Dale in Discharge			Value of the Control	5.4		
Date In: 8/10/18 -13:45	Jcb description		Date & Time Comp	leted	Don	e by
Ref No: NA DA218018280 14	SAS e-filing		i			
Veh No: Jugyozy	E-mail (within	Shrs, AIC 2hrs)			- Ta 1117-0-	
D.O.A : 7/10/18-13:00	i-Motor Clai	m Form				
OD (TP) ' Reporting Only	State in or one or other designation of	(Within: OD 2hrs	, TP 4brs)			
	i-Photo Uplo		ļ		808 2000	
TP Insurer:	Assessment/Su		Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: JEB	ODETE	INC ().	% 	S
Owner / Driver: (-	, mor	Tel:		,	
Policy No: () Pe	eriod: ()	Cover Type: (,	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	VO): N: 0-20	%; P: 21-79%. P	: 30-1009	/ ₆]	
	Warranty: YES ()			
Excess: (\$) Loading: \$1,0	2011 - 101 -				-	1100000000
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() Total Loss Case : to e-mail Insur			The Fig.			
Drive-In () / Towed-In (); Invoice	e: YES () / N	O(); To	wing Co: ()
Remarks: (INC hotline: 6788 6616)			Date&Time Comple	S49625	Done	hy
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-/PPA/ AVA AAMOIPME MINUWANCE	Courtesy Car (1				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number 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 truthful and accurate as possible, Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	08/10/2018 13:45
Date Of Accident	07/10/2018 13:00
Exact Location Of Accident	SLIP RD TPE (SLE) TWDS PASIR RIS FLYOVER
Country/State of Loss	SINGAPORE
Company of the Compan	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG4127Y
Insured/Policyholder	
Name Of Registered Owner	MAIDEEN,MOHAMMED
Co Reg No	S2681962H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81804425
Alternative Phone No	OFFICE-81804425
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
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/00037320/07
Cover Note Number	
Driver	
Name of Driver	HAJRA MAIDEEN
NRIC No	S9172314Z
Date Of Birth	23/06/1991
Occupation	INDOOR
Date Of Driving Pass	02/08/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98557898

OFFICE-98557898

NOEMAIL

Address BLK 347 TAMPINES STREET 33

#04-402

Postcode 520347

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Drivers Own

are the control of th

Insurance Company of Driver's Own Vehicle

-

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 2

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : AIS

: AISHA MAIDEEN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

470629, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20181007/2077.

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

SKB9085E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MANDEEP KAUR SIDHU

NRIC/Passport Number S9628726G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Land of the State State State of the Control of	DETAILS OF INJURED PERSON 1
Name	HAJRA MAIDEEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGG4127Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
77.7	

Address Postcode

DETAI	LS OF	IN.IIIR	FD P	FRSC	ON 2

Name AISHA MAIDEEN

Approximate Age

BODY Injuries Sustain Injured person in which vehicle? SGG4127Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode YES NO

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:
 - (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 Personne's Signature

Name:

NRIC/FIN No.:

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.:





1 of 3

Report No. T/20181007/2077

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 07/10/201	e Report N 18 18:11	Made:	Vide Report No.:	Station Diary No.: 40	
Informan	t's Partic	ulars			
Name of Informant: HAJRA MAIDEEN			Address: APT BLK 347 TAMPINES STREET 33 #04-402 SINGAPORE 520347		
ID Type / NRIC NO	ID No.: / S91723	14Z	Contact No.: Home/Office: Mobile: 98557898		
Nationalit	y: DRE CITIZ	EN	Email:		
Sex: Female	Age: 27	Date of Birth: 23/06/1991	Type of Informant: Driver	11	
Race: Indian			Language: English	Institution / School Name:	
The state of the s	Occupation:		Driving Licence Information: Class: 3 Date of Expiry:		

General Infor	mation of the Accid	lent	STATE OF THE PARTY.			
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 07/10/2018 13:0	00	Type of Location: Bend
	Traveling Toward FEXPRESSWAY	Road 2				
Weather: Clear		Road : Dry	Surface:	10	Roa	d Speed Limit:
Traffic Flow: One Way			Control: trian Cross	ing	1 27 57 15 5	fic Volume: derate
Type of Collis Between Mov	sion: ring Vehicles - Head	To Rear				one conveyed by oulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGG4127Y	Car	HONDA	Civic		Slightly Damaged	1
SKB9085E	Car	MINI	Cooper	Brown	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 2 of 3

Report No. T/20181007/2077

CONTINUATION OF REPORT

Driver					7000	
Name	HAJRA MAIDEEN	-		ID No		S9172314Z
Related Vehicle	SGG4127Y (Car)			Contact No.		98557898
Hospital/Clinic	MOUNT ALVERNIA	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	07/10/2018		Date Disc	harge	07/10	0/2018
No. of Days gran	ted Medical Leave	03	Degree of			
Passenger	A THE PERSON NAMED IN	A CONTRACTOR OF		3330	Alexander	AND STREET, ST
Name	AISHA MAIDEEN			ID No		T0005669Z
Related Vehicle	SGG4127Y (Car)			Contact No.		82017155
Hospital/Clinic	MOUNT ALVERNIA	IT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	07/10/2018		Date Disc	harge	07/10)/2018
No. of Days gran	ted Medical Leave	03	Degree of		Slight	

Brief Details.

On the above mentioned date, time and location. I was driving a Honda and I came to a stop due to the pedestrian crossing ahead. The mini cooper behind me however did not slow down nor stop and hence collided onto the rear of my vehicle.

Due to the collision, the rear bumper and my car boot was damaged. The other party did not complain of injury however due to severe headache and back discomfort, myself and my sister went to Mount Alvernia to seek medical assistance and were both granted 3 days of Medical Leave.





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 3 of 3

** Report No. T/20181007/2077

CONTINUATION OF REPORT

Sketch Plan

NP168

Tel No: 1800-4439999

Informant is not able to provide sketch plan

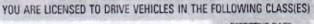
Gazi
Date/Time: 07/10/2018 18:11
Classification Of Case:

MPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have





SWITZERLAND



EFFECTIVE DATE

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

NF 498A



Date of Issue 20-09-2008
Address
APT BLK 347 TAMPINES STREET 33 NO4-402 SINGAPORE 520347

1 of 2

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

MT/00037320/07

Type of Coverage / Driver Plan : Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No. : SGG4127Y

Chassis No. JHMFD16306S207795

2) Name of Policy Holder : MAIDEEN, MOHAMMED

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 11/05/2018 00:00

4) Date/Time of Expiry of Insurance : 10/05/2019 23:59

- 5) Persons or Classes of Persons Entitled to Drive
 - (a) The Insured
 - (b) Any named person under the policy who is driving on the Insured's order or with his permission.
 - (c) Any authorised person, provided such person is aged 25 and above and holds a valid driving licence of 2 years or more, 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\$ 500.00 (before any applicable GST)

Windscreen Excess S\$ 100.00 (before any applicable GST)

Choice of workshop DirectAsia approved workshops

Finance company / Hire Purchase Hong Leong Finance Limited Main driver MAIDEEN, MOHAMMED

Important Note: This policy does not cover drivers below the age of 25 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.

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

Issued on:

10/04/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd

88 South Bridge Road Singapore 058716 www.DirectAsia.com

direct

Contact us at

Hotline: (65) 6532 2888 E-mail: CustomerService@DirectAsia.com

What to do if you have an accident