

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	28/10/2020 16:54
Date Of Accident	28/10/2020 08:30
Exact Location Of Accident	SUNSET WAY TOWARDS CLEMENTI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK1513D
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAZAK BIN ABDULLAH
NRIC No	SXXXX408B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97738358
Alternative Phone No	OFFICE-97738358

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-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? 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	
Cover Note Number	

Driver

Name of Driver	ABDUL RAZAK BIN ABDULLAH
NRIC No	SXXXX408B
Date Of Birth	13/03/1977
Occupation	INDOOR
Date Of Driving Pass	12/03/2001
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97738358
Fax Number	
Contact Number	OFFICE-97738358
Email Address	NOEMAIL

Address	APT BLK 746 PASIR RIS STREET 71 #05-34
Postcode	510746
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	RAINING
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER POLICE REPORT ATTACHED.

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	YP7919Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
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 SME2268B
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)

DETAILS OF INJURED PERSON 1

Name ABDUL RAZAK BIN ABDULLAH
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJK1513D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
7. 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:
 - (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:
NRIC/FIN No.:

ATCH PLAN

C.) SME 2268B.



Refer to Police Report.

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INSURANCE CERTIFICATE

**direct
asia**

A DIRECT ASIA COMPANY

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/00699029/01
Type of Coverage / Driver Plan	Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	SJK1513D
Chassis No.	JTDER12WXD3000587
2) Name of Policy Holder	ABDUL RAZAK BIN ABDULLAH
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	08/10/2020 00:00
4) Date/Time of Expiry of Insurance	07/10/2021 23:59
5) Persons or Classes of Persons Entitled to Drive	<p>(a) Any named person under the policy who is driving on the Policyholder's permission,</p> <p>(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</p> <p>The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.</p>
6) Limitations as to use*	<p>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.</p> <p>*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.</p>
Sum Insured	Market Value
Own Damage Excess	S\$ 800.00 (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	ABDUL RAZAK BIN ABDULLAH
Named driver	None
Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.	

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 Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on: 17/08/2020

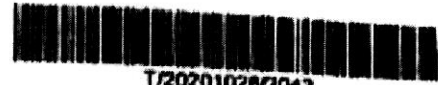

Underwriting Manager

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

Police Report 1



**SINGAPORE
POLICE FORCE**



T/20201028/2043

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4

Report No. T/20201028/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2020 13:29		Vide Report No.:		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: ABDUL RAZAK BIN ABDULLAH			Address: APT BLK 746 PASIR RIS STREET 71 #05-34 SINGAPORE 510746		
ID Type / ID No.: NRIC NO / S7707408B			Contact No.: Home/Office: Mobile: 97738358		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 13/03/1977	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: PROJECT OFFICER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/10/2020 08:30	Type of Location: Straight Road
Location: SUNSET WAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Police Report 2



**SINGAPORE
POLICE FORCE**



T/20201028/2043

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

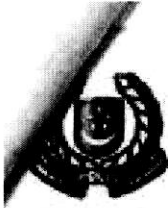
2 of 4

Report No. T/20201028/2043

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJK1513D	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00699029/01	08/10/2019	07/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	ABDUL RAZAK BIN ABDULLAH		ID No.	S7707408B
Related Vehicle	SJK1513D (Car)		Contact No.	97738358
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TAN KENG TIONG		ID No.	S2604840J
Related Vehicle	SME2268B (Car)		Contact No.	81828688
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	CHINNASAMY THIRUNAVUKKARASU		ID No.	NIL
Related Vehicle	YP7919Z (Lorry)		Contact No.	90894974
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20201028/2043

3 of 4

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20201028/2043

CONTINUATION OF REPORT

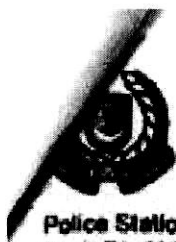
Brief Details.

On 28/10/2020 at 0830hrs, I was driving my car bearing plate number, SJK1513D along sunset way towards Clementi.

At the T junction, the traffic light was red. Thus, I stopped my vehicle. Suddenly, a lorry bearing plate number, YP7919Z banged the rear of my car from behind. As such, my car also moved forward and hit the rear of the front vehicle bearing plate number, SME2268B.

We then got down and took photo of the damages and exchanged particulars with the drivers in front and behind me. No one was injured.

Police Report 4



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20201028/2043

4 of 4

Report No. T/20201028/2043

CONTINUATION OF REPORT

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:

G /

Sgt 1 JUSTIN CHU JUN QUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

28/10/2020 13.29

Classification Of Case:

1

CASE SUMMARY 1



T/20201028/2051

1 of 3

Report No. 1 20201028/2051

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20201028/2051

Vide Report Number T/20201028/2043

Date/Time of Report Made 28/10/2020 13:51

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant ABDUL RAZAK BIN ABDULLAH

ID Type / ID No. NRIC NO / 877074088

Home Office

Mobile 97735338

Email

Type of Accident Non-Injury

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 28/10/2020 08:30

Accident Location SUNSET WAY

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK1513D	Car	TOYOTA	WISH 1.8 AUTO	Silver	Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: Nil	

CASE SUMMARY 2

T/20201028/2051

2 of 1

Report No. T/20201028/2051

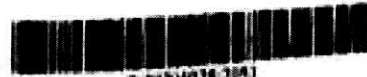
Continuation of CSF For NP168

Driver			
Name	ABDUL RAZAK BIN ABDULLAH	ID No	S7707408B
Related Vehicle	SJK1513D (Car)	Contact No.	97738358
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/10/2020	Date Discharge	28/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Facts

Additional to T/20201028/2043, I was discharged from Raffles Medical Clinic with 3 days of Medical Cert.

CASE SUMMARY 3



T/20201026-2051

3 of 3

Report No. T/20201026-2051

Continuation of CSF For NP168

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.

Case Sensitivity

No

Officer-In-Charge of Case

TP / GIA /
WONG SIEU LUI

Classification of Case

1) NON-INJURY