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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/11/2020 17:16
Date Of Accident	01/11/2020 11:50
Exact Location Of Accident	QUEENWAY TOWARD PORTDOWN AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT4425H
Insured/Policyholder	
Name Of Registered Owner	LIM WEIHONG VINCENT
NRIC No	SXXXX293F
Email Address	VINCENTLIMWH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86916618
Alternative Phone No	OTHERS-86916618
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO-1.4 (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	THIRD PARTY

NO Fleet Policy

Policy Number MT/00786066

Cover Note Number

Driver

Name of Driver LIM WEIHONG VINCENT

NRIC No SXXXX293F Date Of Birth 16/09/1991 Occupation **INDOOR Date Of Driving Pass** 13/10/2011

9 YEARS AND 0 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-86916618

Fax Number

OTHERS-86916618 Contact Number

EMail Address VINCENTLIMWH@GMAIL.COM

BLK 932 JURONG WEST ST 92 #02-203 Address

Postcode

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? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

2

NO Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: NG YING PING

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name 10 UBI AVENUE 3

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT NO;T/20201102/7011.

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 SMM1531E

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)

DETAILS OF INJURED PERSON 1

Name NG YING PING

Approximate Age Injuries Sustain

Injured person in which vehicle? SJT4425H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIM WEIHONG

Approximate Age Injuries Sustain

Injured person in which vehicle? SJT4425H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
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- 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.
- By the lodgment of this report to insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 settlement of the claims and any necessary investigations relating to the claims;
 - 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring delivery of the same as well as on the external cover of envelopes/ mail packages; and/ or
 - Complying with applicable law in administering, processing, handling and/ or dealing with my claims.
 (Collectively the "Purposes")
 - all insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyers/ law firms, may/ are
 permitted to collect, use or disclose and/ or process my Personal Information for one or more of the above Purposes;
 and
 - 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 lawyer/ 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 purposed stated, or;

For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not policyholder)

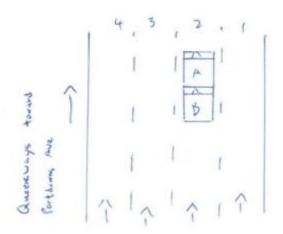
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

SKETCH PLAN



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

Driver's Signature

Date & Time:

(If driver is not policyholder)

Policyholder's Signature

Date & Time:

Veh A. SJTA425 H Veh B' SMM 1531E

746	to police report T/20201102/7011
-	

Page 5 of 18

Reporting centre Personnel's Signature

Name:

NRIC/ FIN No:



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/00786066

Type of Coverage / Driver Plan Car Third-Party Only (Value Plus Plan)

1) Vehicle Registration No. SJT4425H

Chassis No. WVWZZZ13Z9V026046

2) Name of Policy Holder LIM WEI HONG VINCENT

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

09/04/2020 00:00

4) Date/Time of Expiry of Insurance : 08/04/2021 23:59

5) Persons or Classes of Persons Entitled to Drive

- (a) Any named person under the policy who is driving on the Policyholder's permission.
- (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

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 halling 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\$ 0.00 (before any applicable GST)

Windscreen Excess Not Applicable (before any applicable GST)

DirectAsia approved workshops Choice of workshop

Finance company / Hire Purchase

Main driver LIM WEI HONG VINCENT

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

Issued on: 31/03/2020 Direct Asia Insurance (Singapore) Pte. Ltd.

Underwriting Manager

Company Registration, 200822511G

















Identification Card









Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201102/7011

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2020 12:35
Officer in Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20201102/7011

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expery Date
SJT4425H	DIRECT ASIA INSURANCE (SINGAPORE) PTE, LTD.	MT/00786066	09/04/2020	08/04/2021

Details of Perso	in Involved					
Any Pedestnan I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Passenger						
Name	NG YING PING			ID No).	S9717307I
Related Vehicle	SJT4425H (Car)			Conta	oct No.	02300202
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL.	
Date	02/11/2020 Dat		Date		02/11	/2020
No. of Days gran	nted Medical Leave 00 Degr			of Slight		
Driver						
Name	LIM WEIHONG, VINCENT		ID No	1	E0134203F	
Related Vehicle	SJT4425H (Car)			Conta	ect No.	86916618
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	02/11/2020		Date		02/11	/2020
No. of Days gran	ted Medical Leave:	03	Degree (p/	Slight	TANK TO THE TANK THE

Brief Details.

On the stated time and date, i was driving my vehicle SJT4425H on queenway road toward portsdown AVE i was stationary waiting for traffic light to turn green on lane 2 of 4 lanes. Suddenly i felt an impact from my rear which result my vehicle stalls, i alighted my vehicle and realised SMM1531E have rear ended my vehicle we exchange particular and left the scene shorty, afterwhich me and my wife Ng ying ping S9717307I feeling unwell we went to our family clinic and received 3 days MC each.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20201102/7011

REPORT OF A TRAFFIC ACCIDENT

	/Time Report Made: 1/2020 12:35		Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulara:		
	Informant: IHONG, VII		Address: 932 JURONG WEST : 640932	STREET 92 #02-203 SINGAPORE
ID Type NRIC N	/ ID No.: 0 / \$91342	93F	Contact No.: Home/Office:	Mobile: 86916618
National SINGAP	ity: ORE CITIZ	EN	Email: vincentlimwh@gmail.c	om
Sex: Male	Age: 29	Date of Birth: 16/09/1991	Type of Informant: Driver	· · · · · · · · · · · · · · · · · · ·
Race: Chinese		•	Language: English	Institution / School Name:
Occupat sale ma	1877		Driving Licence Inform Class: 3	ation: Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/11/2020 11:	50	Type of Location Straight Road
Location: QUEENSWA	Y				
		Road Surface: Dry			id Speed Limit; (m/h
Weather: Clear Traffic Flow: One Way		48-42017/00/00 01/00/00/00/00/00/00/00/00/00/00/00/00/0	rkang	60 F	(m/h fic Volume:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Cotor	Conditio	No of	
SJT4425H	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	White		0	
SMM1531E	Car					0	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expliny Date		