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 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 consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/02/2020 15:10
Date Of Accident	25/02/2020 17:30
Exact Location Of Accident	ALONG GEYLANG SERAI ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV2390P
Insured/Policyholder	
Name Of Registered Owner	NG WEI LUN
NRIC No	S9320749A
Email Address	WEIAALUN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98261231
Alternative Phone No	OFFICE-98261231
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180-1.6 (R18 BI) (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?	NO

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

Insurance Company

DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

NO Fleet Policy

Policy Number MT/00709162

Cover Note Number

Driver

Name of Driver NG WEI LUN NRIC No S9320749A Date Of Birth 17/06/1993 Occupation **INDOOR Date Of Driving Pass** 15/12/2012

Driving Experience 7 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98261231

Fax Number

OFFICE-98261231 Contact Number

EMail Address WEIAALUN@HOTMAIL.COM Address BLK 43A SIMS DRIVE #03-193

SINGAPORE

Postcode 381043

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

STROIG

-

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

ambulance?

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? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

YES

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

. 100,1 10000 ctate milet i chec ctation

Police Station Name TOA PAYOH CENTRAL

Police Station Address ROAD: 93 TOA PAYOH CENTRAL, POSTCODE: 319194, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6507A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 42

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKV2390P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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)

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 the purpose of the collective of the purpose of the collective of the purpose 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 & Time: 26/02/2020

1425 HRS

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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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.

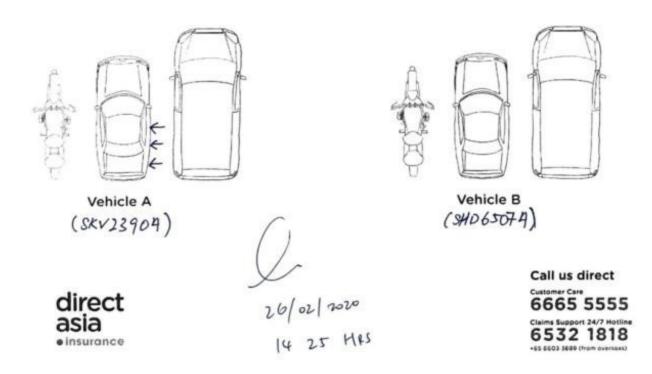
If safe, please take photos or videos from all angles.

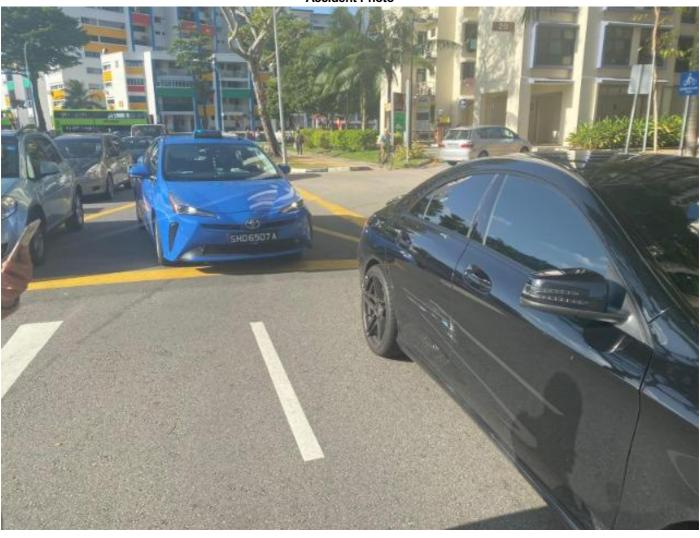


SEKAT

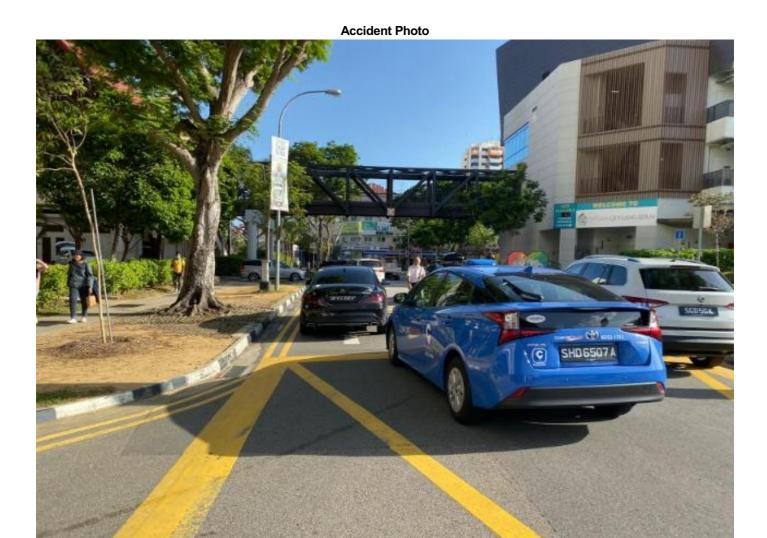
As I was going straight towards
Job Chiat Road, drove past
Vehicle B. But before I can
fully drive part vehicle B who was
on the middle lane, I felt a
hard impact on the right rear of my
vehicle. So I stopped my car and
alighted. And found that Vehicle B
collided into me.

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.

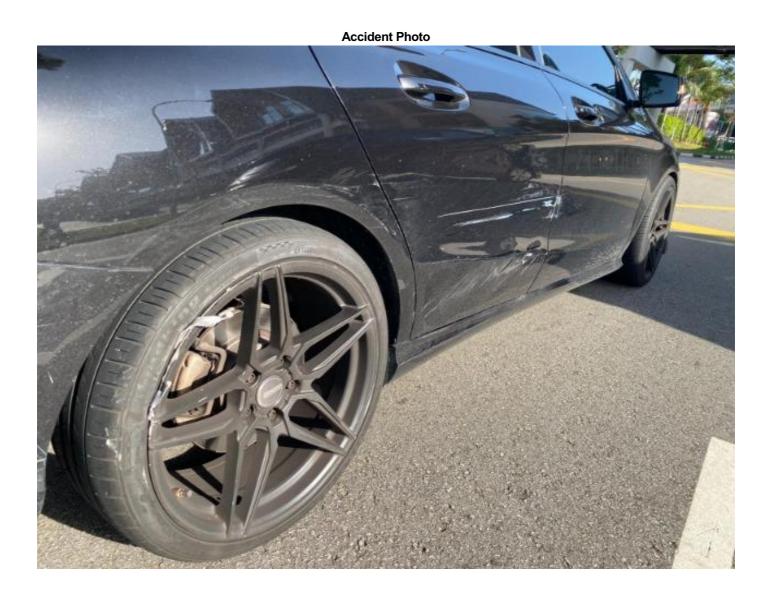






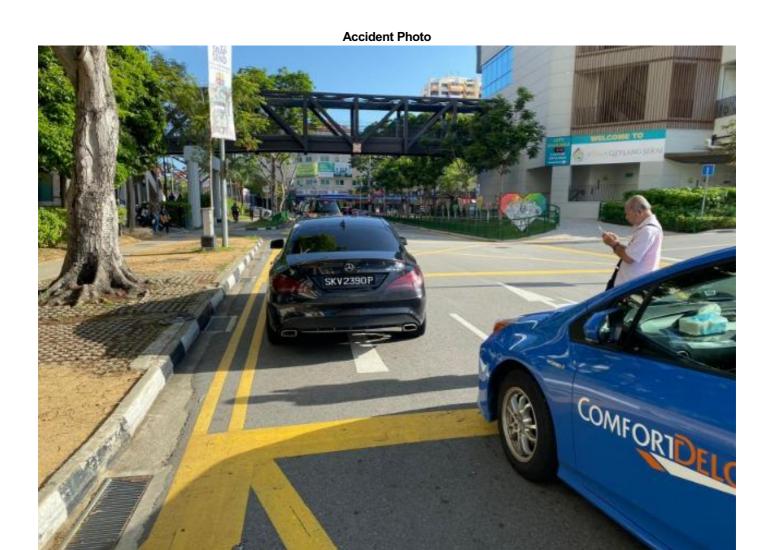


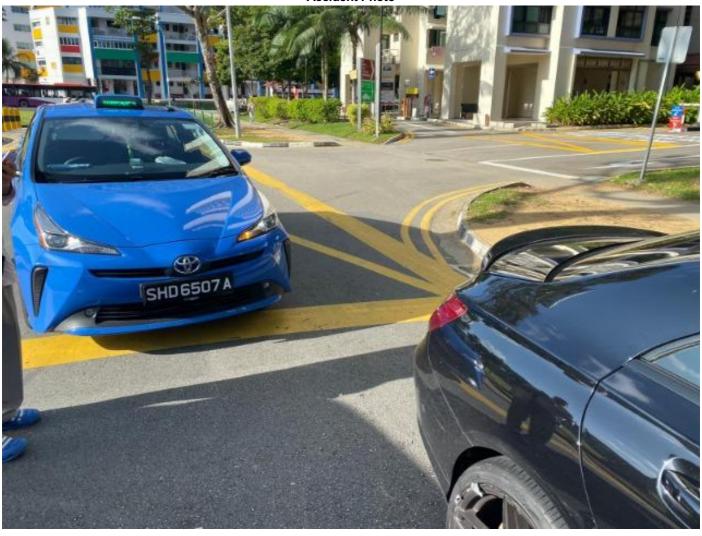




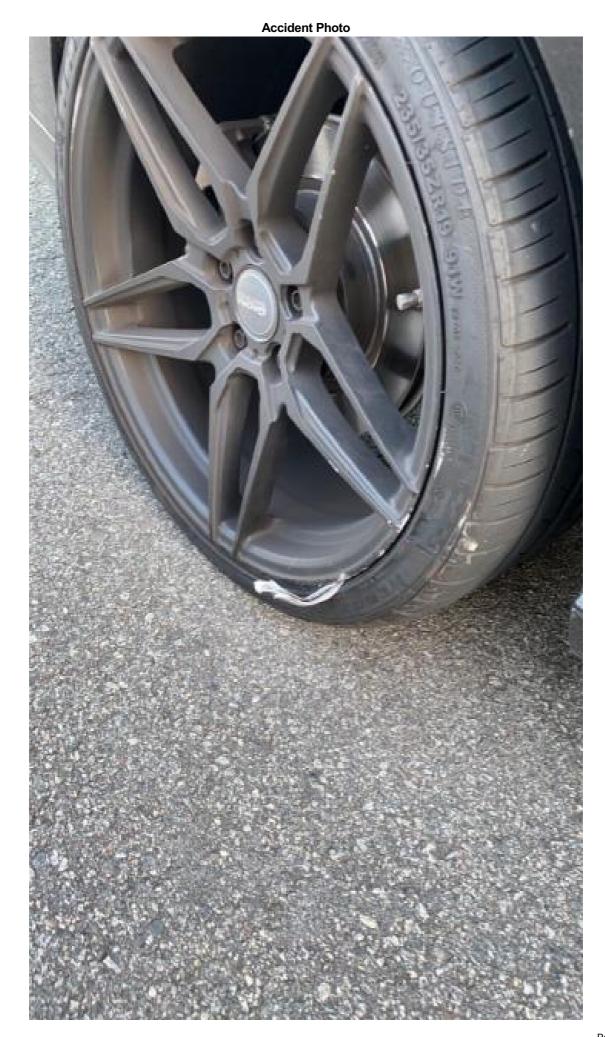


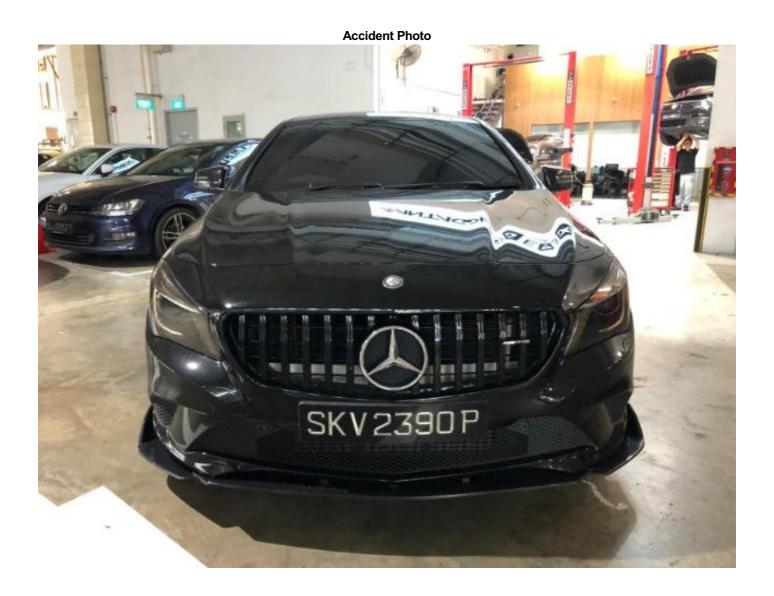
















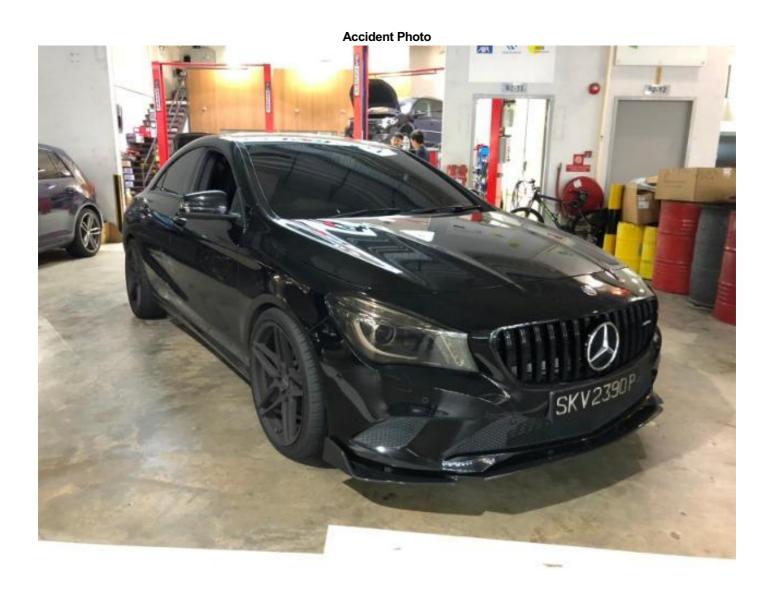




































Contact us at

Hotline: (65) 6532 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/00709162

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

1) Vehicle Registration No. : SKV2390P

Chassis No. WD01173422N251795

2) Name of Policy Holder : NG, WEI LUN

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act 22/10/2019 00:00

4) Date/Time of Expiry of Insurance : 21/10/2020 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 discussification from driving.

5) 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 halling services (e.g. Grab, Go-tek etc.) are not allowed.

"Limitations rendered inoperative by Section 6 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
 : \$\$ 0.00 (before any applicable GST)

 Windscreen Excess
 : \$\$ 100.00 (before any applicable GST)

Choice of workshop : DirectAsia approved workshops

Finance company / Hire Purchase : Maybank
Main driver : NG, WEI LUN
Named driver : None

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

DWe 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) Ptc. Ltd.

Issued on: 19/10/2019

Edip Okur (Chief Underwriting Officer)

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

Police Report





1 of 3 Report No. T/20200226/2069

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
26/02/2020 13:22		92

2010272020 13.22			82			
Informa	nt's Partici	ulars	TENED TENED	CHEST DE LA CONTRACTOR DE		
Name of Informant: NG WEI LUN			Address: APT BLK 43A SIMS DRIVE #03-193 SINGAPORE 381043			
	/ ID No.: 0 / S932074	49A	Contact No.: Home/Office:	Mobile: 98261231		
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 26	Date of Birth: 17/06/1993	Type of Informant Driver			
Race: Chinese		Language:	Institution / School Name:			
Occupation: INSURACNE AGENT			Driving Licence Inform Class: 3	ation: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident 25/02/2020 17:30	Type of Location Straight Road	
Location: Along Road 1 GEYLANG S JOO CHIAT F Weather:		Road 2		Road Speed Limit:	
Clear		Dry		A STATE OF THE POST OF THE POS	
		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light	

Details of V	ehicle invo	lved		and the same	1000	ESCHOOL SECTION
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6507A	Car	TOYOTA				0
SKV2390P	Car	MERCEDES BENZ	CLA180 (R18 BI)	Black	Seriously Damaged	0

Details of V	chicle Insurance			anteniups.
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV2390P	DIRECT ASIA INSURANCE (SINGAPORE) PTE, LTD.	MT/00709162	22/10/2019	21/10/2020

Police Report





2 of 3

Report No. T/20200226/2069

Police Station Of Origin: Toa Paych N.P.C 93 Toa Paych Central #01-02 Toa Paych Community Building SINGAPORE 319194 Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Perso		Seminor.	-			
Any Pedestrian Ir						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver	The state of the s			37.301.31		
Name	NG WEI LUN		ID No	Ę.	S9320749A	
Related Vehicle	SKV2390P (Car)		Contact No.		98261231	
Hospital/Clinic	MINMED CLINIC			Class Drivin Liceni Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	25/02/2020		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave 03		Degree of		NIL	

Brief Details.

On 26/02/2020 at about 1730hrs, I was travelling along Geylang Serai Road towards Joo Chiat road in my vehicle (SKV2390P) on the left most lane, there was another vehicle (SHD6507A) on my right. I was going straight and went pass the vehicle and suddenly I felt an impact from my right rear.

I stopped and alighted my vehicle to make a check and realized the said vehicle on my right previously had collided into me near the rear passenger door on the driver side. I wanted to exchange particulars with the other driver but he refused as such I only took down his number plate.

I felt pain on my neck as well as my back as such went to see a doctor and was given 3 days of MC.

I am lodging this report for record purpose and insurance claim.

Police Report





3 of 3 Report No. T/20200226/2069

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

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 E / Sgt 2 GARY LEW QI HAN	Signature Qt-Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2020 13:22
Officer In Charge Of Case TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	n star

Minmed Clinic (Halig Road) 30 Haig Road Singapore 436737 Feb. +65 0741 0123 Ernat: ask@minmed.sg Website: www.mismed.sg



Medical Certificate

Date

: 25 Feb 2020

MC No.

: 0000158559

This is to certify that:

Name

NG WEI LUN

NRIC

S9320749A

is UNFIT FOR WORK for 3 days

from 25 Feb 2020 to 27 Feb 2020 inclusive.

HR LOCUM 1

*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

MINMED CLINIC (HAIG ROAD)

30 Haig Road Singapore 438737

Tel: 6741 0123 Fax: 6742 3453