

## 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             | 12/11/2020 10:07              |
| Date Of Accident           | 11/11/2020 19:00              |
| Exact Location Of Accident | AYE (TUAS) BEFORE LOWER DELTA |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SMF8605S                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | HARYANI BINTE AHMAD BASRI  |
| NRIC No                     | SXXXX887H                  |
| Email Address               | AZIZI.RAHMAN2908@GMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-90217413       |
| Alternative Phone No        | OFFICE-90217413            |

### Vehicle Particulars

|                                                                              |                  |
|------------------------------------------------------------------------------|------------------|
| Manufacturer                                                                 | VOLKSWAGEN       |
| Model                                                                        | SCIROCCO-1.4 (A) |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE          |
| 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/00827064                               |
| Cover Note Number         |                                           |

### Driver

|                      |                                |
|----------------------|--------------------------------|
| Name of Driver       | MOHAMAD AZIZI BIN ABDUL RAHMAN |
| NRIC No              | SXXXX107F                      |
| Date Of Birth        | 29/08/1979                     |
| Occupation           | OUTDOOR                        |
| Date Of Driving Pass | 20/11/2012                     |
| Driving Experience   | 7 YEARS AND 11 MONTHS          |
| Gender               | MALE                           |
| Mobile Number        | (LOCAL) +65-83895256           |
| Fax Number           | (LOCAL) +65-83895256           |
| Contact Number       |                                |
| EEmail Address       | AZIZI.RAHMAN2908@GMAIL.COM     |

|                                                     |                                     |
|-----------------------------------------------------|-------------------------------------|
| Address                                             | BLK 317 WOODLANDS STREET 31 #08-186 |
| Postcode                                            | 730317                              |
| Was driver an employee of the Insured's Company     | NO                                  |
| If No, Relationship of the Driver with the Insured  | SPOUSE                              |
| 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                         | 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?                                                 | NO  |
| 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                       | 10 UBI AVENUE 3                                                                    |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>                                                    |
| Was notice of intended Prosecution given? | NO                                                                                 |
| If Yes, against whom?                     |                                                                                    |

#### Circumstances of Accident

REFER TO SKETCH PLAN & STATEMENT

#### 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 | SMQ1691E    |
| Vehicle Make/Model/Colour   | MAZDA       |
| 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 OTHER VEHICLE PROPERTY 2**

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SMU9673J    |
| Vehicle Make/Model/Colour           | AUDI        |
| 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

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

12/11/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/11/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Choo Yan KM

## Sketch Plan #2

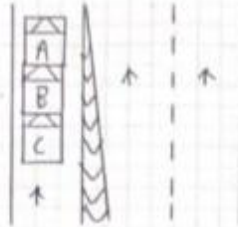
### SKETCH PLAN

Aye (TUAS)  
Before Lower Delta

A → SMF 8605 S

B → SMQ 1691 E

C → SMU 9673 J



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time & date, I was travelling in my vehicle (SMF 8605 S).

Suddenly, I felt an impact from the rear, twice. I alighted from my vehicle and realised vehicle C, (SMU 9673 J) had collided on to vehicle B, (SMQ 1691 E), then collided onto my vehicle. He exchanged particulars and decided to proceed with insurance claims.

### DECLARATION

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

Policyholder's Signature

Date & Time:

12/11/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/11/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]*

choo yan xim

# certificate of insurance



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/00817064  
Type of Coverage / Driver Plan : Car Comprehensive (Value Plus Plan)  
1) Vehicle Registration No. : SMP86055  
Chassis No. : WVWZZZ13Z9V026497  
2) Name of Policy Holder : HARYANI BINTE AHMAD BASRI  
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act : 15/07/2020 15:27  
4) Date/Time of Expiry of Insurance : 14/07/2021 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 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  
Own Damage Excess : S\$ 600.00 (before any applicable GST)  
Windscreen Excess : S\$ 100.00 (before any applicable GST)  
Choice of workshop : My Workshop/ My Authorised Distributor Workshop  
Finance company / Hire Purchase : KENZO LEASING PTE LTD  
Main driver : HARYANI BINTE AHMAD BASRI  
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).

Issued on: 15/07/2020

Direct Asia Insurance (Singapore) Pte. Ltd.

Underwriting Manager

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

CS Scanned with CamScanner

Company Registration: 200822611G



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



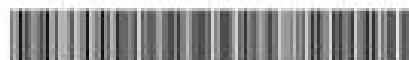




# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201112/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20201112/7021

## REPORT OF A TRAFFIC ACCIDENT

|                                                      |            |                              |                                                              |                    |                            |
|------------------------------------------------------|------------|------------------------------|--------------------------------------------------------------|--------------------|----------------------------|
| Date/Time Report Made:<br>12/11/2020 17:19           |            | Vide Report No.:             |                                                              | Station Diary No.: |                            |
| <b>Informant's Particulars</b>                       |            |                              |                                                              |                    |                            |
| Name of Informant:<br>MOHAMAD AZIZI BIN ABDUL RAHMAN |            |                              | Address:<br>317 WOODLANDS STREET 31 #08-186 SINGAPORE 730317 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S7928107F             |            |                              | Contact No.:<br>Home/Office: Mobile: 83895256                |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN                    |            |                              | Email:<br>AZIZI.RAHMAN2908@GMAIL.COM                         |                    |                            |
| Sex:<br>Male                                         | Age:<br>41 | Date of Birth:<br>29/08/1979 | Type of Informant:<br>Driver                                 |                    |                            |
| Race:<br>Malay                                       |            |                              | Language:<br>English                                         |                    | Institution / School Name: |
| Occupation:<br>Safety Officer                        |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3             |                    | Date of Expiry:            |

## General Information of the Accident

|                                                              |                  |                                    |                                            |                                     |
|--------------------------------------------------------------|------------------|------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident:                                            | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>11/11/2020 19:00 | Type of Location:<br>Straight Road  |
| Location:<br><br>KEPPEL ROAD                                 |                  |                                    |                                            |                                     |
| Weather:<br>Clear                                            |                  | Road Surface:<br>Dry               |                                            | Road Speed Limit:<br>60 Km/h        |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |                                            | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |                                            | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SMF8605S    | Car  |      |       |       |          | 0     |
| SMQ1691E    | Car  |      |       |       |          | 0     |
| SMU9673J    | Car  |      |       |       |          | 0     |

# Police Report



**SINGAPORE  
POLICE FORCE**



T:20201112/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T:20201112/7021

## CONTINUATION OF REPORT

| Details of Person Involved        |                                |                                   |                                         |
|-----------------------------------|--------------------------------|-----------------------------------|-----------------------------------------|
| Any Pedestrian Involved: No       |                                |                                   |                                         |
| No. of Pedestrians Injured: NIL   |                                | Use of Pedestrian Crossing: NA    |                                         |
| Driver                            |                                |                                   |                                         |
| Name                              | MOHAMAD AZIZI BIN ABDUL RAHMAN | ID No.                            | S7926107F                               |
| Related Vehicle                   | SMF8605S (Car)                 | Contact No.                       | 83895256                                |
| Hospital/Clinic                   | NG TENG FONG GENERAL HOSPITAL  | Class of Driving Licence & Expiry | Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date                              | 11/11/2020                     | Date                              | 12/11/2020                              |
| No. of Days granted Medical Leave | 05                             | Degree of                         | Serious                                 |

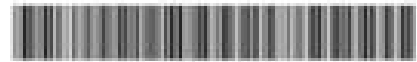
### Brief Details.

On stated date and time, I was travelling in my vehicle bearing (SMF8605S) entering aye tias from keppel road. Suddenly i felt 2 huge impact from the rear. I went down and realised that I had gotten involve in a chain collision with vehicle bearing (SMQ1691E) and vehicle bearing (SMU9673J). We then exchange particulars and decide to proceed with insurance claims. I then went to the hospital after I settle my accident report. I was admitted one night and receive 5 days hospitalisation leave.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20201112/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20201112/7021

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
12/11/2020 17:19

Classification Of Case:

## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S663500200 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

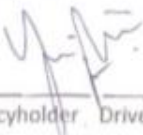
#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MC0A20100093 Vehicle Registration No: SMF 86055  
Name (as shown in NRIC) : Haryani Binte Ahmad Basri NRIC/FIN/Passport No : S8207887H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Apt BIK 288C Bukit Batok Street 25 #03-18 Singapore (652288)  
Contact (Tel) : 90217413 Mobile No.: 90217413  
Email Address : azizi.rahman2908@gmail.com  
Date of Accident : 11/11/2020 Time of Accident : 19:00  
Place of Accident : Ave 170ns before Loner Delta  
Insurance Company: Direct Asia Insurance

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to change the policyholder's NRIC number to S8207887H.  
I would like to change the policyholder's address to Apt BIK 288C  
Bukit Batok Street 25 #03-18 S(652288).  
I would also like to add that there's a police report made. Have added in  
the police report.

  
Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Choo Yan Xian  
NRIC/FIN No.:  
Date: