SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Contact Number

EMail Address

Fax Number

- 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

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	ACCIDENT STATEMENT
Date Of Report	12/08/2020 18:38
Date Of Accident	12/08/2020 14:40
Exact Location Of Accident	HOUGANG AVE 3 TOWARDS PAYA LEBAR
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL7135S
Insured/Policyholder	
Name Of Registered Owner	JUNARI BIN SAAT
NRIC No	S7000554I
Email Address	JEBADIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90667001
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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/00697979
Cover Note Number	10/12/2019 TO 09/12/2020
Driver	
Name of Driver	JUNARI BIN SAAT
NRIC No	\$70005541
Date Of Birth	09/01/1970

INDOOR

MALE

12/08/1995

25 YEARS AND 0 MONTHS

(LOCAL) +65-90667001

(LOCAL) +65-90667001

JEBADIM@HOTMAIL.COM

OFFICE-NOPHONE

Address BLK 284 YISHUN AVE 6

#06-114

Postcode 760284

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? N

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

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

ambulance?

NAME: : ZAINUDIN BIN MOHD

GENDER: : MALE

Passenger 2

NAME: : AZRI RAMADHAN BIN ZAINUDIN

GENDER: : MALE

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 SKETCH PLAN.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJK3075M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

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

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- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: 12/08/2020

Nome:

NRIC/FIN No.:

GIARUK SkeichPlantering?

Sketch Plan Pg. 2

Vehicle A: SJL 7135 S	Time: 14 : 40 Loca Vehicle B: SJK 3075	5 M Vehicle C:	E 3 TOWARDS Paya lebar
ETCH PLAN			
8 he Petr	Road Road Road Road Road Road Road Road	Painting Yellow box	
SCRIBE CIRCUMSTANCES OF TH			
on the 12/08/2020	at about 1440hrs	, I was driving	my vehick
		0 11 0 7	1.16.0
JL71355 along houga	ing Ave 3 towards	laya lebar. I	WuZ
he	lan Claud	druin as Hare	was a
driving straight in m	y lune, stowed	down as the e	7000
road block infront. W	while checking the	other lane as I	ive intend
to filter out, I suc	ddenly felt an Imp	act on my vehic	le rear portion.
he impact roused my	vehille to properlied	forward. Shortly	I got out
and realised it was	SX3075M collid	ed against my	vehicle
Tep rear portion.		0	
☐ Claim OD/TP at Ah Lim M	otor Claim OD/TP at ot	her workshop Rep	orting Only
Remarks: Please forward a cor My workshop : Team Auto Emall address : Teamautopl@g & myself : JUNARI BIN S Emall address : jebadim@hotma	gmail.com SAAT		
Note: Please take note that yo you own policy. Kindly check w	ur insurer have 14 days timefram vith your own insurer for more in	e for you to submit own dam formation.	age claim under
FOLABATION		1 HIS * OF	1
DECLARATION /We declare the foregoing particulars	s are true in every respect.	O HOLO	(h



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.

Certificate No.

: MT/00697979

Type of Coverage / Driver Plan

Car Comprehensive (Flexible Plan)

1) Vehicle Registration No.

: SJL7135S

Chassis No.

JM6CR10F290308967

2) Name of Policy Holder

JUNARI BIN SAAT

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

10/12/2019 00:00

4) Date/Time of Expiry of Insurance

09/12/2020 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
YIED Excess

S\$ 0.00 (before any applicable GST) 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

Main driver

JUNARI BIN SAAT

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.

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).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on:

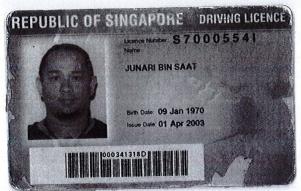
06/12/2019

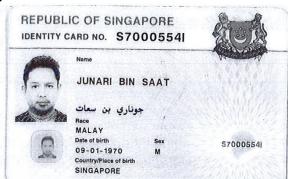
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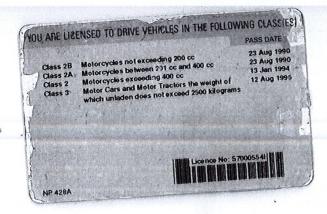
Company Registration: 200822611G

1-CI-00

Driving License Pg. 1



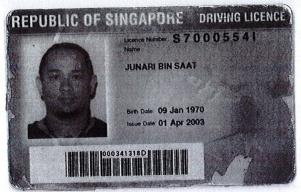


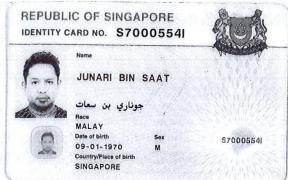


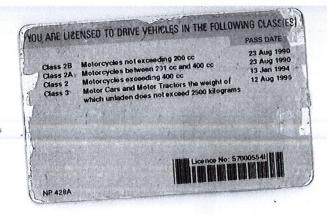
1



Identification Card Pg. 1







1



















