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.

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	ACCIDENT STATEMENT			
Date Of Report	10/09/2018 18:29			
Date Of Accident	09/09/2018 10:15			
Exact Location Of Accident	ALONG PASIR RIS STREET 11			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SJY2373K			
Insured/Policyholder				
Name Of Registered Owner	MOHAMED TAUFIK BIN MOHAMED ISMAIL			
NRIC No	S8101433G			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-97605751			
Alternative Phone No	OFFICE-97605751			
Vehicle Particulars				
Manufacturer	MERCEDES-BENZ			
Model	C 180 CGI			
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/00515800			
Cover Note Number				
Driver				
Name of Driver	MOHAMED FEROZ BIN MOHAMED ISMAIL			
NRIC No	\$7638494.1			

NRIC No S7638494J
Date Of Birth 13/12/1976
Occupation OUTDOOR
Date Of Driving Pass 10/02/2000

Driving Experience 18 YEARS AND 6 MONTHS

Gender MALE

Mobile Number +65-83639097

Fax Number

Contact Number OFFICE-83639097

EMail Address NOEMAIL

Address BLK 143 PASIR RIS STREET 11

#04-115

Postcode 510143

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

NO

NO

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?

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) 3

Passenger 1

NAME: : AINUR AKHMETORA

GENDER: : FEMALE

Passenger 2 NAME: : THERESSA

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 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 SJM6587Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver PEH ENG KIM, ALBERT

NRIC/Passport Number S1501036C

Contact Number

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKET CY FLAN

IMPORTANT NOTICE

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- 8. Consent under the Personal Date Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 dallns.
- 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 Perso

NRIC/FIN No.:

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Accident Sketch Plan

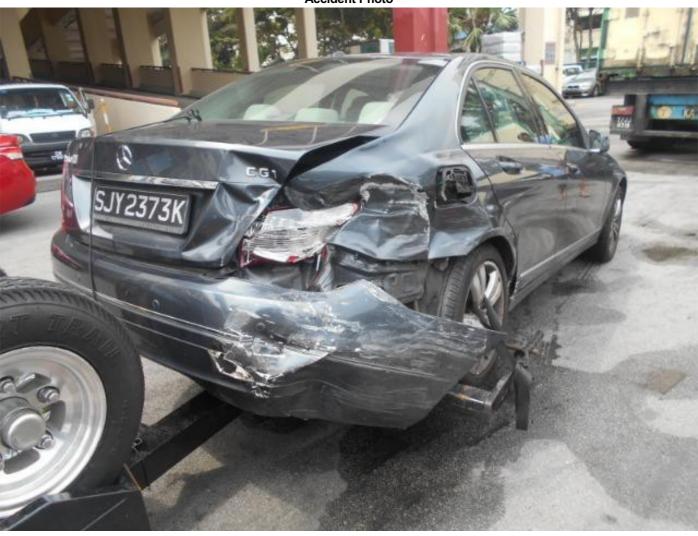
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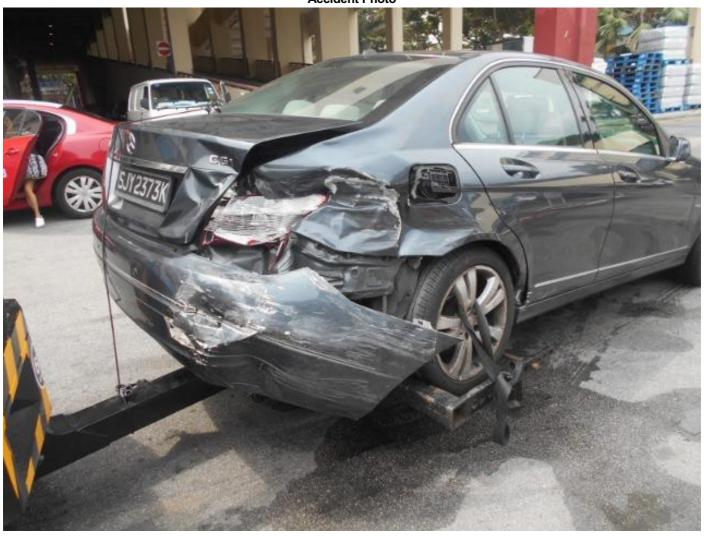
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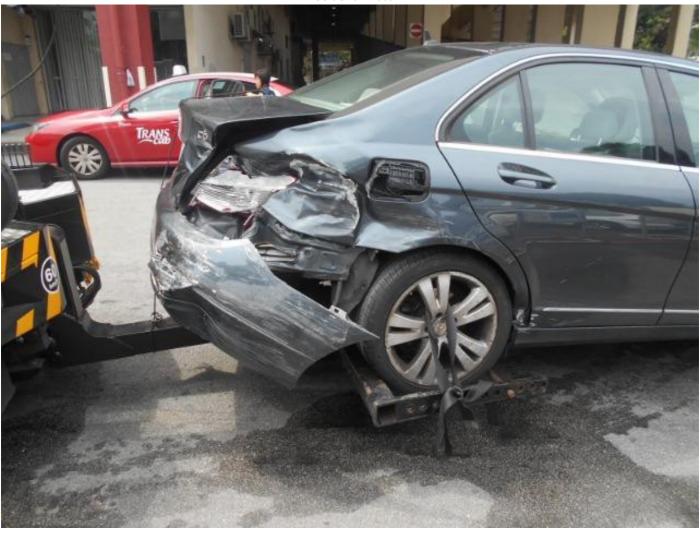
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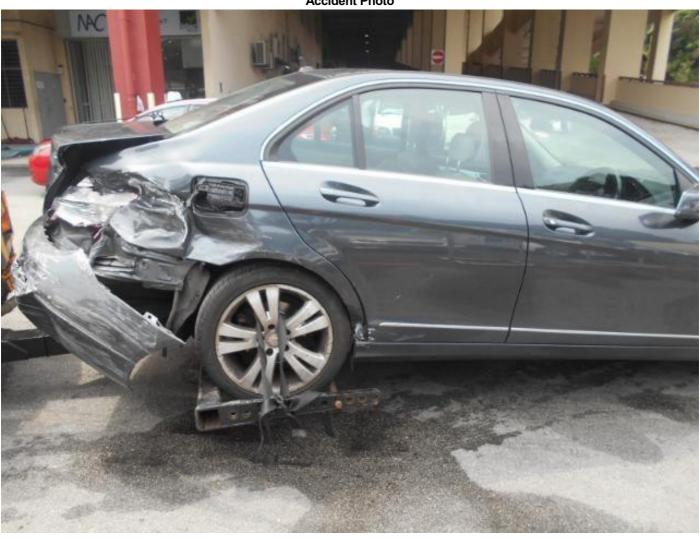


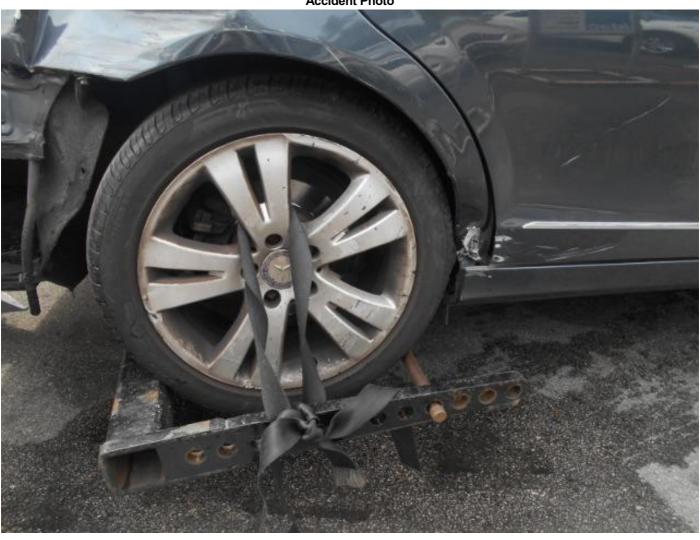








































Addendum Sheet



See . . .

DEMERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE NUMBER Quay 40% 000 MIGROR BUSINGS THE HESS 0000 FOR PH \$22,0000 FOR PH \$22,0000 PM PH \$22,00000 PM PH \$22,0000 PM PH

IMPORTANT NOTE: Please submit the completed Addendum form to the game Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS DEPERSONMAKING THEAMENDMENTS:

(A) PARTICULARS OF PER	SONMAKINGTHEAMENDMENTS:
Original Report No :	MNAI18117485 Vehicle Registration No. 5542373K
Aramaja stowa e NRICI :	Mobulità 1/102 Fin Michaeld NRIC/FIN/Passporino: S76384945
	icle Owner) (*) Please delete as appropriate
	BIK 143 ROGIF FIS SHOUT II \$ 04-115 singapore SID145
Contact (Tel) :_	83639097 Mobile No.:
Email Address :_	- Novice (10.
Date of Accident :_	09/09/2018Time of Accident:
Place of Accident :_	Along Pasir is start 11
Insurance Company:	Direct Asia
make the following amer Add DN in the I kish to front kft	state that the impact caused my vehicle
My Tyre.	rim to hit the kerb as well as
Policyholder / Driver's Signat Date:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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