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.

- 4. The issue and acceptance of this is form by instrained 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 19/05/2021 14:22 (SGT) Date of Accident 18/05/2021 09:50 (SGT) Exact Location of Accident Kampong Java Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

No - Claiming third party

Vehicle Registration Number SFR8080A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN ENG SOON NRIC No. S7531561I Email Address ROGERTAN6868@HOTMAIL.COM Mobile Phone No (Phone) +65-96868332

Alternative Phone No

+65-96868332

VEHICLE PARTICULARS

Manufacturer **BMW** Model 523i 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?

Vehicle Category Transmission CC

Auto 2497

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive

Fleet Policy

Policy Number MT/00806383

Cover Note Number 03/07/2020 - 20/05/2021

DRIVER

Name of Driver TAN ENG SOON NRIC No. S7531561I

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	07/10/1975 Indoor 01/06/1996 24 YEARS AND 11 MONTHS Male (Phone) +65-96868332 +65-96868332 ROGERTAN6868@HOTMAIL.COM 12A MARSILING LANE #08-59 731012 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1	No 2 Yes No Yes 2 No
Name Gender	CANDY Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Hougang Neighbourhood Police Centre (Phone) +65-18004890999 (Fax) +65-63128989 60 Hougang Ave 9 Singapore 538775 No
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DR	IVER
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes CAMERA - SD CARD FAULTY No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH6044S

Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Taxi
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	TAN ENG SOON
Address Complement	_
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SFR8080A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:

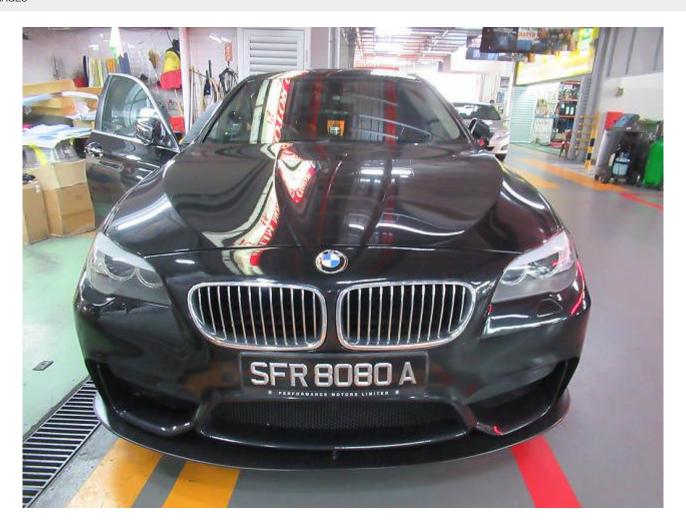
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Center Rersonney's Signature Name: NRIC/FIN No.:

model map of a face of

Date of accident:	13/5/21	Time: 0	950 Location:	Kampony Jav	ia Rd
ly Vehicle A:	SF29000A	Vehicle E			
KETCH PLAN					
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Claim OD/TP	at Ah Lim Moto	or Claim	OD/TP at other wo	rkshop Rep	orting Only
Remarks: Please				пионор Шпер	or ting only
My workshop :	ioi wai a copy o	r my eme accid	encreport to .		
Email address :					
& myself :	as vans	11-V 11-2 F	DZ. Mas. 75		
Email address	275 4210	0,000			
Note: Please take	note that your i	nsurer have 14 c	iays timeframe for you	ı to submit own dam	age claim under
you own policy. K	indly check with	your own insur	er for more information	on.	
DECLARATION					
/We declare the foreg	oing particulars are	true in every resp	pect.	601	Ver
M-				E()	12
4				(2X/	<u>.*</u>)
Policyholder's Signature	D	river's Signature	910	Reporting Centre Ver	sonnel's Signature
Date & Time:		driver is not the p	oolicyholder)	Name: V	
and progress sector	Di	ate & Time:		NRIC/FIN No.:	AH UM MOTOR COMPANY
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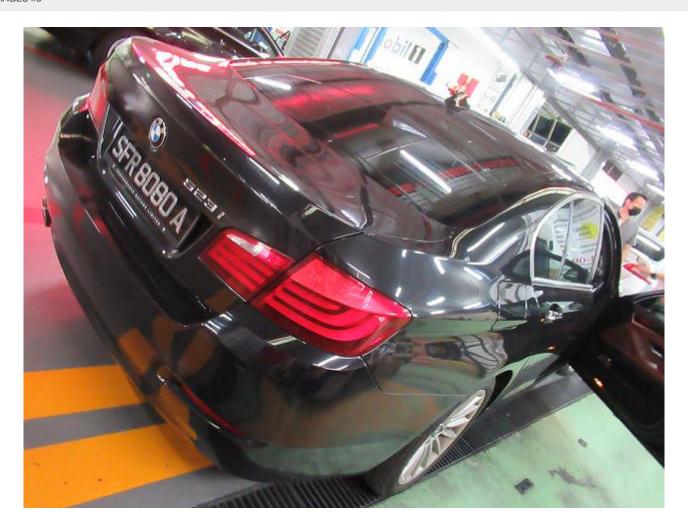


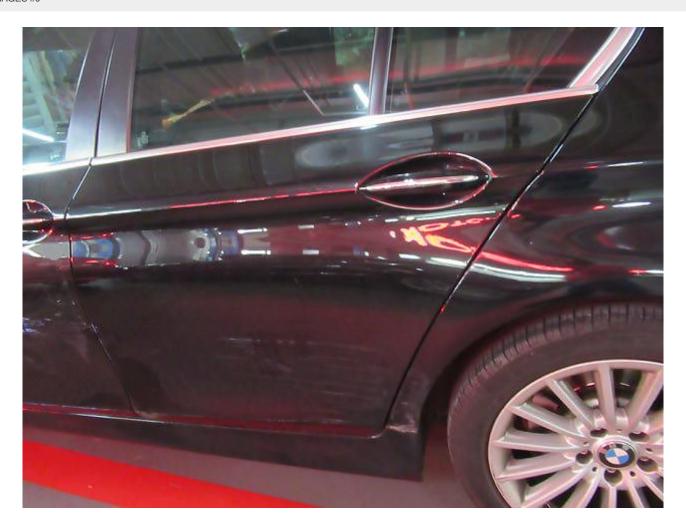






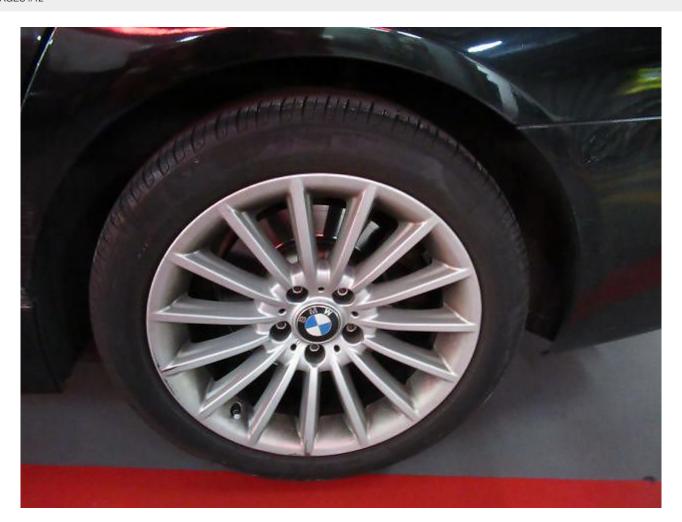




















Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

1 of 4 Report No. T/20210519/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/05/2021 12:35		Vide Report No.:	Station Diary No.: 48		
Informa	nt's Partic	ulars			
	f Informant: G SOON		Address: APT BLK 12A MARSIL	ING LANE #08-59 SINGAPORE 731012	
C-5-10 (10 March 1997)	/ ID No.: O / S753156	311	Contact No.: Home/Office:	Mobile: 96868332	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 45	Date of Birth: 07/10/1975	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupat Self Em			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/05/2021 09:5	Type of Location Traffic Light Unction	
KAMPONG J Weather:	AVA ROAD	Road Surface:		Road Speed Limit:	
Clear		Dry		1	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Light	
Dual Carriage					

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFR8080A	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D	Black		1
SH6044S	Car	The peerline - In-				0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



2 of 4

Report No. T/20210519/2024

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION	OF	REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFR8080A	DIRECT ASIA INSURANCE (SINGAPORE) PTE, LTD.	MT/00806383/01	03/07/2020	20/05/2022

Details of Perso	n Involved	- 58				
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pec	lestrian	Cross	ing: NA
Driver	328 (40)					96 - A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Name	TAN ENG SOON			ID No.		S7531561I
Related Vehicle	SFR8080A (Car)			Contact No.		96868332
Hospital/Clinic	LIAN CLINIC			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	18/05/2021	Date Disc	harge	18/05	5/2021	
No. of Days gran	ted Medical Leave	Degree of	Degree of Injury NIL			
Driver	971				13	等 10 mm · 管理
Name	Unknown Driver			ID No.		NIL
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	(
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 18/05/2021 at 0950hrs, I am the driver of vehicle registration plate number SFR8080A and I was along Kampong Java Road turning right into Owen Road.

While turning right, I felt an impact on my vehicle left portion. I made a check on my passenger who is not injured and I came out of my vehicle to make a check. I noticed that a taxi SH6044S front right portion had collided with my vehicle left portion. We started to take photos and my vehicle sustained scratches and dents on my vehicle left front and rear doors while the other taxi sustained scratches and dents on his front right bumper area.

After which, nobody was injured and we exchanged our contact numbers. As such, we agreed on insurance claim and left incident location.

On the same day at 1800hrs, I was feeling abit unwell due to the accident. I went to Lian Clinic located at 18 Marsiling Lane #01-269 to seek medical assistance. I was issued with 3 days medical leave from





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 3 of 4 Report No. T/20210519/2024

CONTINUATION OF REPORT

18/05/2021 to 20/05/2021.

My vehicle has in-vehicle CCTV.





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 4 of 4 Report No. T/20210519/2024

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: F / Sgt 2 TAI YOONG CHAN, DOMINIQUE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/05/2021 12:35
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Anthemiceation Stamp sn 77 Proposition Stamp SIGNATURE	



Contact us at

Hotline: (65) 6532 2888

CustomerService@DirectAsia.com E-mail:

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.

MT/00806383

Certificate No.

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

1) Vehicle Registration No. SERROROA

WBAFP32030C257900 Chassis No.

2) Name of Policy Holder TAN ENG SOON CHEN YONGSHUN

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act 03/07/2020 00:00

4) Date/Time of Expiry of Insurance 20/05/2021 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.

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\$ 900.00 (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 TAN ENG SOON CHEN YONGSHUN

Named driver

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: 14/05/2020 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