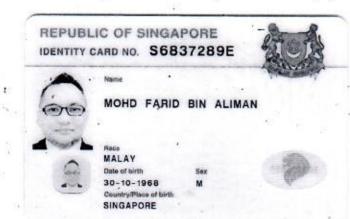
Date & Time:

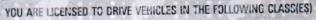
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

5399830 21-09-2015 880 UPPER BUKIT TIMAH ROAD #04-03 SINGAPORE 678181 Date: 25/10/2017 NRIC No: \$6837289E

NP 428A



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/00501013

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

1) Vehicle Registration No. SJU7256D

Chassis No. KL1JA6961AK586952

2) Name of Policy Holder

: Sania Binte Mohamad Jonid

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

of Insurance for the Purpose of the Act : 26/06/2018 00:00

4) Date/Time of Expiry of Insurance : 22/06/2019 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.

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 : Mohd Farid Bin Aliman

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).

Issued on:

25/06/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer Company Reastration 2008226910