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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 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 ladgement 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	29/10/2018 12:54
Date Of Accident	20/10/2018 10:00
Exact Location Of Accident	OPEN CARPARK AT CLEMENTI WEST STREET 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP8539X
Insured/Policyholder	
Name Of Registered Owner	SITI KAMALIAH BINTE HUSSAIN MRS MUHAMMAD FARHAN
NRIC No	S8200054B
Email Address	KAMALIAH.HUSSAIN@LIVE.COM
Mobile Phone No	(LOCAL) +65-93372313
Alternative Phone No	OTHERS-93372313
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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/00526661
Cover Note Number	
D.I.	

#### Driver

Name of Driver SITI KAMALIAH BINTE HUSSAIN MRS MUHAMMAD FARHAN

 NRIC No
 \$8200054B

 Date Of Birth
 02/01/1982

 Occupation
 INDOOR

 Date Of Driving Pass
 20/03/2002

Driving Experience 16 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93372313

Fax Number

Contact Number OTHERS-93372313

EMail Address KAMALIAH.HUSSAIN@LIVE.COM

Address

BLK 80A TELOK BLANGAH STREET 31

#16-107

Postcode

101080

OWNER

If No, Relationship of the Driver with the Insured

Was driver an employee of the Insured's Company NO

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

0

#### **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

# PLEASE REFER TO SKETCH PLAN

### 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

SMD6636B

Vehicle Make/Model/Colour

MAZDA CXS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG CHIN WOON

NRIC/Passport Number

S7101577G

Contact Number

96990604

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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:

21/10/18

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

OPEN OBRABER - CLAMAUNI WAST STREAT SKETCH PLAN SKR 8539X SMO 66368 damage DESCRIBE CIRCUMSTANCES OF THE ACCIDENT SKP8539X ومص parked carpark block 601 the ac cickent there exen car and Car into the drove head mis judgment 121 side Dur Car DECLARATION I/We declare the foregoing particulars are true in every respect. Driver's Signature Reporting Centre Personnel's Signature Date & Time:

Policyholder's Signature

1230 pm. 29/10/2018. (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

# . A CCIDENT STATEMENT

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ACCIO	OENT DATE: (20)	100/W	M/YYY), TIME:(	10:00	(HH:MM)
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1.	DETAILS OF VEHICL	E SKP 8530	۱·X		1
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	()TYPE:(SALOON / ( g)YEHICLE CATEGO h)PURPOSE OF USIN	ORYKPRIVALE / CO	MMERCIAL / MOT	ORCYCLE	THERS SUV
	I) ARE YOU CLAIMIN	NG UNDER YOUR O	WH INSURANCE (	YES/(NO)	100
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	A) NAME:	ORI: 582000	SYB CONT	ACT! 95	
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# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8200054B





SITI KAMALIAH BINTE HUSSAIN MRS MUHAMMAD FARHAN BIN RAZALI

سيتي كماليه بنت حسين Bace

0

MALAY Date of birth 02-01-1982 Country/Place of birth

SINGAPORE

100







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/00526661

Type of Coverage / Driver Plan

Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No.

SKP8539X

Chassis No.

JMYXTGF3WFZ000496

2) Name of Policy Holder

SITI KAMALIAH BINTE HUSSAIN(MRS MUHAMMAD FARHAN BIN

RAZALI

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

: 01/09/2018 00:00

4) Date/Time of Expiry of Insurance

: 15/10/2019 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 30 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\$ 0.00 (before any applicable GST)

Windscreen Excess

Ss 100.00 (before any applicable GST)

Choice of workshop

DirectAsia approved workshops

Finance company / Hire Purchase

100 Kenso Leasing Pte Ltd

Main driver

MUHAMMAD FARHAN BIN RAZALI

Named driver

Important Note: This policy does not cover drivers below the age of 30 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 Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on:

06/09/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd 20 Anson Road #08-01 Twenty Anson Singapore 079912 www.DirectAsia.com