#### 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	22/06/2019 13:47
Date Of Accident	22/06/2019 12:00
Exact Location Of Accident	ALONG CP LOT 105 OF BLK 631 BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK68E
Insured/Policyholder	
Name Of Registered Owner	TEO YEE TAK
NRIC No	S8187211B
Email Address	TYT_TAK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81139137
Alternative Phone No	OFFICE-88232626
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	POLO-1.2 TSI (A)
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	REPORTING ONLY
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/00511855
Cover Note Number	
Driver	
Name of Driver	SONIA KIEW PAK I IAN

Name of Driver SONIA KIEW PAK LIAN

 NRIC No
 \$8320387J

 Date Of Birth
 16/07/1983

 Occupation
 INDOOR

 Date Of Driving Pass
 06/08/2012

Driving Experience 6 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92203315

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 326 TAMPINES ST 32 #06-386

Postcode 520326

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

\_

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLISION - MAJOR/MINOR RD

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

NO

4

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

Passenger 1

NAME: : UNKNOWN

Passenger 3

NAME: : DAUGHTER

GENDER:

GENDER:

: FEMALE

: 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** 

I WAS TRAVELLING ALONG THE CARPARK AND VEHICLE B SUDDENLY CAME OUT FROM PARKING LOT NO. 105, CAUSING DAMAGES TO MY VEHICLE.

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 SFN1888D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver LUM YEUN SANG

NRIC/Passport Number \$1556939E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

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 [grown] 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:
  - 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:
  - 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 & Timo:

Driver's Signature

(If driver is not the palicyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: MAN SIEW HSIVN

NRIC/FIN No.:

582087888

#### Sketch Plan #2

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CLARATION e declare the fore yholder's Signature & Time:	going partic	culars are tru  Y  Drive	re in every re				Intre Personnel	l's Signature	UK



Hotline: (65) 6532 2888 E-mail: CustomerService@December 1 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.

MT/00511855

Type of Coverage / Driver Plan

Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No.

Chassis No.

www.zzz6R2HU058241

2) Name of Policy Holder

Yee tak, Teo

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

27/07/2018 00:00

4) Date/Time of Expiry of Insurance

: 16/08/2019 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 use only for private purposes, in accordance with the declared car usage states on your rolley Schedule. The policions not cover use for hire or reward, fultion, 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\$ 808.00 (before any applicable GST)

Windscreen Excess

SS 100.00 (before any applicable GST)

Choice of workshop

My Workshop/ My Authorised Distributor Workshop

Finance company / Hire Purchase

Kiew, Pak Lian Sonia

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

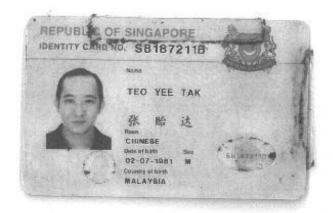
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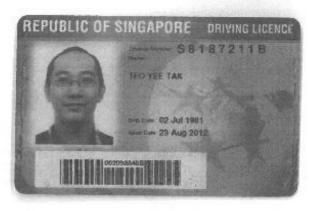
30/07/2018

Edip Okur Chief Underwriting Officer

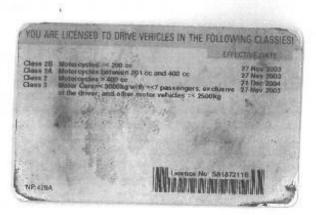
Direct Asia Insurance (Singapore) Pte Ltd 88 South Bridge Road Singapore 058716 www.DirectAsia.com

#### Sketch Plan #4









#### Sketch Plan #5







