

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	03/09/2020 17:49
Date Of Accident	03/09/2020 08:35
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN8259P
Insured/Policyholder	
Name Of Registered Owner	MONG KOK HUNG
NRIC No	SXXXX399I
Email Address	MONGKH2002@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97692838
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CAPTIVA
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/00809082
Cover Note Number	22/07/2020 TO 21/07/2021

Driver

Name of Driver	MONG KOK HUNG
NRIC No	SXXXX399I
Date Of Birth	06/10/1962
Occupation	INDOOR
Date Of Driving Pass	20/08/1983
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97692838
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	MONGKH2002@YAHOO.COM.SG

Address	BLK 620 CHOA CHU KANG STREET 62 #12-30
Postcode	680620
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	1

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM6541E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM PING BOON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD7105U
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

POON KAR KIONG

NRIC/Passport Number

SXXXX581D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

03/09/20

16.25 hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time:

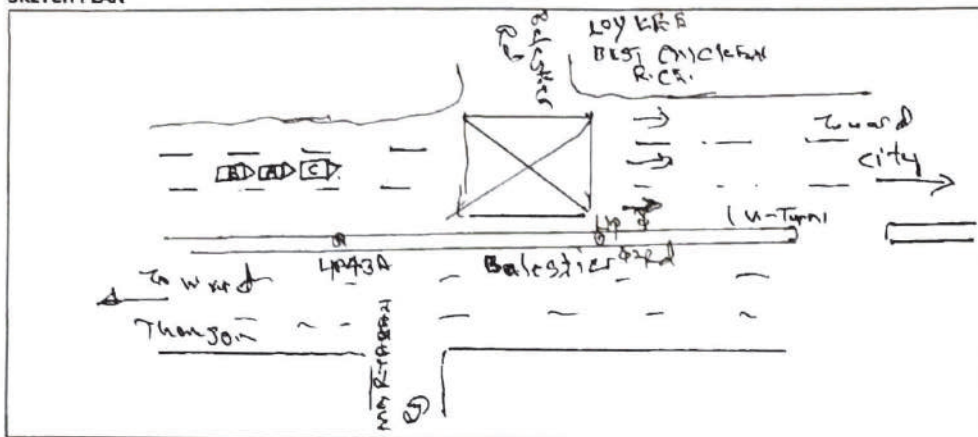
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



03/09/2020

Sketch Plan Pg. 2

Date of accident: 03/09/20 Time: 0835 hrs Location: Balestier Rd (towards city)
 My Vehicle A: SKD8259P Vehicle B: SLM 6541E Vehicle C: SHD 7105U
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 3 Sept '20, at 0835 hrs, ^{while} ~~was~~ travelling along Balestier Rd at Lane 2, the blue taxi ^(B) ~~slow~~ down then came to a stop as a red vehicle suddenly cut in from lane 1 about 2 cars away. So I also stop behind the taxi. about 3 second later, a black motorcyclist (A) rammed into ~~my~~ my back of the car which cos me to move forward and hit the taxi (B) in front.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

03/09/20

1635 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



03/09/2020

AH LIM MOTOR COMPANY

9/3/2020

CI Pg. 1

Yahoo Mail - You are now covered by DirectAsia Motor Car Insurance.

You are now covered by DirectAsia Motor Car Insurance.

From: DirectAsia Singapore (alert@alert.directasia.com)

To: mongkh2002@yahoo.com.sg

Date: Friday, 17 July 2020, 06:24 pm SGT



Dear MONG KOK HUNG ,

Thank you for covering yourself with DirectAsia Motor Car Insurance

Your Policy Details

Here's a quick summary of your policy:

Your **Motor Car** insurance policy begins **22/07/2020** and runs until **21/07/2021**.

Policy Number: MT/00809082

Policyholder/ Car Owner	: MONG KOK HUNG
Declared Main Driver	: MONG KOK HUNG
Vehicle Registration No.	: SKN8259P
Coverage/ Driver Plan	: Comprehensive/ Value Plus Plan
Policy Period	: 22/07/2020 to 21/07/2021
Vehicle Usage	: Private Use + Commuting to work
No Claim Discount	: 50%
Offence Free Discount	: Yes

Based on the information provided and coverage selected, you are covered under the following driver plan:

Value Plus Plan: in addition to the Main Driver and any Named Driver(s) under the policy, authorized drivers who are 30 years old and above and with 2 or more years of valid driving licence are covered;

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S15303991



Name

MONG KOK HUNG

葉國漢

Race

CHINESE

Date of birth

08-10-1982

Country of birth

SINGAPORE



S15303991

REPUBLIC OF SINGAPORE DRIVING LICENCE



Name S15303991

Date of birth 08-10-1982

Expiry date 16 Jun 2018



1002577343F

STRICTLY
FOR WORKSHOP USE
USE FOR LOG
REPORT



NRIC No. S15303991



Date of issue

04-09-2018

Address

APT BLK 620 CHOA CHU KANG STREET 62
#12-30
SINGAPORE 680620

6015257

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 20 Aug 1983



Licence No: S15303991

NP 428A