

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 willful 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	27/11/2018 10:42
Date Of Accident	26/11/2018 13:00
Exact Location Of Accident	GANGES AVENUE SLIP ROAD TO LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS290H
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED GADAFFI BIN MOHAMED SITTHIQ
NRIC No	S8339081F
Email Address	MGADAF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81654614
Alternative Phone No	OTHERS-81654614
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	MEETING FRIEND
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00216824/04
Cover Note Number	
Driver	
Name of Driver	MOHAMMED GADAFFI BIN MOHAMED SITTHIQ
NRIC No	S8339081F
Date Of Birth	03/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81654614
Fax Number	
Contact Number	OTHERS-81654614
Email Address	MGADAF@GMAIL.COM

Address	BLK 328 CLEMENTI AVENUE 2 #03-218
Postcode	120328
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	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?	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)	1

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	SDD9119P
Vehicle Make/Model/Colour	VOLKSWAGEN PASSAT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TONG KIM HUAY
NRIC/Passport Number	S1549485I
Contact Number	98899109
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**.
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. 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:

M. Lin / 26/11/2018
~~14/11/2018~~
14/11 hrs

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

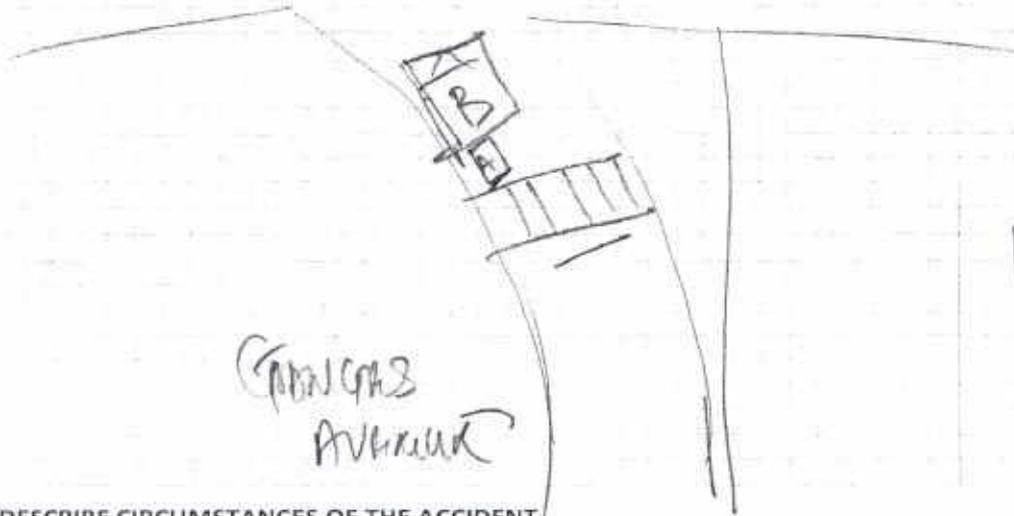
M. Lin / 26/11/2018
14/11 hrs

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

27/11/2018
Rishi Kumar

SKETCH PLAN

Wanted the 1st road.



A) FS290H
 B) SDD9119P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along ganges ave - Wanted to turn into sliproad to lower delta road. Did not notice car had come to a stop. Did not manage to brake in time and hit onto the back of the car.

DECLARATION

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

[Signature] 26/11/2018
 1415 hrs

[Signature] 26/11/2018
 1415 hrs

[Signature] 21/11/2018
 Name: *[Signature]*
 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.:

The Club

ACCIDENT STATEMENT

ACCIDENT DATE: (26/11/2018) (DD/MM/YYYY), TIME: (13:00) (HH:MM)

LOCATION: Granges ave slip Road to lower delta rd

1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: f5290H
 - b) INSURANCE COMPANY: Directasia
 - c) POLICY NUMBER: MC/00216824
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT
 - e) MAKE & MODEL: KTM RX2
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: riding to meet friend
 - 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: MOHAMMED GADAFI BSW mohamed MALE (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S8339081F CONTACT: 81654614
 - c) ADDRESS: B1K 328, Clementi Avenue 2, #03-218
S120328

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
()

- DRIVER**
- a) NAME: Mohammed Gadafi BSW mohamed MALE (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S8339081F CONTACT: 81654614
 - c) ADDRESS: B1K 328, Clementi Ave 2, #03-218
S120328

*d) DATE OF BIRTH: (03/12/1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 15/09/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
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: _____

No of passenger
(including driver)
()

8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: SDD9119P MODEL: Passat volswagon
 - b) DRIVER'S NAME: Tong Kim hua
 - c) NRIC/FIN/PASSPORT: S159494851 CONTACT: 98899109

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
 - d) VEHICLE NUMBER: _____ MODEL: _____
 - e) DRIVER'S NAME: _____
 - f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = mgadal@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8339081F



Name
MOHAMMED GADAFFI BIN
MOHAMED SITTHIQ

Race
INDIAN
Date of birth
03-12-1983
Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8339081F

Name
MOHAMMED GADAFFI BIN
MOHAMED SITTHIQ

Birth Date: 03 Dec 1983
Issue Date: 10 Apr 2015

002414965E

Singapore

5539433



NRIC No. S8339081F



Date of issue
23-11-2015

Address
APT BLK 32B CLEMENTI AVENUE 2
#03-218
SINGAPORE 120328

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

NP 428A

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.	:	MC/00216824/04
Type of Coverage	:	Third-Party Only Cover
1) Vehicle Registration No.	:	FS290H
Chassis No.	:	ZMC249435
2) Name of Policy Holder	:	MOHAMMED GADAFFI BIN MOHAMED SITTHIQ
3) Effective Date of Commencement of Insurance for the Purpose of the Act	:	07/10/2018 00:00
4) Date of Expiry of Insurance	:	06/10/2019 23:59
5) Persons or Classes of Persons Entitled to Drive		
(a) A named driver who is driving on the Policyholder's permission.		
Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.		
6) Limitations as to use*		
Use only for private purposes and food deliveries in accordance with the declared motorcycle 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
Policy Excess	:	S\$ 0.00 (before any applicable GST)
Main driver	:	MOHAMMED GADAFFI BIN MOHAMED SITTHIQ
Important Note: The policy only cover the main driver and the following named driver: No named driver declared		
Finance Company / Hire Purchase	:	

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: 05/10/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer