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 Submission 08/02/2021 11:08 (SGT) Date of Accident 06/02/2021 13:30 (SGT) Exact Location of Accident 71A Lor K Telok Kurau, Singapore 425689 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI K5185S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Shirin Ismail NRIC No. SXXXX782Z Email Address shirin081970@yahoo.com Mobile Phone No (Phone) +65-96264738 Alternative Phone No +65-96264738

VEHICLE PARTICULARS

Manufacturer Volvo Model V40 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company **Direct Asia** Type of Coverage Comprehensive Fleet Policy Policy Number MT/00572408/02 Cover Note Number

DRIVER

Name of Driver Shirin Ismail NRIC No SXXXX782Z Date Of Birth 08/03/1970 Occupation Indoor

Date Of Driving Pass 22/12/1992 Driving experience 28 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-96264738 Alt. Phone Number +65-96264738 Email Address shirin081970@yahoo.com Address 71A Lorong K, Telok Kurau Address complement Postcode 425689 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SFN8263K Insurance Company of Other Vehicle Owned by Driver **Direct Asia** GENERAL INFORMATION OF THE ACCIDENT Type of Accident Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Marine Parade Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004428999 Alt. Police Station Phone No (Fax) +65-62447678 Police Station Address 300 Marine Parade Road Singapore 449296 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	SLK2970L
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	_
Contact Number	_

Address	 	_
Address complement		_
Postcode		_
Insurance Company Name	 	_
Nature Of Damage		_
Details of property damaged in accident	 	_
No. Of Passenger (Including Driver)		_

SKETCH PLAN

IMPORTANT NOTICE

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

- 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 Purpose
- (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: 06/02/2011

15:30

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

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

CIARMO SketchPlanEorm VG



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.

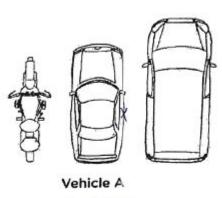
If safe, please take photos or videos from all angles.

* Reter to

POLICE

T-90935

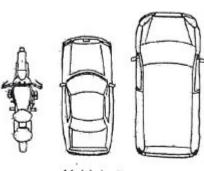
Please indicate on vehicle A (your vehicle) and, vehicle B(third party vehicle), the point of impact and area(s) of visible damage with an arrow.



SLK51855

okoy≫





Vehicle B SLC2970L

Call us direct

Customer Care

6665 5555

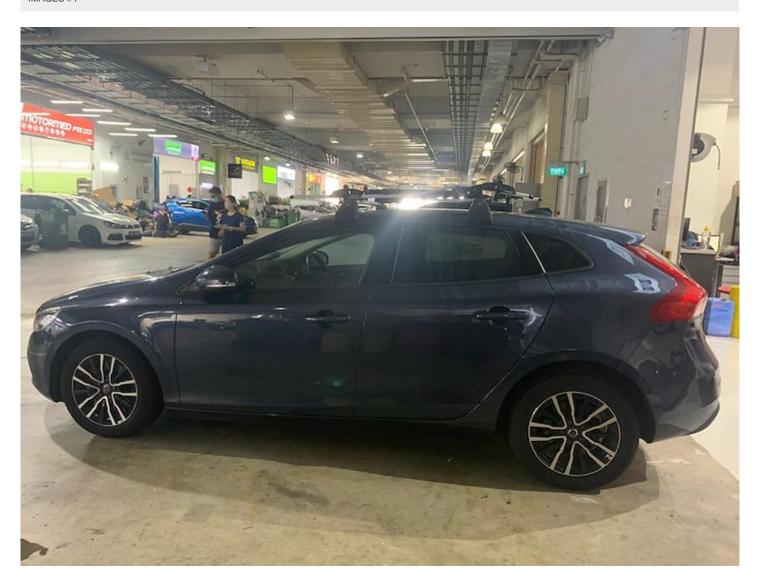
Claims Support 24/7 Hotiline

6532 1818



















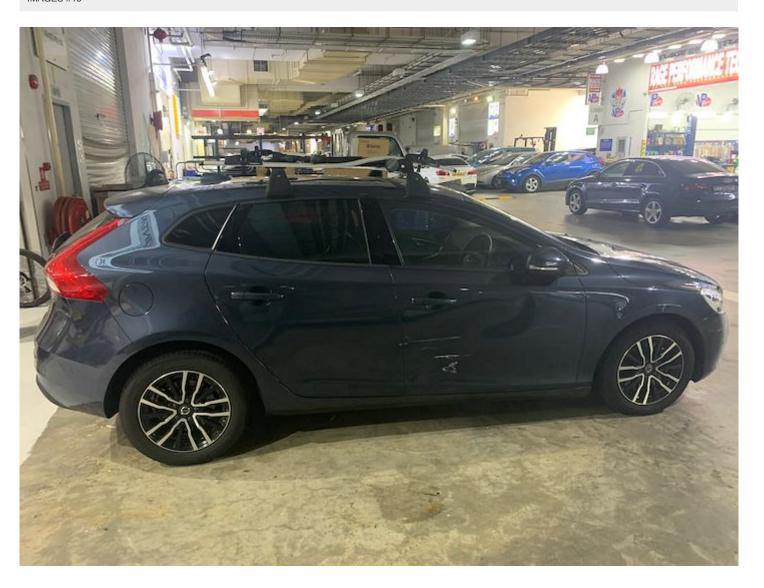


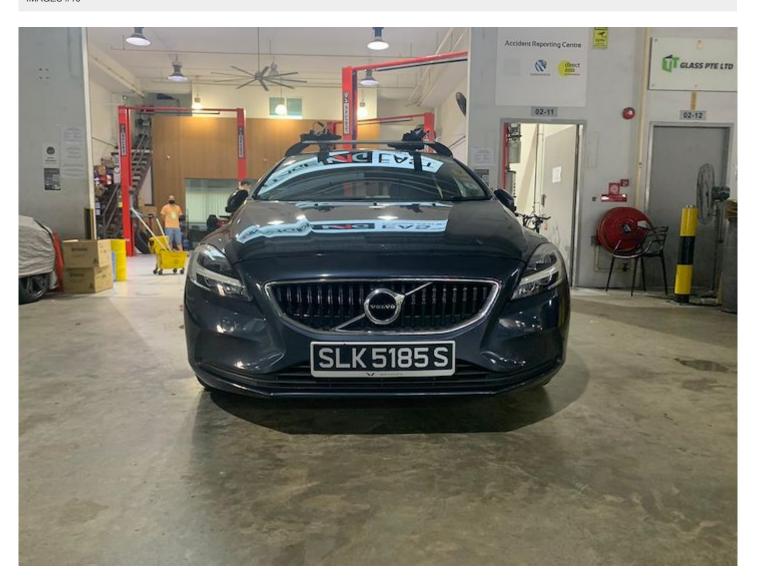


















Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999

Report No. T/20210206/2071

REPORT	OF A	TRAFFIC	ACCIDENT
KELOKI	~ ~	11001110	MODIFIELD

Date/Time Report Made: 06/02/2021 14:38		fade:	Vide Report No.:	Station Diary No. 29	
Informan	t's Partici	ulars			
Name of I SHIRIN IS			Address: 71A LORONG K TELOK KURAU SINGAPORE 4256		
ID Type / NRIC NO		B2Z	Contact No.: Home/Office: Mobile: 96264738		
Nationality: SINGAPORE CITIZEN			Email: shirin081970@yahoo.com		
Sex: Age: Date of Birth: Female 50 08/03/1970			Type of Informant: Vehicle Owner		
Race: Malay			Language: English	Institution / School Name:	
Occupation: INVESTMENT OFFICER		ICER	Driving Licence Information Class: 3	Date of Expiry:	

Type of Accident:	Hit and Dun		Date/Time of Accident: 06/02/2021 13:30	Type of Location: Straight Road
Location: LORONG K T	ELOK KURAU	Road Surface:	I.B.	oad Speed Limit:
vveatner. Clear		Dry	K	oad Speed Limit:
			Т	raffic Volume:
Traffic Flow:		Traffic Control:		ight

Details of V	SHICK HIAD	IVGO	ASSESSMENT OF STREET	CONTRACTOR STATE		STATE OF THE PERSON AND PROPERTY.
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLK5185S	Car	VOLVO	T40	Blue	Seriously	0

Details of V	ehicle insurance			MINE .
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK5185S	DIRECT ASIA INSURANCE			
	(SINGAPORE) PTE. LTD.			





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 2 of 3 Report No. T/20210206/2071

Tel No: 1800-4428999

CONTINUATION OF REPORT

Any Pedestrian Ir No. of Pedestrian	The second secon		I lea of De	dantin		inni NA
THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN	s injured. NIL	STATE WATER THE	Use of Pe	destnar	Cross	sing: NA
Vehicle Owner	CHIDINICMAII	HALLES A		ID No	Al II	S7006782Z
Name	SHIRIN ISMAIL		ID No		5/000/022	
Related Vehicle	SLK5185S (Car)		Conta	ct No.	96264738	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	DE 180	Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

I am the vehicle owner to SLK5185S (Volvo T40, Blue colour). The vehicle was parked along the road outside of my residence facing the direction of the canal opposite Cristallo condominium, which does not have any enforcement lines.

On 06/02/2021 at about 0815hrs, the vehicle was seen intact when I reached home. No damages to the vehicle.

On 06/02/2021 at about 1330hrs, I discovered that there were damages to the front driver door and right passenger door- scratches and dents. There was a note placed on the vehicle "SLK2970L Blue 1250h 6/2/21. This car may be the one that hit your side. From Cristallo Resident". There is no contact details left on the note of the believed to be witness.

The vehicle has front and rear in-car camera. However, it is not in recording mode. My husband approached the guard at the said condominium, who did not witness the hit and run.





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999 3 of 3 Report No. T/20210206/2071

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 / Sr Staff Sgt NUR ZARIFAH BINTE ZULKIFLI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2021 14:38
Officer In Charge Of Case: TP / HRT /	Classification Of Case:
Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	
Authentication Stamp	40



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/00572408/02

Type of Coverage / Driver Plan : Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No. : SLK5185

Chassis No. VV1MV28H0H2406325

2) Name of Policy Holder : SHIRIN ISMAIL

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

e Act : 19/01/2021 00:00

4) Date/Time of Expiry of Insurance

: 18/01/2022 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\$ 500.00 (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 : SHIRIN ISMAIL

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: 14/12/2020

Direct Asia Insurance (Singapore) Pte. Ltd.

Direct Asia Insurance (Singapore) Pte Ltd 20 Anson Road #08-01 Twenty Anson Singapore 079912 www.DirectAsia.com Company Registration: 200822611G