

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 Submission 23/03/2021 13:31 (SGT)
Date of Accident 22/03/2021 21:30 (SGT)
Exact Location of Accident Near 214 Upper E Coast Rd, Singapore 466402
Additional Location Information UPPER EAST COAST ROAD (OPP ESSO PETROL STATION)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP4546P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZAFFRUDIN BIN MOHAMMED ABU BAKAR
NRIC No SXXXX540J
Email Address ZAFFRUDIN.BAKAR@GMAIL.COM
Mobile Phone No (Phone) +65-96664904
Alternative Phone No (Home) +65-96664909

VEHICLE PARTICULARS

Manufacturer Mazda
Model 5
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
Transmission Auto
CC 1998

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00803719
Cover Note Number -

DRIVER

Name of Driver ZAFFRUDIN BIN MOHAMMED ABU BAKAR
NRIC No SXXXX540J

Date Of Birth	11/04/1973
Occupation	Indoor
Date Of Driving Pass	06/04/1995
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96664904
Alt. Phone Number	(Home) +65-96664909
Email Address	ZAFFRUDIN.BAKAR@GMAIL.COM
Address	BLK 156 BEDOK SOUTH AVENUE 3 #10-607
Address complement	-
Postcode	460156
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SUZANA BINTE LEMAN
Gender	Female

PASSENGER 2

Name	NOR ASHIKIN BTE MD ABU BAKAR
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5745B
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KOH BOON KIAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ZAFFRUDIN BIN MOHAMMED ABU BAKAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLP4546P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2


Name of injured person	SUZANA BINTE LEMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLP4546P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


INJURED 3

Name of injured person	NOR ASHIKIN BTE MD ABU BAKAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLP4546P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

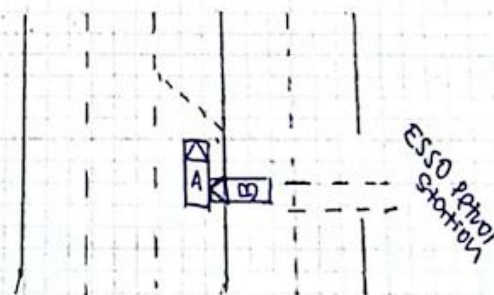

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

UPPER EAST COAST
ROAD (OPP ESSO PETROL
STATION)



A - SLP 4546P
B - SHH 5F45B

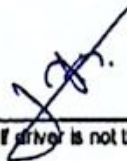
Describe Circumstances of the Accident

On the stated time and date, I was travelling on my vehicle A bearing SLP 4546P when suddenly I felt a huge impact on my right rear passenger side and realised vehicle B bearing SHM 5745B had collided on to my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel













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/00803719
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plan)
1) Vehicle Registration No.	: SLP4546P
Chassis No.	: JM6CW1071H0125375
2) Name of Policy Holder	: ZAFFRUDIN BIN MOHAMMED ABU BAKAR
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 05/06/2020 00:00
4) Date/Time of Expiry of Insurance	: 04/06/2021 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) Any person who is named on the policy 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	: DirectAsia approved workshops
Finance company / Hire Purchase	: HONG LEONG FINANCE LIMITED
Main driver	: ZAFFRUDIN BIN MOHAMMED ABU BAKAR
Ref	Named Driver
Named driver (1)	ABDUL FALIQ ISHTAR S/O ABDUL RASHEED
Named driver (2)	SUZANA BINTE LEMAN
Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered.	

Direct Asia Insurance (Singapore) Pte Ltd
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