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 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	03/10/2020 14:24
Date Of Accident	03/10/2020 10:55
Exact Location Of Accident	ALONG SERVICE RD OF CARPARK 161 BEDOK SOUTH AVE 3.
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGS2134B
Insured/Policyholder	
Name Of Registered Owner	LIM SIEW BEE
NRIC No	SXXXX461C
Email Address	FELICIA.LIM123@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91788167
Alternative Phone No	OFFICE-91788167
Vehicle Particulars	

HONDA Manufacturer

Model STREAM 1.8 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?

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

Insurance Company

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

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number MT/00754443

Cover Note Number

Driver

Name of Driver LIM SIEW BEE NRIC No SXXXX461C Date Of Birth 07/02/1968 Occupation **INDOOR Date Of Driving Pass** 19/07/2004

Driving Experience 16 YEARS AND 2 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-91788167

Fax Number

Contact Number OFFICE-91788167

EMail Address FELICIA.LIM123@GMAIL.COM Address 271 JOO CHIAT PLACE

Postcode 427952

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

involved in the accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Please refer attached. Please note that due to the driver's driving licence had faded, unable to read the Licence Pass Date, as such, the issue date of the licence is use in this report.

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 SJV400U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 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 .
 - 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: 03 | 10 | 2020 (If driver is not the policyholder)

Date & Time: NRIC/FIN No.:

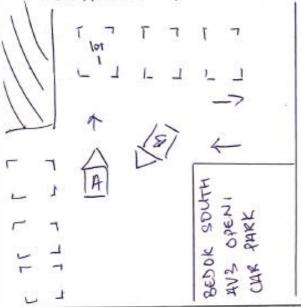
Accident Toolkit

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.

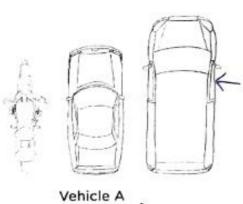
If safe, please take photos or videos from all angles.



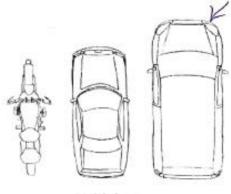
On 3.1 october 2020 at around 10.56 cm, I drove my car to park at lot spiciol but I (see pirture). Whilst approaching the lot, there was car B turning her direction towards me. The driver of car 13 did not show momentus of stopping the car at the turning junction, although I've signalled to her loughe of times. Her car (silided into mine theeafter. These are denting I scretches on the driver's side not my car.

and the second s

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.



(8GS 2134B)



Vehicle B (STV 400 U)

direct asia • insurance 03/10/20 20 12:17 PM Call us direct

Customer Care

6665 5555

Claims Support 24/7 Hotling

6532 1818

-85 6003 3609 (from Gerssen)

Insurance Certificate





Contact us at Approx. (St.) 6033 Julie Extrall. CommonSeptical@Grandon.com

CERTIFICATE OF INSURANCE

Muter Vehicles (Third-Party Kisks and Componention) Act (Chapter 199) (Dingspane) (the "AAC") Motor Vehicles (Third-Party Kisks and Componention) Bules, 2960 (Singapore) Read Transpare) Act, (1972 (Maleyska) Muter Vehicles (Third-Party Kisks) Muter, 1988 (Holleyska)

this document forms part of your controls with us and obside to make topother with soon Policy Scholate and your Policy Despits. Do let us know if any of the pass is observative need to be amended or updated.

90/00/2044/01 Cordificate No. Type of Coverage / Driver Plan Cor Despeterova (Resette Ran) \$06213HB \$961521HB a) volute Registration No. Chande No. II) Name of Policy Hotton 5) Effective Balls / Time of Commencement of Insurance for the Purpose of the Art 05/468/2001-00:00 4) Date/Time of Enginy of Engagement 16/05/2021 23:55 25 Personnel or Claims of Persons California to Colon-(a) Any other person who is diverging the full placeholders permission. The person diving must have a velid driving license to three if languages and must not be used in question or disparations on the private. 45 Limitations on to cor* tion onto the private purposes, in accordance with the crick-addient usage stated on your heavy Schedule. The policy dates not sever use the in time reason, suction, during must, noting, patients after, establish that is, grant that, the actings of grains for agreement of the representation, or committee or proposes of a committee with the respectability that is used to accordingly entropy and accordingly with proposes of extra the first dates accordingly entropy that all large to according to the propose of the committee of th The fathers needered impansitive by Section II of the Am and Demice 95 of the Dead Transport Act, 1917 (Malasma), one not to be estudied under this heading. **Gum Impured** Printed Volum

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Contact to at History (81) 1502-2508 Syradi Cassaner Service cell threathern men

halip Oner (Chart Underwriting Officer)





















