### 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.
- 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.

<ol><li>By the lodgement of this report to the insurers, you hereby con aforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	05/12/2018 17:51
Date Of Accident	05/12/2018 13:50
Exact Location Of Accident	NEAR CALTEX BINJAI PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR7880S
Insured/Policyholder	
Name Of Registered Owner	CHIN JIAN ZHONG
NRIC No	S8938736A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96756494
Alternative Phone No	HOME-96756494
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	t .
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

<b>Insurance Comp</b>	any
-----------------------	-----

Name of Insurance Company DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number MT/00496543

Cover Note Number

### **Driver**

Name of Driver **CHIN JIAN ZHONG** 

NRIC No S8938736A Date Of Birth 02/11/1989 Occupation **INDOOR Date Of Driving Pass** 16/10/2017

**Driving Experience** 1 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96756494

Fax Number

HOME-96756494 Contact Number

**EMail Address NOEMAIL** 

264 JURONG EAST STREET 24 #07-511 SINGAPORE 600264 Address

Postcode

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** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

NO

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

NO **DETAILS OF OTHER VEHICLE PROPERTY 1** 

YES YES

SME5899K Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 19



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) Act (Chapter 189) (Singa 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/00496543

Type of Coverage / Driver Plan

Low Mileage Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No.

SJR7880S

Chassis No.

KMHDU41BR9U796971

2) Name of Policy Holder

Chin Jian Zhong

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act

16/06/2018 00:00

4) Date/Time of Expiry of Insurance

13/07/2019 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

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

Main driver

Ref

Chin Yu Kwong **Named Driver** 

Named driver (1)

Chin Jian Zhong

Date of Birth

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:

19/06/2018

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

Company Registration: 200822611G

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8938736A





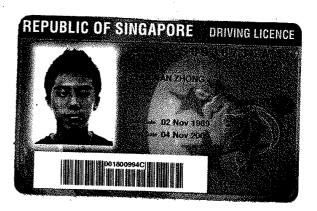
CHIN JIAN ZHONG

建

CHINESE Date of birth 02-11-1989 Country of birth

SINGAPORE

\$8938736A





№.\$8938736A

Date of issue

12-11-2004

APT BLK 264 JURONG EAST STREET 24 #07-511 SINGAPORE 600264

S / No.9000310664 Licence No: \$8938736A

NP 428A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  The standard of the chance to complete the U-turn. Then any of the sudden, the vehicle behind me, SMES899R creep forward and hit the back bumper of my vehicle SJR +880S. I manedistely switch on heard light and got down and check havings. There were some scratches on my bumper and I any orchance mobile number with the driver. I have book front are back carres fixings of the whole incident. As we ware holding up the traffic for the U-turn, Idecided to just get his number and proceed off.	SKETCH PLAN		(	Sucit:	Timah	rd		
	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I was making a U-turn from Dunearn Rd to Bukit Timah  Vehicle, waiting for the chance to complete the U-turn. Then all  Creep forward and hit the back bumper of my vehicle STR 188  down and check for any dayages. There were some scratches  with the diver. I have both front and back camera forture of	Rd. Near of the or my be	SJR SME SME Caltex Sudden, to anediately unper on	Binjai Ra  Binjai Ra  Le vehic  Switch o	Dur Calte rk. I was	the lene,	first SMES8	19919
claim against your own policy (on status) with the second status of the	You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame		-	Claim (				-
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame - Claim TP		$\sqrt{}$	-	Claim O	D/TP)at o	ther wo	orkshop	
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.  - Claim TP - Claim OD TP at other workshop	DECLARATION  I/WE declare the foregoing particulars are true in every respect.							

Driver's Signature

Date & Time

(if driver not the policyholder)

Policyholder's signature

05/12/18 1815/13

Date & Time

Page 5 of 19

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

### Sketch Plan Pg. 4

### **SKETCH PLAN**

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- 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 ladgment 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:

- 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 daims (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.
- 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:

05/12/18 18/Shr

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Macai

entre Personnei's Signature

Transfer Fee Enquiry Page 1 of 1

### > Back to OneMotoring

<b>Vehicle Details</b> Vehicle No. :	SJR7880S	the state of the second control of the secon	
Vehicle Type :	P10 - Passenger Motor Car		
Vehicle Attachment 1:	No Attachment		
Vehicle Scheme:	Normal		
Vehicle Make :	HYUNDAI	m. n	
Vehicle Model :	HD AVANTE 1.6 A	the state of the second st	
Chassis No. :	KMHDU41BR9U796971		
Propellant:	Petrol	The state of the s	Same and the same of the same
Engine No. :	G4FC9U678125		
Engine Capacity:	1591 cc		
Maximum Power Output:	89.7 kW (120 bhp)		
Maximum Laden Weight:		Security and the second security of the second seco	
Jnladen Weight:	1760 kg		****
ear Of Manufacture :	1264 kg 2009		
Original Registration Date:		e de la companya del la companya de	
	14 Jul 2009		
ifespan Expiry Date:			
OE Category:	A - Car (1600cc & below)	***************************************	
Quota Premium:	\$14,310.00	e en en met de deux en	the state of the s
OE Expiry Date :	13 Jul 2019		
oad Tax Expiry Date :	13 Jan 2019	The second of the comment of the com	
ARF Eligibility Expiry Date :	13 Jul 2019		
nspection Due Date :	13 Jul 2020		
tended Transfer Date:	05 Dec 2018		
O2 Emission :	-		
O Emission :	-	A Control of the Cont	ANAMORPH CO. C.
C Emission :	-		
Ox Emission :	-		
M Emission :	-		
ne current road tax expiry is 13 J enewed after 13 Jan 2019, late re	an 2019. You may renew the road to enewal fee(s) will be imposed. Please	ox from 14 Oct 2018 with all pre-requisite(s) fulfilled use Enquire Road Tax Payable to check on the late	I. If the road tax is
oad tax, including Over Payment mount Payable (From 14 Jar	(if any), of a vehicle will follow the v	ehicle to the new registered owner when its owners	hip is being transferred
	Amount Before GST	GST Amount	Amount After GS
	(\$\$)		(55
ansfer Fee :	25.00	E CONTROL CONT	25.0
ıb Total :			25.0
ett Road Tax Amount (After ffsetting Over Payment) :	369.00	•	369.0
	the second control of the control of		

You may print this page for reference.

OK Print

















# 8 100 120 140 80 Km/h 180 200 220 220





# Addendum Sheet Pg. 1

# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

138 Robinson Road #07-09 The Corporate Office Singapore 068906

Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

(A		DDENDUM SON MAKING THE AMENDMENTS
	111444414444444444444444444444444444444	
NRIC/Passport No :	(*Vehicle Driver/Vehicle Ow	ner) (*)Please delete as appropriate
Address :		
Contact (Tel) :		(H/P): 96756494
(EMail) :	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
Date Of Accident :	05/12/2018	Time Of Accident :
Place Of Accident :	NEAR CALTEX BINJAI	PARK
		TO DESCRIPTION OF THE PROPERTY
Insurance Company :	Direct Asia Insurance (	
have made a report on the	(B)ADDITIONAL INFO	DRMATION / AMENDMENTS t and would like to include additional information or make th g amendments:-
	(B)ADDITIONAL INFO	DRMATION / AMENDMENTS t and would like to include additional information or make the
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SIGNATURE OF VEHICLE OWNER/DRIVER DATE:

06/12/2018