SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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	23/11/2019 11:06	
Date Of Accident	20/11/2019 09:00	
Exact Location Of Accident	THONG BEE ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCK7087K	
Insured/Policyholder		
Name Of Registered Owner	KEITH ANDREW ONG BOON KIT	
NRIC No	S7420572J	
Email Address	KEITHONG69@YAHOO.COM.SG	
Mobile Phone No	(LOCAL) +65-97964461	
Alternative Phone No	OTHERS-97964461	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	E250-1.8 BLUE EFFICICENCY (A)	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
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/00577736	
Cover Note Number	22/03/2019 - 21/03/2020	
Driver		
Name of Driver	KEITH ANDREW ONG BOON KIT	
NRIC No	S7420572J	
Date Of Birth	20/06/1974	
Occupation	INDOOR	
Date Of Driving Pass	27/01/1993	
Driving Experience	26 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97964461	
Fax Number		

OTHERS-97964461

KEITHONG69@YAHOO.COM.SG

Address 72 THONG SOON GREEN

Postcode 787378

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
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?

Passenger 1

NO

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

NAME: : SUSIE YAP CHEW SEE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE SKETCH PLAN (TO REVERSE & HIT OI)

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ2165T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

4.

SKETCH PLAN

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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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 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: 23(11),5

ahi airan

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

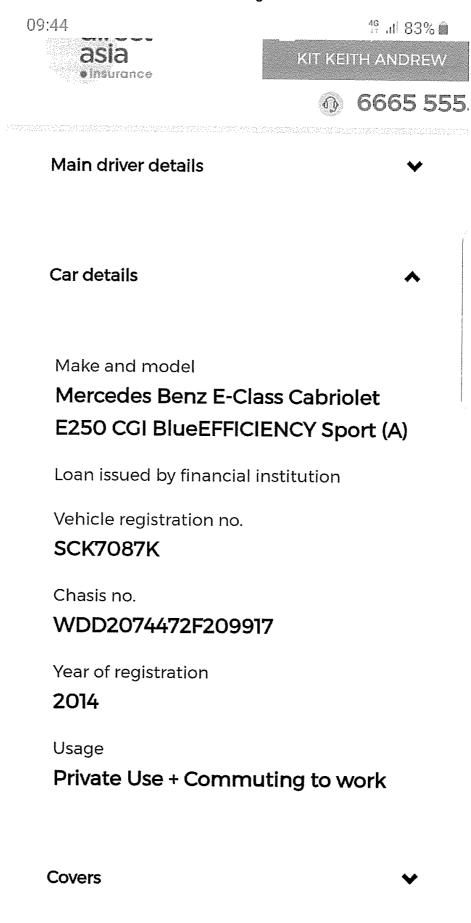
NRIC/FIN No.:

Sketch Plan Pg. 2

ate of accident: 20/11	19- Time: 9 om Loca	ation: Thong Bee Road 21657 Vehicle C:
ly Vehicle A: <u> </u>	87 K Vehicle B: GBJ :	2/65 T Vehicle C:
KETCH PLAN		
A) B)	What for your jump and the control of the control o
	Y	
	<u> </u>	
	Thony Bea Road	
The state of the s	mony Ber Road	
ALVO, COMPANSE OF		
Mary April 1		
CODIDE CIDOLIBACTA MOC	OF THE ACCIDENCE	
SCRIBE CIRCUMSTANCES		
Vahich B	stations I about	to drive M
1/1.2 12	s stationary and about as parked behind Nihiel eversed into Vehicle A.	10 21/14 BYY
Vabile A W	es parked behind Winid	~ B
Vahicle B N	eversed into Vehicle A.	

Claim OD/TP at Ah L	im Motor Claim OD/TP at oth	ner workshop 🗀 Reporting Only
	a copy of my efile accident report to:	Treporting Offin
My workshop :		•
Email address : GnM	wank@gmail.com	
& myself :	•	
Email address : だんけん	ong 69 e jalou. 60 m. sq	
vou own policy. Kindly ch	at your insurer have 14 days timeframe i eck with your own insurer for more info	for you to submit own damage claim under
, poney. Kindly Cit	zak with your own hisuler for more into	л начоп,
CLARATION		
Ve declare the foregoing parti	culars are true in every respect.	<u>~</u>
Whit		@ 900s
Land .		(S) 1/15/
licyholder's Signature	Driver's Signature	Reporting Strong A * - V- Ci-
te & Time: Dalid	(If driver is not the policyholder)	Reporting Centre Associatel's Signature Name:
. // (/ /	Date & Time:	NRIC/FIN No.:
915/11		AH UM MOTOR COMPANY

Sketch Plan Pg. 3



- CONTRACTOR IN



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.

MT/00577736

Type of Coverage / Driver Plan Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No. SKE4188J

Chassis No. WDD2074472F209917

2) Name of Policy Holder ONG BOON KIT KEITH ANDREW

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act 22/03/2019 00:00

4) Date/Time of Expiry of Insurance 21/03/2020 23:59

5) Persons or Classes of Persons Entitled to Drive

(a) Any named person under the policy who is driving on the Policyholder's permission.

(b) 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 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.

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. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.

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\$ 1,000.00 (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

Main driver ONG BOON KIT KEITH ANDREW

Named driver

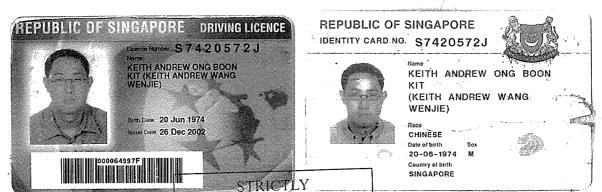
Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.

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 Com pensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 27/02/2019 Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur (Chief Underwriting Officer)

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



FOR WORKSHOP USAGE

USE FOR ACCIDENT REPORTING ONLY

(E) Susie Yap Chan See

97964461 DIC 140 injury. Carela.

STRICTLY FOR WORKSHOP USAGE USE FOR ACCIDENT

