

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 withholding 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.
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.

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 | |

Driver

| | |
|----------------------|---|
| Name of Driver | SITI KAMALIAH BINTE HUSSAIN MRS MUHAMMAD FARHAN |
| NRIC No | S8200054B |
| 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 |
| EEmail Address | KAMALIAH.HUSSAIN@LIVE.COM |

| | |
|---|--|
| Address | BLK 80A TELOK BLANGAH STREET 31 #16-107 |
| Postcode | 101080 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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) soliciting/offering accident claims assistance. | NO |
| 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 CX5 |
| 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

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5. **Any false reporting may be referred to the Police for investigation.**
6. 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.
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)**

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:
 - (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
- (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:

29/10/18
12:30 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

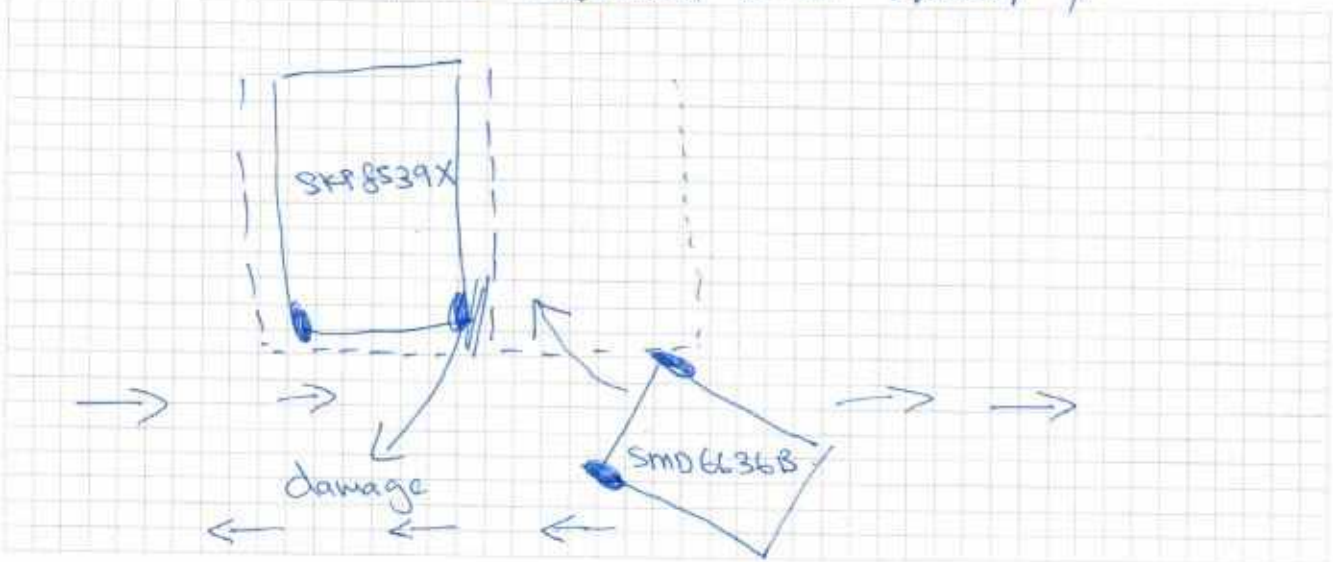
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

OPEN CARPARK - CLEMENTI WEST ST 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my car, SKP8539X was parked at open carpark opposite block 601 Clementi West St 1. At the time of the accident, there was no-body in the car and the car was stationary.

Car SMD6636B drove into the parking lot next to our car, head first and due to misjudgment, hit our car left side. there were damages on the front ^{left} side of the car.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:

1230pm.
29/10/2018.

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 29/10/2018
Reporting Centre Personnel's Signature
Name: Keshi Unofre
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 12 / 2018 (DD/MM/YYYY), TIME: 10:07 (HH:MM)

LOCATION: Open Carpark - Clementi West St1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP 8539X
 b) INSURANCE COMPANY: Direct Asia
 c) POLICY NUMBER: MT / 00526661
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Mitsubishi Outlander 2.4 CVT
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Parking
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Siti Kamaliyah Hussain (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8200054B CONTACT: 93372313
 c) ADDRESS: 80A Telok Blayah St 21
#16-107 Spore 101080

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER As above
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 02/01/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 20/3/2002

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMD66368 MODEL: Mazda CX5

b) DRIVER'S NAME: Ng Chin Woon

c) NRIC/FIN/PASSPORT: S7101577G CONTACT: 96990604

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = kamaliyah.hussain@live.com

Fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8200054B



Name
SITI KAMALIAH BINTE HUSSAIN
MRS MUHAMMAD FARHAN BIN
RAZALI

سیتی کامالیہ بنت حسین

Race

MALAY

Date of birth

02-01-1982

Country/Place of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8200054B

Name

SITI KAMALIAH BINTE
HUSSAIN

Birth Date 02 Jan 1982

Issue Date 19 Feb 2003



5332018



NRIC No. S8200054B



Date of issue

05-07-2014

Address

APT BLK 80A TELOK BLANGAH STREET 31
#16-107
SINGAPORE 101080

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2560 kilograms

VALID DATE

30 May 2015

Licence No. S8200054B



AP #28A

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 | : S\$ 100.00 (before any applicable GST) |
| Choice of workshop | : DirectAsia approved workshops |
| Finance company / Hire Purchase | : Kenso Leasing Pte Ltd |
| Main driver | : MUHAMMAD FARHAN BIN RAZALI |
| Named driver | : None |
| 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