

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	16/06/2020 19:31
Date Of Accident	15/06/2020 12:50
Exact Location Of Accident	8 JANSEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV82E
Insured/Policyholder	
Name Of Registered Owner	TAY LIN YUAN IVY
NRIC No	S8204096Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94892444
Alternative Phone No	OTHERS-94892444

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF-2.0 GTDI LUXURY (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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/00523544
Cover Note Number	

Driver

Name of Driver	TAY LIN YUAN IVY
NRIC No	S8204096Z
Date Of Birth	30/01/1982
Occupation	INDOOR
Date Of Driving Pass	20/11/2003
Driving Experience	16 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94892444
Fax Number	(LOCAL) +65-94892444
Contact Number	OTHERS-94892444
EEmail Address	NOEMAIL

Address	8 JANSEN ROAD
Postcode	548390
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	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) 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)	0

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

REFER TO ATTACHMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC3278G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOBI S/O KISHNAN
NRIC/Passport Number	S7981993Z
Contact Number	87271384
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 15 June 20 Time: 1250hrs
Exact Location of Accident	8 Jansen Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV 82E
-----------------------------	---------

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Tay Lin Yuan Ivy
Personal Identification - NRIC (Singaporean/PR)	882040962
- FIN/Passport Number	-
- Not Applicable	-

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer <u>Jaguar</u> Model <u>XF</u>
Type of Vehicle*	<input checked="" type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	<u>Personal</u>
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, Pls select: <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting)
Vehicle Category*	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	Direct Asia.
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	MT100523544.
Motor CI	

DRIVER

	<input checked="" type="checkbox"/> Same as Insured above
Name of Driver	Tay Lin Yuan Ivy
Personal Identification - NRIC (Singaporean/PR)	882040962
- FIN/Passport Number	
Date of Birth	30 dd/ 01 mm/ 82 yy
Driving Date Pass	20 dd/ 11 mm/ 03 yy
Year of Driving Experience	15 Year(s) Month(s)
Occupation	Manager <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No.	94892444

Address of Driver	8 Tan Sen Road	
Email Address	taylinyuan@hotmail.com	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Side swipe	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	0	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	GBC 32786	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	Gobi S/O Kishnan	
Personal Identification - NRIC (Singaporean/PR)	S79819932	
- FIN/Passport Number	87271384	
Contact Number	87271384	
Address	403 Sin Ming Ave #03-303 S570403	
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles)		

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 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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

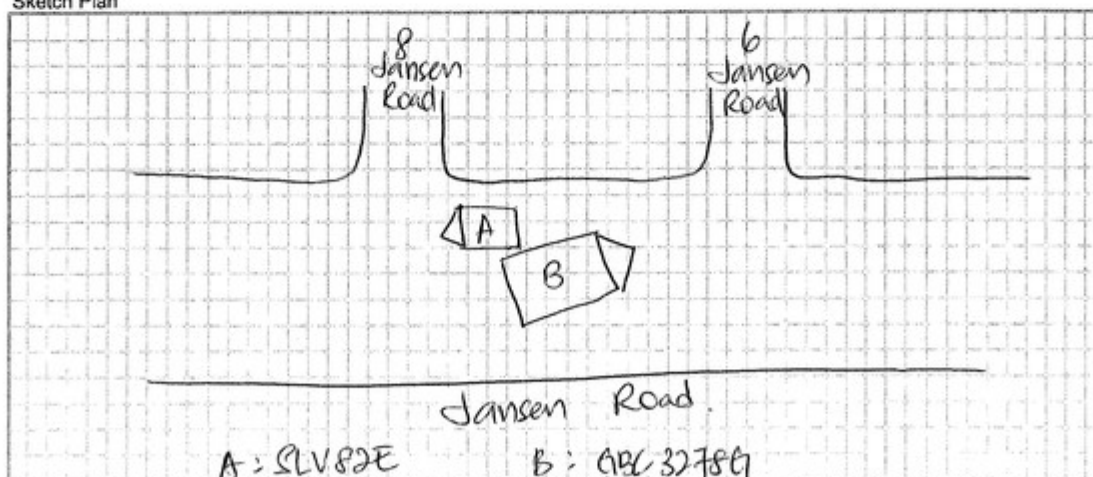
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

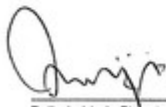
Parked at Ham on Tansen Road in front of my house. Car got hit when stationary.
When I pick up my car at 2pm, car camera alerted me and prompted me to check the car and spotted the bump.
I checked my camera footage and found the truck that hit mine.
Contacted the company owner and to inform and asked for driver details.
Driver came back to apologise and furnish particulars.
Both parties agreed to settle on insurance.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8204096Z**

Name: **TAY LIN YUAN, IVY**

Birth Date: **30 Jan 1982**

Issue Date: **20 Nov 2003**

001007173D




YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE **20 Nov 2003**

NP 428

Licence No: **S8204096Z**



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1966 (Singapore)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

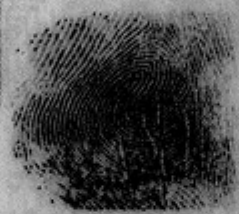
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00323544/01
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plan)
1) Vehicle Registration No.	: SH482e
Chassis No.	: SAJACDSM5EPU17026
2) Name of Policy Holder	: Tay, Lin Yuan Ivy
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 28/08/2019 00:00
4) Date/Time of Expiry of Insurance	: 27/08/2020 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) Any person who is named on the policy 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	: DirectAsia approved workshops
Finance company / Hire Purchase	: Hong Leong
Main driver	: Tay, Lin Yuan Ivy
Ref	: Named Driver
Named driver (1)	: ANG SIEN HAN
Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered.	

5852738



NRIC No. S8204096Z



Date of issue
15-01-2018

Address
8 JANSEN ROAD
SINGAPORE 548390



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8204096Z

Name

TAY LIN YUAN, IVY



鄭凌燕

Race

CHINESE

Date of birth

30-01-1982

Country/Place of birth

SINGAPORE

Sex

F



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

