

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	28/01/2020 14:34
Date Of Accident	27/01/2020 00:45
Exact Location Of Accident	TAMPINES ST 71
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3965B
Insured/Policyholder	
Name Of Registered Owner	SHAFEEQ BIN ABDUL MAJID
NRIC No	SXXXX193D
Email Address	FDBLEQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97678532
Alternative Phone No	OFFICE-97678532

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.3 (A)

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00440801/02
Cover Note Number	

Driver

Name of Driver	SHAFEEQ BIN ABDUL MAJID
NRIC No	SXXXX193D
Date Of Birth	18/07/1992
Occupation	INDOOR
Date Of Driving Pass	01/12/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97678532
Fax Number	
Contact Number	OFFICE-97678532
Email Address	FDBLEQ@GMAIL.COM

Address	BLK 553 BEDOK NORTH AVENUE 1 #07-476 SINGAPORE
Postcode	460553
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : FERAUS GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED

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	SHD4831B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

2017年12月31日 星期日 12:00:00

IMPORTANT NOTICE

- 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.

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

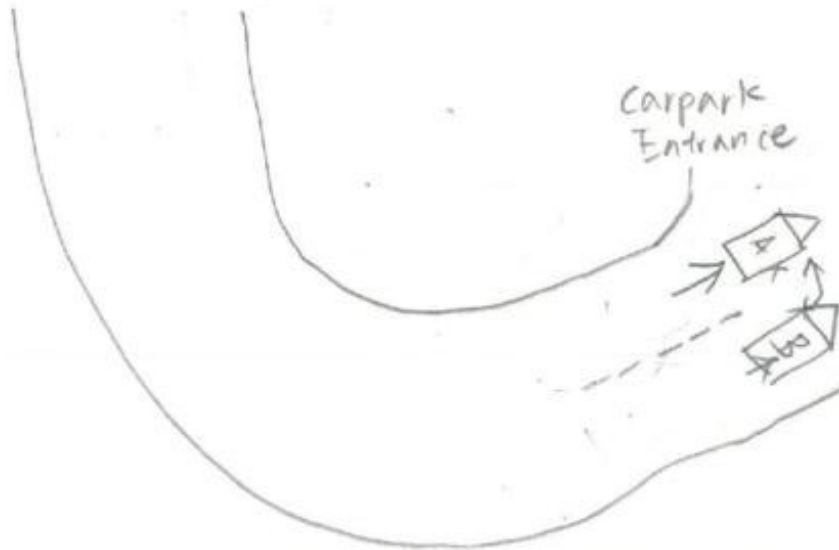
Accident Toolkit

Sketch plan

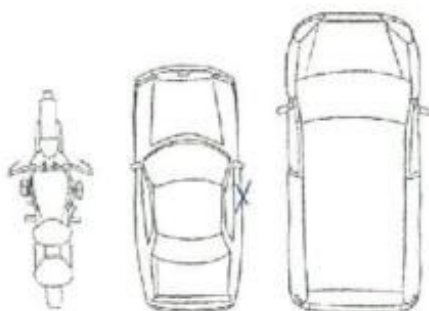
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

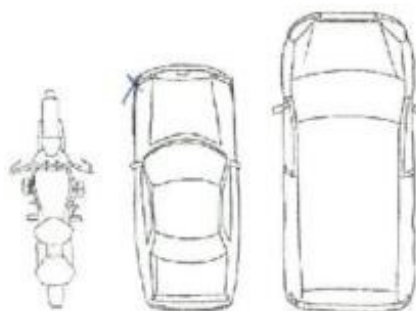
If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A
3JY 3965 B



Vehicle B
3HD 4831 B



Handwritten signature/initials.

Call us direct

Customer Care
6665 5555

Claims Support 24/7 Hotline
6532 1818

+65 6603 3899 (from overseas)

Refer to police report

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

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200127/2004

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 4
Report No: T/20200127/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2020 01:27		Video Report No.:		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: SHAFEEQ BIN ABDUL MAJID		Address: APT BLK 553 BEDOK NORTH AVENUE 1 #07-47B SINGAPORE 480653			
ID Type / ID No.: NRIC NO / S8225183D		Contact No.: Home/Office: Mobile: 97678532			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 27	Date of Birth: 18/07/1992	Type of Informant: Driver		
Race: Indian		Language:		Institution / School Name:	
Occupation: ENGINE TECHNICIAN		Driving Licence Information: Class: 2B,3,4		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/01/2020 00:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES STREET 71 TAMPINES AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD4831B	Car				Slightly Damaged	0
SJX3985B	Car	HONDA	JAZZ GLI 1.3 A	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJX3985B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00440801/02	18/12/2017	17/12/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200127/2004

2 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 520582
Tel No: 1800-5071899

Report No. T/20200127/2004

CONTINUATION OF REPORT

Details of Person Involved:			
Any Person Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	LEE CHOONG HAN	ID No.	S1545951F
Related Vehicle	SHD4831B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	SHAFEEQ BIN ABDUL MAJID	ID No.	S8225193D
Related Vehicle	SJX3985B (Car)	Contact No.	97878032
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger:			
Name	FERDAUS BINTE MOHAMED RASHID	ID No.	S9310227E
Related Vehicle	SJX3985B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

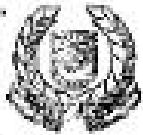
Brief Details:

On 27/01/2020 at about 0045hrs, I was driving along Tampines Street 71 towards Tampines Avenue 5 behind a taxi. As the road split from a single lane into 2 lanes, I took the left lane and the taxi that was ahead of me took the right lane.

While I was driving and my vehicle was positioned next to the taxi, the taxi suddenly swerved into my lane without signaling and collided into the right portion of my vehicle.

As a result, the right portion of my vehicle was scratched from the driver door to the right rear of my

Police Report



SINGAPORE
POLICE FORCE



T202001272004

Police Station Of Origin:
Tampines R.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-587 1999

3 of 4

Report No: T202001272004

CONTINUATION OF REPORT

vehicle.

After the collision, I exchanged particulars with the taxi driver, took some photographs of the scene and left.

At the time of the accident, no one was injured.

There is no camera in my vehicle.

Police Report



SINGAPORE
POLICE FORCE



T20200127/2004

Police Station Of Origin:
Tampines N.P.C
8 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871888

4 of 4

Report No: T20200127/2004

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 55474895 stating the report number as reference.

Signature Of Officer Recording The Report:

G/

Sr Staff Sgt MUHAMMAD NOOR AZRI BIN
MOI AMED BALLEH

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

27/01/2020 01:27

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 55478151

Authentic Stamp
NF105

Classification Of Case:

INSURANCE CERT



Contact us at
 Hotline: (65) 8532 2858
 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/00440801/02
Type of Coverage / Driver Plan	: Car Comprehensive (Flexible Plan)
1) Vehicle Registration No.	: SIX3965B
Chassis No.	: MRHGE6B509P022413
2) Name of Policy Holder	: Abdul Majid, Shafeeq
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 18/12/2019 00:00
4) Date/Time of Expiry of Insurance	: 17/12/2020 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) Any other person 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
Your Excess	
Own Damage Excess	: S\$ 800.00 (before any applicable GST)
YIED Excess	: S\$ 2,500.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	: Maybank
Main driver	: Abdul Majid, Shafeeq
Named driver	: None
Important Note: This policy covers any authorised drivers. If you authorise a Young or Inexperienced Driver (YIED) then please note the increased excess above. YIED refers to any driver who is below the age of 30 or has held a driving license for less than 2 years.	

[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: 18/11/2019

Direct Asia Insurance (Singapore) Pte. Ltd.

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