

## 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             | 01/02/2019 11:38               |
| Date Of Accident           | 22/01/2019 03:00               |
| Exact Location Of Accident | BLK 924 TAMPINES ST 91 CARPARK |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                                 |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | SKQ3258J                        |
| <b>Insured/Policyholder</b> |                                 |
| Name Of Registered Owner    | MOHAMED SHAH BIN MOHAMED SALLEH |
| NRIC No                     | S7225512G                       |
| Email Address               | SIKUYUN@GMAIL.COM               |
| Mobile Phone No             | (LOCAL) +65-97539116            |
| Alternative Phone No        | OFFICE-97539116                 |

### Vehicle Particulars

|  |                           |
|--|---------------------------|
| Manufacturer   | AUDI                      |
| Model  | A3 SB 1.4 TFSI (AMBIENTE) |
| Exact Purpose for which vehicle was being used at time of accident           |                           |
| 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/00571532                               |
| Cover Note Number         | 15/12/2018-14/12/2019                     |

### Driver

|                      |                                 |
|----------------------|---------------------------------|
| Name of Driver       | MOHAMED SHAH BIN MOHAMED SALLEH |
| NRIC No              | S7225512G                       |
| Date Of Birth        | 27/07/1972                      |
| Occupation           | INDOOR                          |
| Date Of Driving Pass | 27/04/2009                      |
| Driving Experience   | 9 YEARS AND 8 MONTHS            |
| Gender               | MALE                            |
| Mobile Number        | (LOCAL) +65-97539116            |
| Fax Number           |                                 |
| Contact Number       | OFFICE-97539116                 |
| EEmail Address       | SIKUYUN@GMAIL.COM               |

|   |                              |
|---|------------------------------|
| Address   | 927 TAMPINES ST 91<br>04-421 |
| Postcode  | 520927                       |
| 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 | -<br>-<br>-                  |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                  |

#### 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 (including own vehicle) 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

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         | SGH9341G            |
| Vehicle Make/Model/Colour           | TOYOTA ALTIS        |
| Details Of Properties               |                     |
| Vehicle Category                    | PRIVATE CAR         |
| Name of Driver                      | SIM CHEW LENG CELIN |
| NRIC/Passport Number                | S8626864G           |
| Contact Number                      | 91177417            |
| Address                             |                     |
| Postcode                            |                     |
| Insurance Company Name              |                     |
| Nature Of Damage                    |                     |
| No. Of Passenger (Including Driver) |                     |

## Sketch Plan Pg. 1

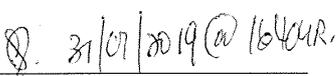
### SKETCH PLAN

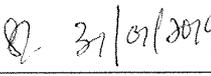
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

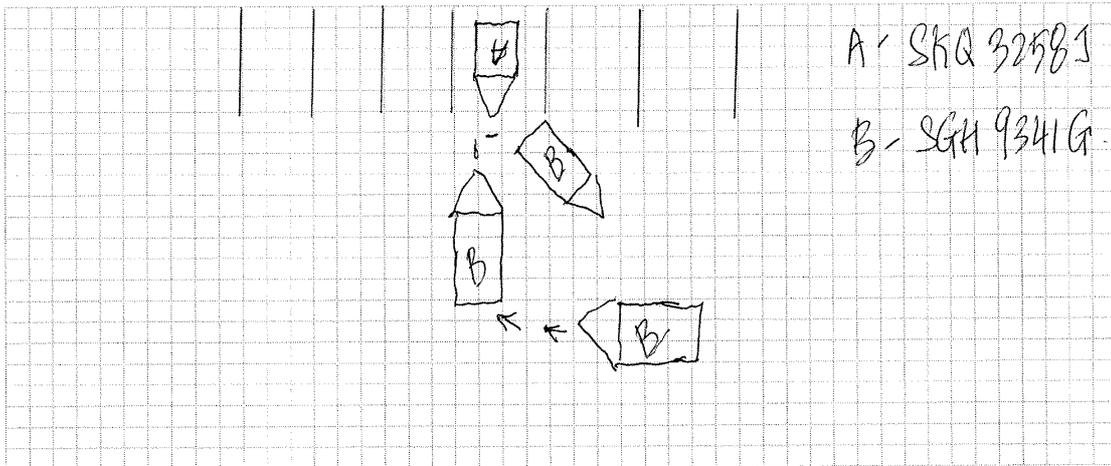
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



A - SKQ 3258J

B - SGH 9341G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAR WAS PARKED AT BLK 904 JAMPINES ST 91 CARPARK LOT. WHEN I CAME DOWN THE NEXT DAY I SPOTTED DAMAGE ON THE LEFT FRONT PORTION OF MY CAR VEH B (SGH 9341G) DRIVER CEVINE SIM CHEW LENG LICENCE NO S8626864G ADMIT 82% ACCIDENTALLY REVERSED AND HIT MY CAR.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

|                                     |                                 |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/>            | Reporting Only                  |
| <input type="checkbox"/>            | Claim OD                        |
| <input type="checkbox"/>            | Claim TP                        |
| <input checked="" type="checkbox"/> | Claim OD / TP at other workshop |

DECLARATION

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

8. 31/01/2019.

Policyholder's Signature  
Date & Time:

8.

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

1/2/19

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

DRIVER DL

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7225512G



Name  
**MOHAMED SHAH BIN MOHAMED SALLEH**

Race  
**MALAY**

Date of birth Sex  
**27-07-1972 M**

Country of birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7225512G

Name  
**MOHAMED SHAH BIN MOHAMED SALLEH**

Dir. Date: 27 Jul 1972  
Issue Date: 30 Sep 2004

001289327E



NRIC No. S7225512G



Date of issue  
30-09-2004

APT BLK 827 TAMPINES STREET 91#04-421  
SINGAPORE 520327  
NRIC No. S7225512G

Date: 07/07/2012 No: 7101972

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

|   | PASS DATE   |
|---|-------------|
| Class 2B Motorcycles <= 250 CC  | 30 Sep 2004 |
| Class 2A Motorcycles between 251 CC and 400 CC  | 08 Dec 2005 |
| Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and water tractors/vehicles <= 2500 kg | 27 Apr 2009 |

SJ No. 9000095018

S7225512G

NP 428A

Licence No: S7225512G

# INSURANCE CERT



**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.

|   |  |
|---|--|
| <b>Certificate No.</b>  | : MT/00571532                            |
| <b>Type of Coverage / Driver Plan</b>   | : Car Comprehensive (Value Plan)         |
| <b>1) Vehicle Registration No.</b>  | : SKQ3258J                               |
| <b>Chassis No.</b>  | : WAUZZZ8VXE086434                       |
| <b>2) Name of Policy Holder</b>   | : MOHMED SALLEH, MOHAMED SHAH            |
| <b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>   | : 15/12/2018 00:00                       |
| <b>4) Date/Time of Expiry of Insurance</b>  | : 14/12/2019 23:59                       |
| <b>5) Persons or Classes of Persons Entitled to Drive</b>   |  |
| (a) Any person who is named on the policy who is driving on the Policyholder's permission.  |  |
| The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.   |  |
| <b>6) Limitations as to use*</b>  |  |
| 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.   |  |
| <b>Sum Insured</b>  | : Market Value                           |
| <b>Own Damage Excess</b>  | : S\$ 900.00 (before any applicable GST) |
| <b>Windscreen Excess</b>  | : S\$ 100.00 (before any applicable GST) |
| <b>Choice of workshop</b>   | : DirectAsia approved workshops          |
| <b>Finance company / Hire Purchase</b>  | :  |
| <b>Main driver</b>  | : MOHMED SALLEH, MOHAMED SHAH            |
| <b>Named driver</b>   | : None                                   |
| <b>Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered.</b>  |  |

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).

**Direct Asia Insurance (Singapore) Pte. Ltd.**

Issued on: 11/12/2018

**Edip Okur**  
**Chief Underwriting Officer**

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

