

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 26/04/2021 15:20 (SGT)
Date of Accident 24/04/2021 18:50 (SGT)
Exact Location of Accident Near 330 Tah Ching Rd, Block 330, Singapore 610330
Additional Location Information YUAN CHING RD TOWARDS JURONG WEST ST 51
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ9576B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO SIANG HONG
NRIC No SXXXX422D
Email Address KBENG TAN@HOTMAIL.COM
Mobile Phone No (Phone) +65-98242588
Alternative Phone No +65-98242588

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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 1997

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00739767/01
Cover Note Number -

DRIVER

Name of Driver TAN KAI BENG
NRIC No SXXXX391B

Date Of Birth	13/06/1966
Occupation	Indoor
Date Of Driving Pass	20/09/1990
Driving experience	30 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98242588
Alt. Phone Number	-
Email Address	KBENG TAN@HOTMAIL.COM
Address	BLK 669C JURONG WEST STREET 64
Address complement	#12-62
Postcode	643669
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TEO SIANG HONG
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

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAIL.

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	SMX2126C
Vehicle Manufacturer	Mercedes
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	TEO SIANG HONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ9576B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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' law yers/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")

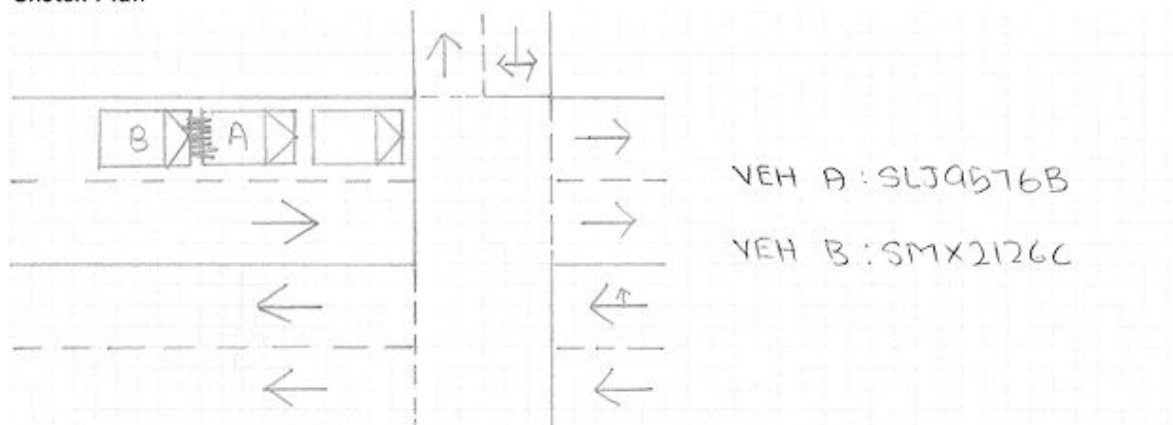
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/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

YUAN CHING RD TOWARDS JURONG WEST ST 51

Describe Circumstances of the Accident

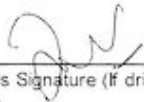
On 24/04/2021 at about 6:50pm, I stopped at the red light at Yuan Ching Rd towards Jurong West St Bl.

Suddenly, I felt a strong impact from my vehicle A (SLJ9576B) rear. I came down from my vehicle A (SLJ9576B) and saw vehicle B (SMX2126C) head collided onto my vehicle A (SLJ9576B) rear.

Declaration

I/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













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: S66550020G / 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 : SW0C214Q0003 Vehicle Registration No: SLJ9576B
 Name (as shown in NRIC) : TEO SIANG HONG NRIC/FIN/Passport No : SXXXX422D
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 669C JURONG WEST ST 64 #12-62 Singapore (643669)
 Contact (Tel) : _____ Mobile No. : 9780 5226
 Email Address : KBENG TAN @ HOTMAIL.COM
 Date of Accident : 24/04/2021 Time of Accident : 18:50 HRS
 Place of Accident : YUAN CHING RD TOWARDS JURONG WEST ST 61
 Insurance Company: DIRECT ASIA

(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:

- Reporting Only to Third party claim.
- Update MC

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name: ABI TAN
 NRIC/FIN No.: SXXXX369I
 Date:



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/00739767/01
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SLJ9576B
Chassis No.	: SJNFBAJ11U1791553
2) Name of Policy Holder	: TEO SIANG HONG
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 30/12/2020 00:00
4) Date/Time of Expiry of Insurance	: 29/12/2021 23:59
5) Persons or Classes of Persons Entitled to Drive	<p>(a) Any named person under the policy who is driving on the Policyholder's permission.</p> <p>(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</p> <p>The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.</p>
6) Limitations as to use*	<p>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.</p> <p>*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.</p>
Sum Insured	: Market Value
Own Damage Excess	: S\$ 800.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	: Maybank
Main driver	: TEO SIANG HONG
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: 30/11/2020

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: 200822616G

FRONTIER
HEALTHCARE

FRONTIER MEDICAL ASSOCIATES
(wholly owned by Frontier Medical Associates (JW) Pte Ltd)
Blk 678D Jurong West St 64 #01-347 Singapore 644678
Tel: 6862 2340 Fax: 6862 2170

Medical Certificate

Date of Visit: 26-Apr-2021

MC No.: MC2104262497

This is to certify that

Name: TEO SIANG HONG

NRIC: S2620422D

is Unfit for Work

for 2 day(s) from 26-Apr-2021 to 27-Apr-2021

Remarks:

Dr Poh Zhongxian Adrian
MBBS, Grad Dip Family Med, Dip Med (Internal Med)
MACPS (Eilatg), MRCP (Eilatg)

Doctor Name: Dr Poh Zhongxian Adrian
MCR: M12389G

FRONTIER MEDICAL ASSOCIATES
(FRONTIER MEDICAL ASSOCIATES (JW) PTE LTD)
Blk 678D Jurong West Street 64
#01-347 Singapore 644678
Tel 6862 2340 Fax: 6862 2170

** This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*