

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 14/04/2021 14:48 (SGT)
Date of Accident 13/04/2021 13:20 (SGT)
Exact Location of Accident Paya Lebar Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJF6553G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FIRDAUS BIN MOHAMED
NRIC No SXXXX434G
Email Address fir.mohd@ymail.com
Mobile Phone No (Phone) +65-93800675
Alternative Phone No +65-93800675

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2362

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00805669
Cover Note Number -

DRIVER

Name of Driver FIRDAUS BIN MOHAMED
NRIC No SXXXX434G

Date Of Birth	12/07/1982
Occupation	Indoor
Date Of Driving Pass	12/09/2005
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93800675
Alt. Phone Number	+65-93800675
Email Address	fir.mohd@ymail.com
Address	BLK 745 PASIR RIS ST 71 #03-63
Address complement	-
Postcode	-
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 - Head to Rear
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	JOHANA BINTE JOHAN
Gender	Female

PASSENGER 2

Name	INAH BINTE AMIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT; G/20210413/7066.

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	SKV9182C
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



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/00805669
Type of Coverage / Driver Plan	: Low Mileage Car Comprehensive (Value Plan)
1) Vehicle Registration No.	: Sjr6553G
Chassis No.	:
2) Name of Policy Holder	: MOHAMED, FIRDAUS
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 06/06/2020 00:00
4) Date/Time of Expiry of Insurance	: 05/06/2021 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\$ 500.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Low Mileage Excess	: S\$ 5,000.00 (before any applicable GST)
(If you exceed permitted allowance of 8,000KM per year)	
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: MOHAMED, FIRDAUS
Named driver	: None
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.	

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: 11/05/2020

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

Describe Circumstances of the Accident

ON STATED TIME & DATE I WAS TRAVELING ALONG
 PATA LEBAR ROAD TOWARDS PIE. AS THE VEHICLE INFRONT OF
 ME STOPPED SUDDENLY, I BRAKED TO AVOID COLLIDING INTO THE
 VEHICLE INFRONT OF ME. ALMOST IMMEDIATELY, I FELT A HUGE IMPACT
 FROM THE REAR. I ALIGHTED MY VEHICLE & REALISED THAT
 VEHICLE B 'SKV 91B2 C' HAD COLLIDED INTO THE REAR LEFT OF
 MY VEHICLE 'SIF 6553G'.

AFTER THE ACCIDENT MY PASSENGERS & I FELT PAIN IN THE
 BODY & WENT TO SEE DOCTOR.

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

SKETCH PLAN**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. 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 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.
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:

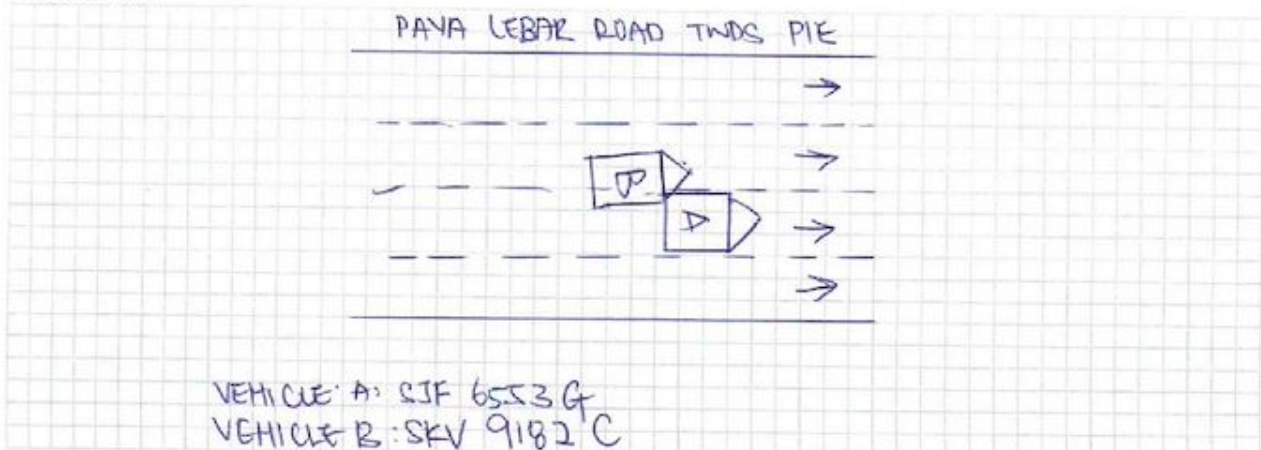
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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















**SINGAPORE
POLICE FORCE**



G/20210413/7066

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210413/7066

Several seconds after coming to a complete stop, I felt a huge impact from the rear of my vehicle causing my vehicle to surge forwards.

My body lunged forwards as a result of the unexpected impact.

I alighted to realise that SKV9182C had crashed into the rear left portion of my vehicle.

Later the same afternoon, all three of us started feeling soreness over multiple areas of our bodies.

As such, we proceeded to my company doctor at Unihealth Clinic Bedok for treatment in the evening.

All three of us were given 3 days MC each.

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: 13/04/2021 21:19
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



G/20210413/7066

1 of 2

POLICE REPORT (NP299)

Report No. G/20210413/7066

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 13/04/2021 21:19	Vide Report No.	Station Diary No.
Name Of Informant FIRDAUS BIN MOHAMED	Address 745 PASIR RIS STREET 71 #03-63 SINGAPORE 510745	
ID Type / ID No. NRIC NO / S8219434G	Contact No. Home/Office: Mobile: 93800675	
Nationality SINGAPORE CITIZEN	Email Address FIR.MOHD@YMAIL.COM	
Occupation Technician	Sex Male	Age 38
Institution/School Name	Date of Birth 12/07/1982	Race Boyanese
Date/Time Of Incident 13/04/2021 13:20	Location Of Incident PAYA LEBAR ROAD	

Brief details.

On the above mentioned date and time, I was driving my vehicle SJF6553G travelling along Paya Lebar road towards Upper Paya Lebar Road direction.

My wife Johana Binte Johan and her mother Inah Binte Amin were passengers on board my vehicle. All three of us were belted.

I had gradually come to my stop due to traffic conditions.

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: 13/04/2021 21:19
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	