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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/04/2019 19:09
Date Of Accident	12/04/2019 12:55
Exact Location Of Accident	CHANGI AIRPORT T3 CARPARK 3A
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS1126X
Insured/Policyholder	
Name Of Registered Owner	KAMISAN BIN JALAL
NRIC No	S1264776Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97285754
Alternative Phone No	OFFICE-88232626
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA-1.5 R AWD 5MT ABS AIRBAG (M)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	MT/00318372/02
Cover Note Number	
Driver	

Driver

Name of Driver MUHAMMAD KHAIRUL BIN KAMISAN

NRIC No S8408713J
Date Of Birth 08/03/1984
Occupation INDOOR
Date Of Driving Pass 01/09/2008

Driving Experience 10 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97285754

Fax Number
Contact Number

EMail Address KHAIRUL KAMISAN@ROCKETMAIL.COM

Address BLK 293C COMPASSVALE CRESCENT #07-39

Postcode 543293

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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 (including own vehicle)

2

involved in the accident

_

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? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 12/04/2019 ABOUT 1200HRS, I HAD PARKED MY VEHICLE AT T3 CARPARK 3A, LEVEL B2 LOT 60. AFTER HAVING MY LUNCH, I CAME TO MY VEHICLE AT ABOUT 1504HRS AND DISCOVERED THAT THERE WAS DAMAGE ON THE RIGHT FRONT BUMPER. I IMMEDIATELY CONTACTED FOR POLICE ASSISTANCE.

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 SKC2822K

Vehicle Make/Model/Colour

SNOZOZZN

Details Of Properties

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 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:

- (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 malling 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
- (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 Personnol's Signature Name: MAU SIEW HSIUNG

NRIC/FIN No.:

S82087888

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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OFFICE AIRPORT POLICE DIVISION Report No. T/20190412/2122

Date/Time Report Made: 12/04/2019 17:09			Vide Report No.: P/20190412/0057	Station Diary No.	
Informa	int's Partic	ulars			
Name of Informant: MUHAMMAD KHAIRUL BIN KAMISAN ID Type / ID No.: NRIC NO / S8408713J			Address: APT BLK 293C COMPASSVALE CRESCENT COMPASSVALE BOARDWALK SINGAPORE 543293 Contact No.:		
Nationality: SINGAPORE CITIZEN		Home/Office: Mobile: 97285754 Email:			
Sex: Male	Age: 35	Date of Birth: 08/03/1984	Type of Informant: Driver		
Race: Javanese		Language:	Institution / School Name:		
Occupation: SIA Engineer		Driving Licence Informa Class: 2B,2A,2,3	ation: Date of Expiry:		

General Infor	mation of the Accident			Patentini de la companya de la comp	
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/04/2019 12:55	Type of Location: Car Park	
AIRPORT BO	OULEVARD	Y Road Surface:			
Cloudy		Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis Moving Vehic	ion: le Against - Parked Vehicl	le	, A	Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJS1126X	Car				Slightly	140 of Passenge

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190412/2122

CONTINUATION OF REPORT

Driver		N FORE		Carrie	alet some	
Name	MUHAMMAD KHA	IRUL BIN H	KAMISAN	ID No	D.	S8408713J
Related Vehicle	SJS1126X (Car)			Cont	act No.	97285754
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Dis	The second second second second second	NIL	
No. of Days granted Medical Leave NIL			Degree o		NIL	

Brief Details.

ON 12/04/2019 AT ABOUT 1200HRS, I HAD PARKED MY VEHICLE AT T3 CARPARK 3A, LEVEL B2, LOT 60. AFTER HAVING MY LUNCH, I CAME TO MY VEHICLE AT ABOUT 1504HRS AND DISCOVERED THAT THERE WAS DAMAGE ON THE RIGHT FRONT BUMPER.

I IMMEDIATELY CONTACTED FOR POLICE ASSISTANCE.

SIO INST TAN CHIN YONG

TEL: 6547 6178

HP: 96617436





3 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20190412/2122

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: APD / Sgt 2 MUHAMMAD AMIRUL SYAFIQ BIRL ABDULLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2019 17:09
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Insp TAN CHIN YONG Contact No.: 65476178	SINSAPURE POLICE PORCE
Authentication Stamp NP168	SIGNATURE



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. : MT/00318372/02

Type of Coverage / Driver Plan : Car Third-Party Only (Value Plan)

1) Vehicle Registration No. : SJS1126X

Chassis No. JF1GH3KW49G029583

2) Name of Policy Holder : KAMISAN BIN JALAL

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 29/07/2018 00:00

4) Date/Time of Expiry of Insurance : 28/07/2019 23:59

5) Persons or Classes of Persons Entitled to Drive

(a) The Insured

(b) Any person who is named on the policy 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 : Not Applicable (before any applicable GST)

Choice of workshop : DirectAsia approved workshops

Finance company / Hire Purchase

Main driver : KAMISAN BIN JALAL

Ref Named Driver Date of Birth
Named driver (1) : kamisan, muhammad khairul 08/03/1984

Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.

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: 29/06/2018

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer Company Registration: 200822611G

Identification Card

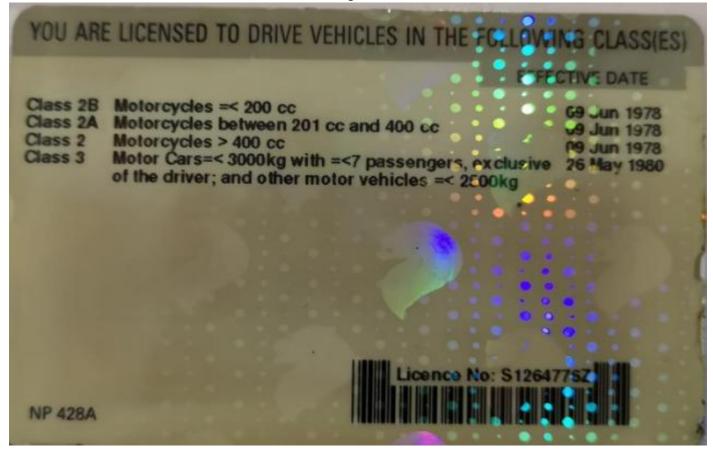




Driving License

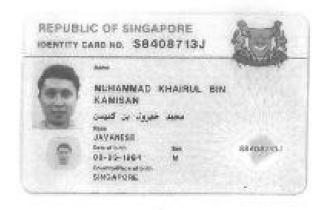


Driving License



Identification Card









Driving License





