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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.
- 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 GtA 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 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
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|--|---|
| THE STREET STREET, STR | ACCIDENT STATEMENT |
| Date Of Report | 27/11/2018 11:33 |
| Date Of Accident | 26/11/2018 19:10 |
| Exact Location Of Accident | STEVEN ROAD MRT JUNCTION |
| Country/State of Loss | SINGAPORE |
| Here don't stempt water of | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLC2634A |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN CHIN SENG (CHEN ZHENGCHEN) |
| NRIC No | S7431219E |
| Email Address | JAMESTANCS@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97921208 |
| Alternative Phone No | OTHERS-97921208 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | ODESSEY |
| Exact Purpose for which vehicle was being used at time of accident | GOING HOME FROM OFFICE |
| 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/00475138 |
| Cover Note Number | |

Driver

| Name of Driver | TAN CHIN SENG (CHEN ZHENGCHEN) |
|----------------|--------------------------------|
| | |

 NRIC No
 \$7431219E

 Date Of Birth
 25/09/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 07/08/1993

Driving Experience 25 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97921208

Fax Number

Contact Number OTHERS-97921208

EMail Address JAMESTANCS@GMAIL.COM

Address

32 SEGAR ROAD

#15-13

Postcode

677722

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

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

NO

ambulance?

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)

Passenger 1

NAME:

: WIFE

GENDER:

: MALE

Passenger 2

NAME:

SON

GENDER:

: MALE

Passenger 3

NAME:

: DAUGHTER

GENDER:

: FEMALE

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

SKQ2804P

Vehicle Make/Model/Colour

VOLKSWAGEN

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

PRIVATE CAR

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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)
 - (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.
 - (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:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT -080m. DECLARATION I/We declare the foregoing particulars are true in every respect.

> Policyholder's Signature Date & Time:

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

Reporting Centre Personnells Signature Mame:

NRIC/FIN No.:

ACCIDENT STATEMENT

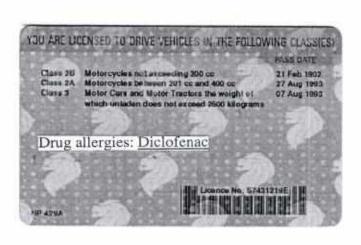
| ACCIDENT DAT | E:(26)NOV, 28 18)(DD/MM/Y | YYY), TIME: (7:08)(HH:MM) |
|--|--|--|
| LOCATION: | 61 / | |
| a)VEHIC | OF VEHICLE CLE NUMBER: SLC 263 | +A |
| | ANCE COMPANY: direct asi | a Insurance |
| d)POLIC | EY TYPE: (COMPREHENSIVE / THIRD F | PARTY / THIRD PARTY FIRE &THEFT) |
| f)TYPE:(S | ALOON / COUPE / MPV /VAN / LO | RRY / MOTORCYCLE / OTHERS) |
| g)VEHIC h)PURPC | LE CATEGORY: (PRIVATE / COMMER DSE OF USING AT ACCIDENT TIME: (| ACIAL/MOTORCYCLE) |
| i) ARE YO | OU CLAIMING UNDER YOUP OWN IN PLEASE STATE (THIRD PARTY CLAIM / | SURANCE (YES INO) |
| 2. INSURED | / POLICY HOLDER | ACT OR HIGH CANADA |
| hinder (| IN/PASSPORT: ST431 219 | CONTACT: 97 92 208 |
| The state of the s | SS: 32 Segar food | # 15-13 |
| mild Mill | S 617722 | |
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| The of passange, DRIVER | * | |
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| CADDRE | | CONTACT: |
| - JADDKE | | · · · · · · · · · · · · · · · · · · · |
| *d)DATE | OF BIRTH: (25/09/1974)(DC | D/MM/YYYY) |
| e)OCCUI | ATION: (INDOOR) OUTDOOR! | STATE OF THE STATE |
| 1) WAS DRI | FORIVING PASS OT AU | 9 1993 |
| IF NO. RE | VER AN EMPLOYEE OF THE INSUITATIONSHIP OF THE DRIVER WI | RED'S COMPANY? (YES /(NO)) |
| 5. g)WEATH | ER CONDITION: (CLEAR) RAINING | TH INSURED: |
| biroad s | URFACE: (DRY) WET / OTHERS | OTHERS |
| 6. WAS ANY | BODY INJURED (YES (NO) | |
| 7. a)REPORT | ED TO POLICE (YES / NO) | " B |
| IF YES, PI | EASE STATE WHICH POLICE STATION | di- |
| O THIOD DAD | TY VEHICLE | X- |
| the of passenger a) VEHIC | LE NUMBER: SKQ 2804 P | MODEL: |
| (Including driver) b) DRIVE | R'S NAME: | |
| () C) NRIC/ | FIN/PASSPORT: | CONTACT: |
| 9. THIRD PAR | | - Simon |
| * No of passanger d) VEHIC | LE NUMBER: | MODEL: |
| (Ind) DRIVE | R'S NAME: | |
| (Including driver) f) NRIC/ | IN/PASSPORT: | CONTACT: |
| () | 14 | ¥ |
| 0 | 1.7 | |
| | | 2 Y |

email = jamestancs@gmail.com VIDED











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.

Type of Coverage / Driver Plan

: Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No.

51 C2634A

Chassis No.

JHMRC1890GC203128

2) Name of Policy Holder

Tan, Chin Seng

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act

: 06/05/2018 00:00

4) Date/Time of Expiry of Insurance

: 05/05/2019 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 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\$ 700.00 (before any applicable GST)

Windscreen Excess

S\$ 100.00 (before any applicable GST)

Choice of workshop

My Workshop/ My Authorised Distributor Workshop

Finance company / Hire Purchase

Oversea-Chinese Banking Corpn Ltd

Main driver

Tan, Chin Seng

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:

27/04/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer ampany Registration, 200822511G.