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.

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 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 09/07/2021 15:36 (SGT) Date of Accident 08/07/2021 09:20 (SGT) Exact Location of Accident 187 Tg Rhu Rd, Singapore 436925 Additional Location Information ALONG 187 TANJONG RHU ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD4575G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner AMARESH MOHAN NRIC No. SXXXX934J Email Address meghnajaswalmohan@gmail.com Mobile Phone No (Phone) +65-85009859 Alternative Phone No (Office) +65-85009859

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra Variant Exact purpose for which vehicle was being used at time of Private use 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 1591

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number MT/00680461/01

Cover Note Number

DRIVER

Name of Driver MEGHNA JASWAL MOHAN NRIC No. SXXXX512A

Date Of Birth 03/07/1980 Occupation Indoor Date Of Driving Pass 20/08/2018 Driving experience 2 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-86082566 Alt. Phone Number Email Address meghnajaswalmohan@gmail.com Address 3 RHU CROSS #08-16 Address complement Postcode 437433 Is the driver the policyholder? Nο 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 - 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO POLICE REPORT NO: G/20210709/7026. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD6126R Vehicle Manufacturer Vehicle Model

Taxi

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver NRIC No	SIM CHAR KIM
	SXXXX582Z
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?

SKETCH PLAN	N				
A:	SMD 45 75G SHD 6126R	//		6	
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1)	reter	10	TOTILE	report	No: G/20210709/7026.	
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Accident report SA1C21790006

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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:
 - 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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

asia

Contact us at

Hotline: (65) 6532 2888

CustomerService@DirectAsia.com F-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/00680461/01 Certificate No.

Type of Coverage / Driver Plan

Car Comprehensive (Value Plus Plan)

Vehicle Registration No.

SMD4575G

Chassis No.

KMHD841CMJU729385

2) Name of Policy Holder

Amaresh Mohan

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

21/08/2020 00:00

Date/Time of Expiry of Insurance

20/08/2021 23:59

- 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 halling services (e.g. Grab, Go-Jek etc.) are not

*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\$ 0.00 (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

Amaresh Mohan

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:

22/07/2020

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





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20210709/7026

Date/Time Report Made	Vide Rep	ort No.		Station Diary No.
09/07/2021 13:24				
Name Of Informant	Address			
MEGHNA JASWAL MOHAN	3 RHU C	ROSS #08	3-16 SINGAPORE	437433
ID Type / ID No.	Contact N	No.		
NRIC NO / S8055512A	Home/Office: Mobile:			
	86082566			
Nationality	Email Address			
INDIAN	MEGHNAJASWALMOHAN@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Housewife	Female	41	03/07/1980	Indian
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
08/07/2021 09:25 - 08/07/2021 09:30	TANJONG RHU ROAD			
D 1 C 1 C 11				

Brief details.

Damage to car and self due to a reckless driver. A taxi car (SHD 6126R) hit my car from the side first and twice again on the back of the car (three times in total), causing serious damages to neck and back, and our car.

Subjects Involve	d			
Suspect				
Person Name	Sim Char Kim			
ID Type	NRIC NO	ID No	S0050582Z	
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: 09/07/2021 13:24	
Officer In-Charge Of Case:			Classification Of Case:	
Authentication S	itamp			





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210709/7026

Gender	Male	Age	69-70
Race	Chinese	Language	English
Occupation	Taxi driver	Address	45 Circuit Road #06-64
			SINGAPORE 370045
Mobile No	90095615	Complexion	Light tan
Build	Slim	Height About	165cm
Attire Last Worn	Blue button down shirt, grey trousers	Hair Colour	Black
Hair Style	Short-Straight	Relation To	None
0.50			
Victim		Informant	
Victim Person Name	MECHNA JASWAI MOHANI	Informant	
Person Name	MEGHNA JASWAL MOHAN	· ·	200555124
Person Name ID Type	NRIC NO	ID No	S8055512A
Person Name ID Type Gender	NRIC NO Female	ID No Age	41
Person Name ID Type Gender Race	NRIC NO Female Indian	ID No Age Language	41 English
Person Name ID Type Gender	NRIC NO Female	ID No Age	41 English 3 RHU CROSS #08-16
Person Name ID Type Gender Race Occupation	NRIC NO Female Indian Housewife	ID No Age Language Address	41 English 3 RHU CROSS #08-16 SINGAPORE 437433
Person Name ID Type Gender Race	NRIC NO Female Indian	ID No Age Language	41 English 3 RHU CROSS #08-16

Signature Of Informant: The identity of the person making this
report has been authenticated by Singpass. No signature is required.
Date/Time: 09/07/2021 13:24
Classification Of Case:

Authentication Stamp