

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	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
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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 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	1591

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
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?	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 - 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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6126R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	SIM CHAR KIM
NRIC No	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 PLANIMPORTANT NOTICE

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7. 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:
 - (i) 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.

x 
 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.:



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/00680461/01
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SMD4575G
Chassis No.	: KMHD841CMJU729385
2) Name of Policy Holder	: Amaresh Mohan
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 21/08/2020 00:00
4) Date/Time of Expiry of Insurance	: 20/08/2021 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.	
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\$ 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	: 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).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on: 22/07/2020

Underwriting Manager

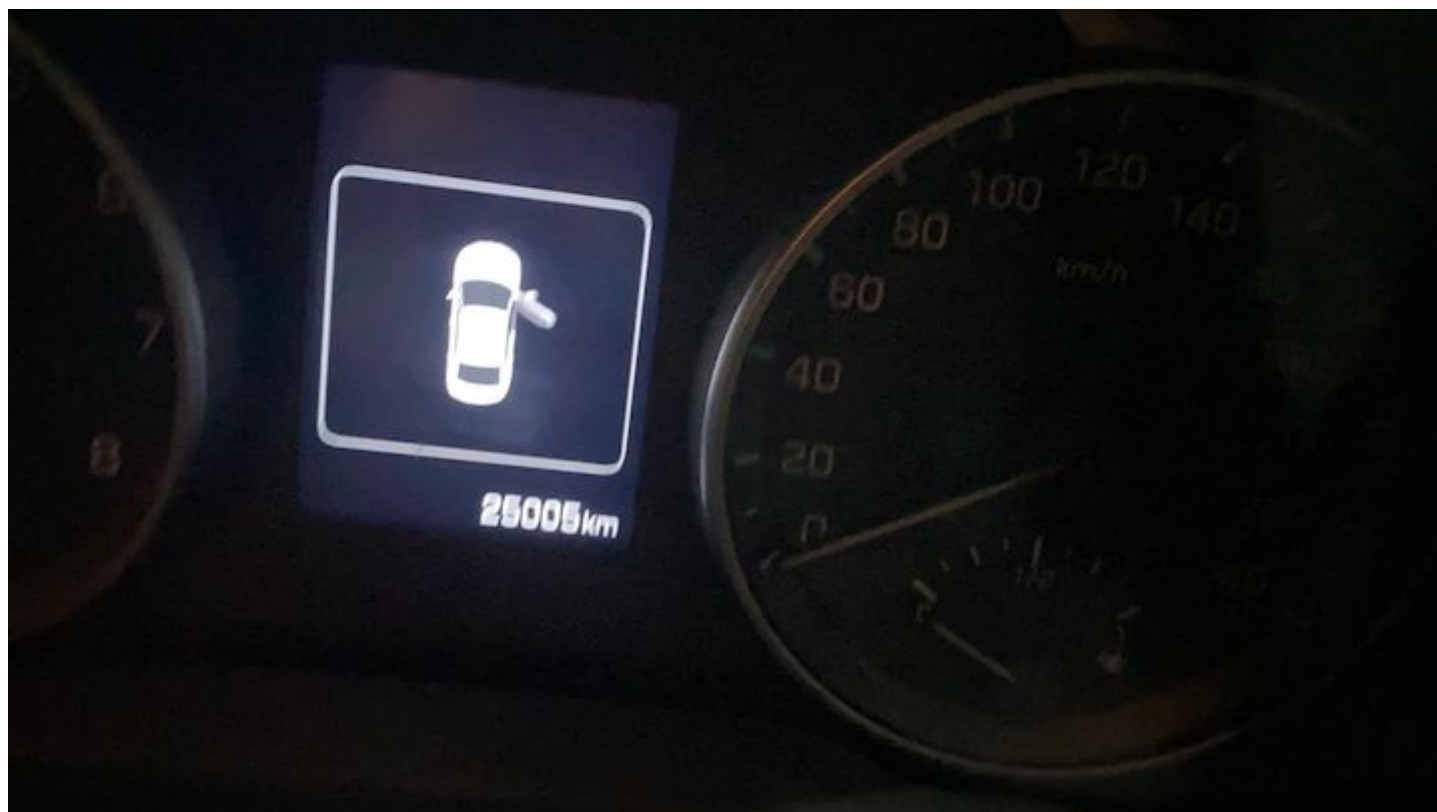
Direct Asia Insurance (Singapore) Pte Ltd
20 Anson Road #08-01 Twenty Anson Singapore 079912
www.DirectAsia.com

Company Registration: 200826115

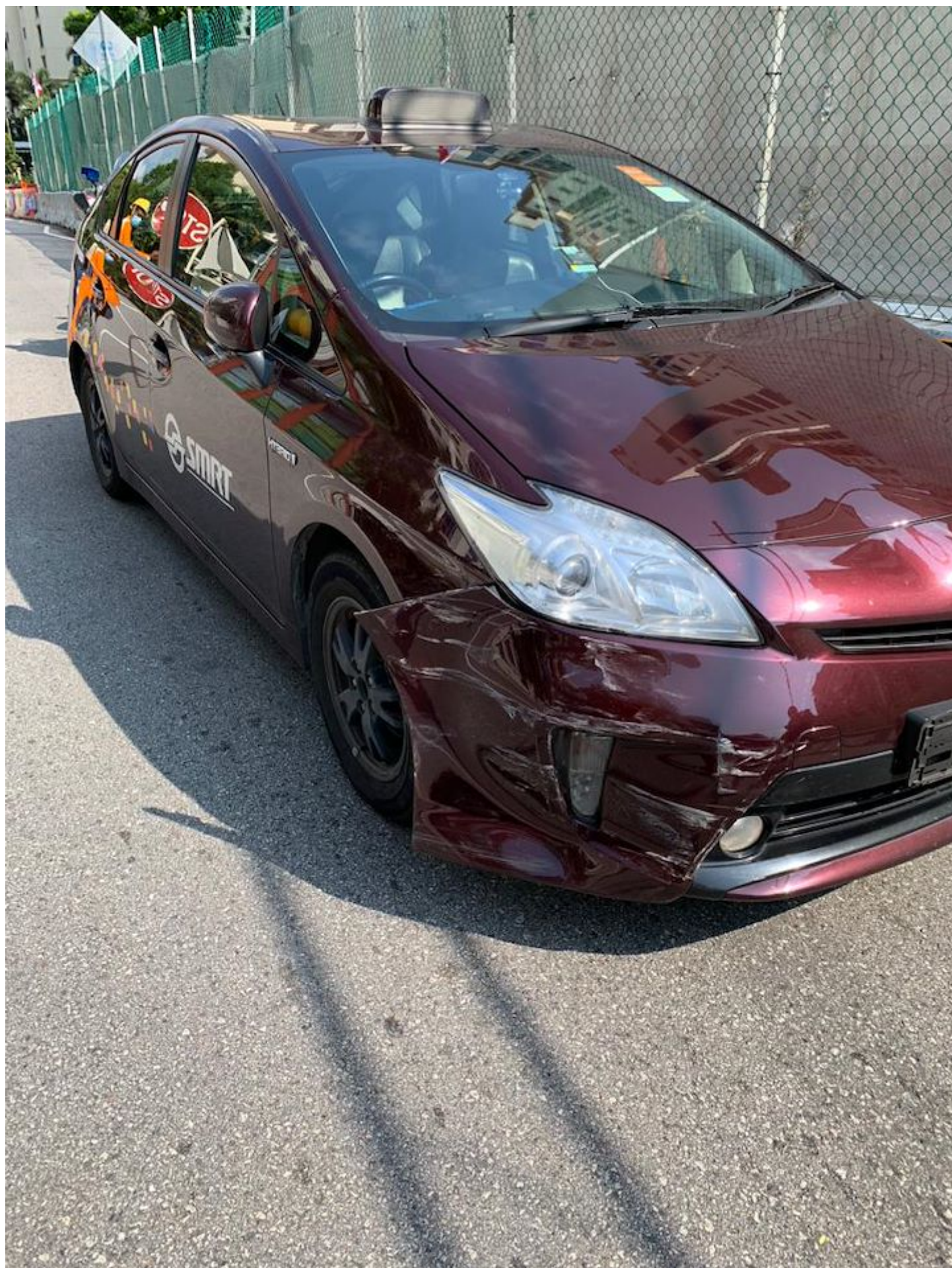


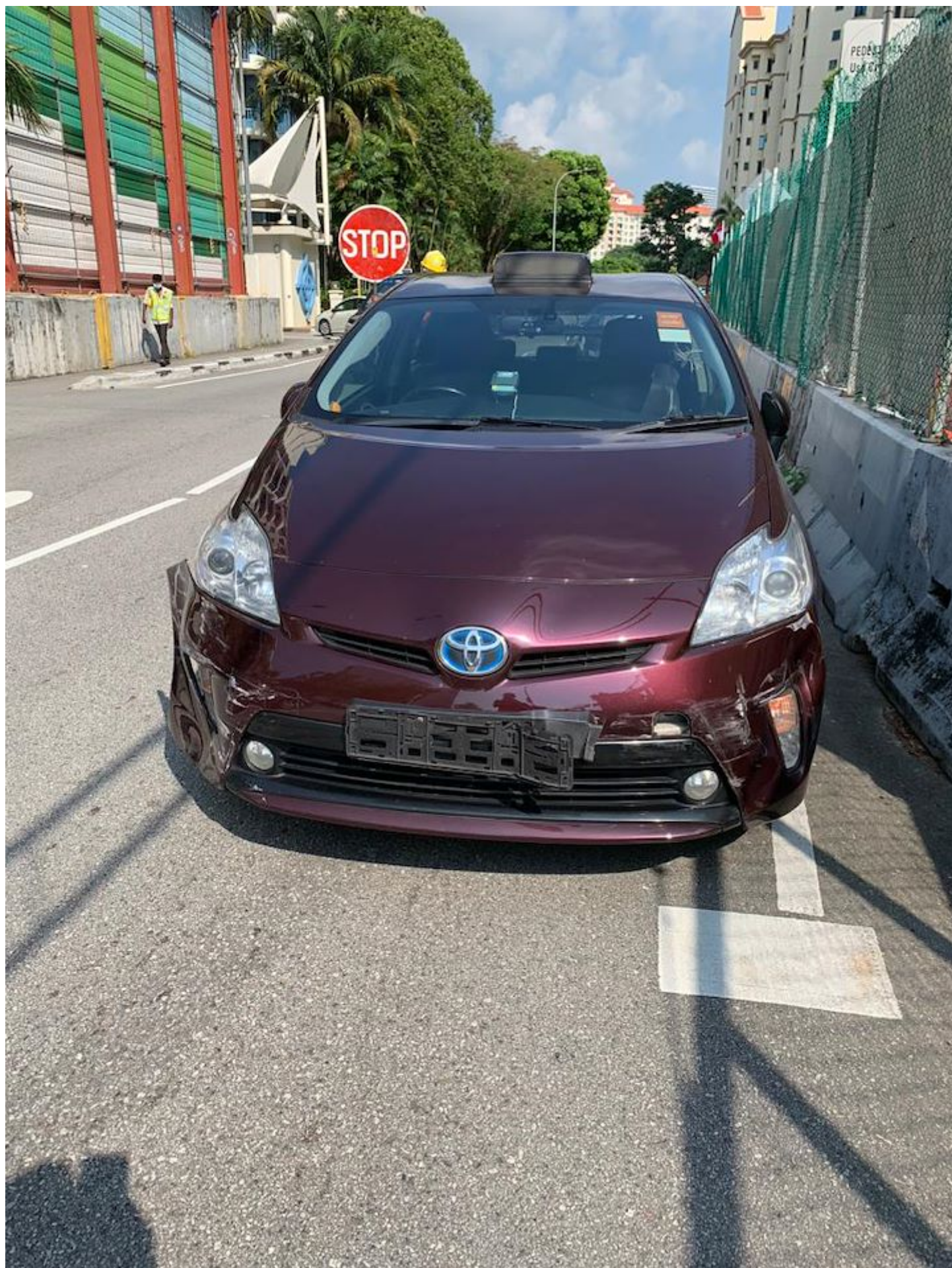


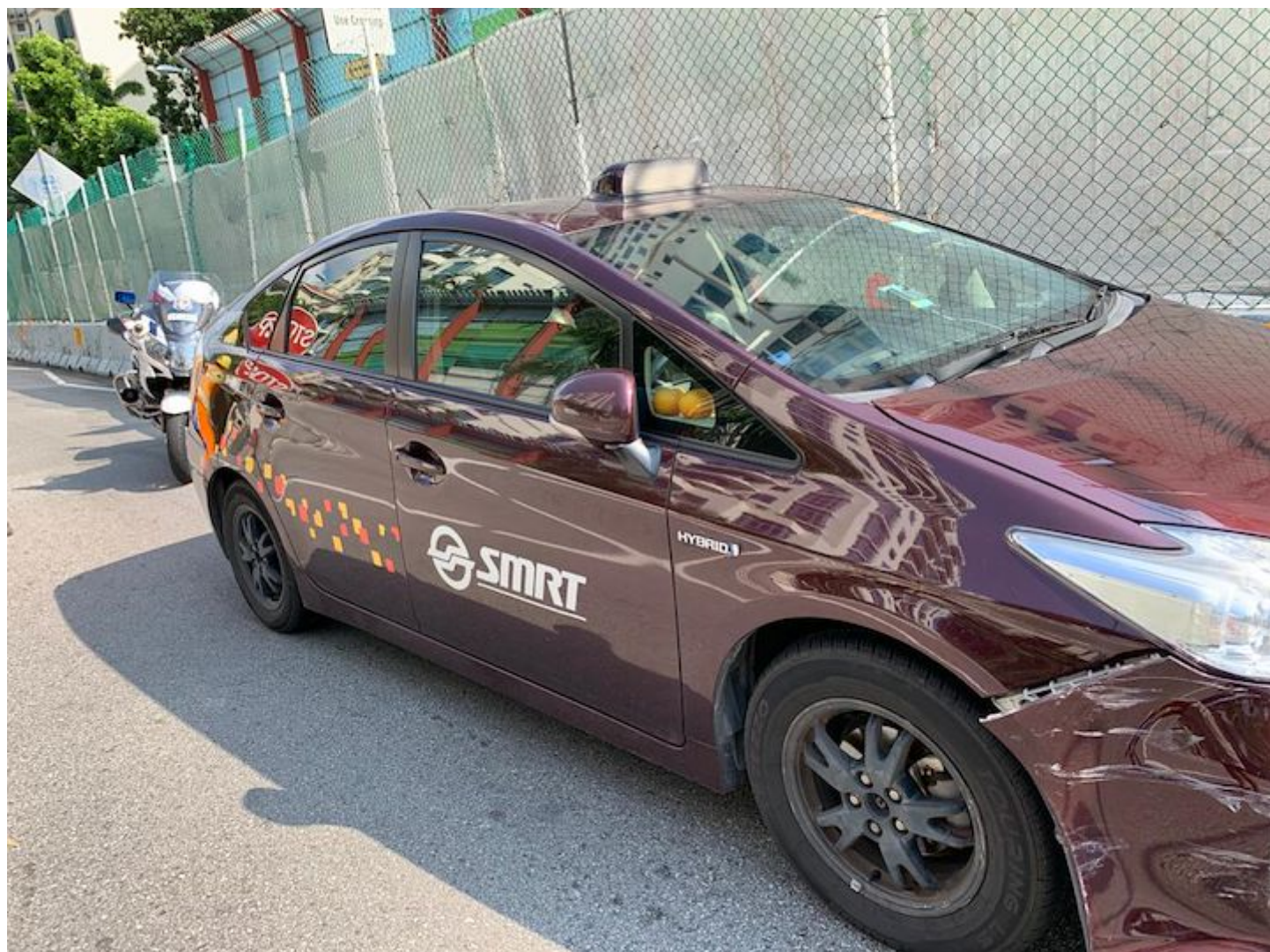






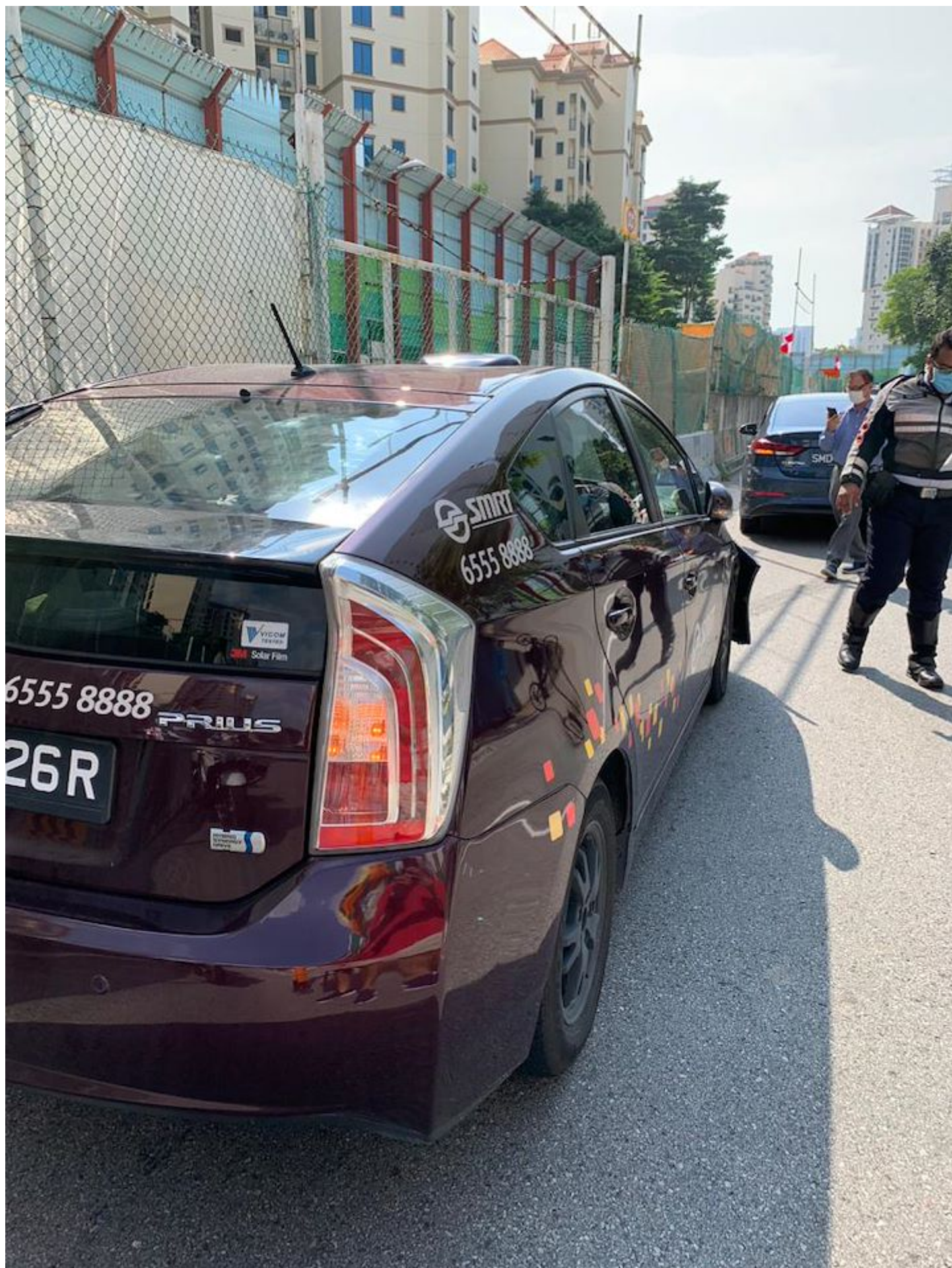


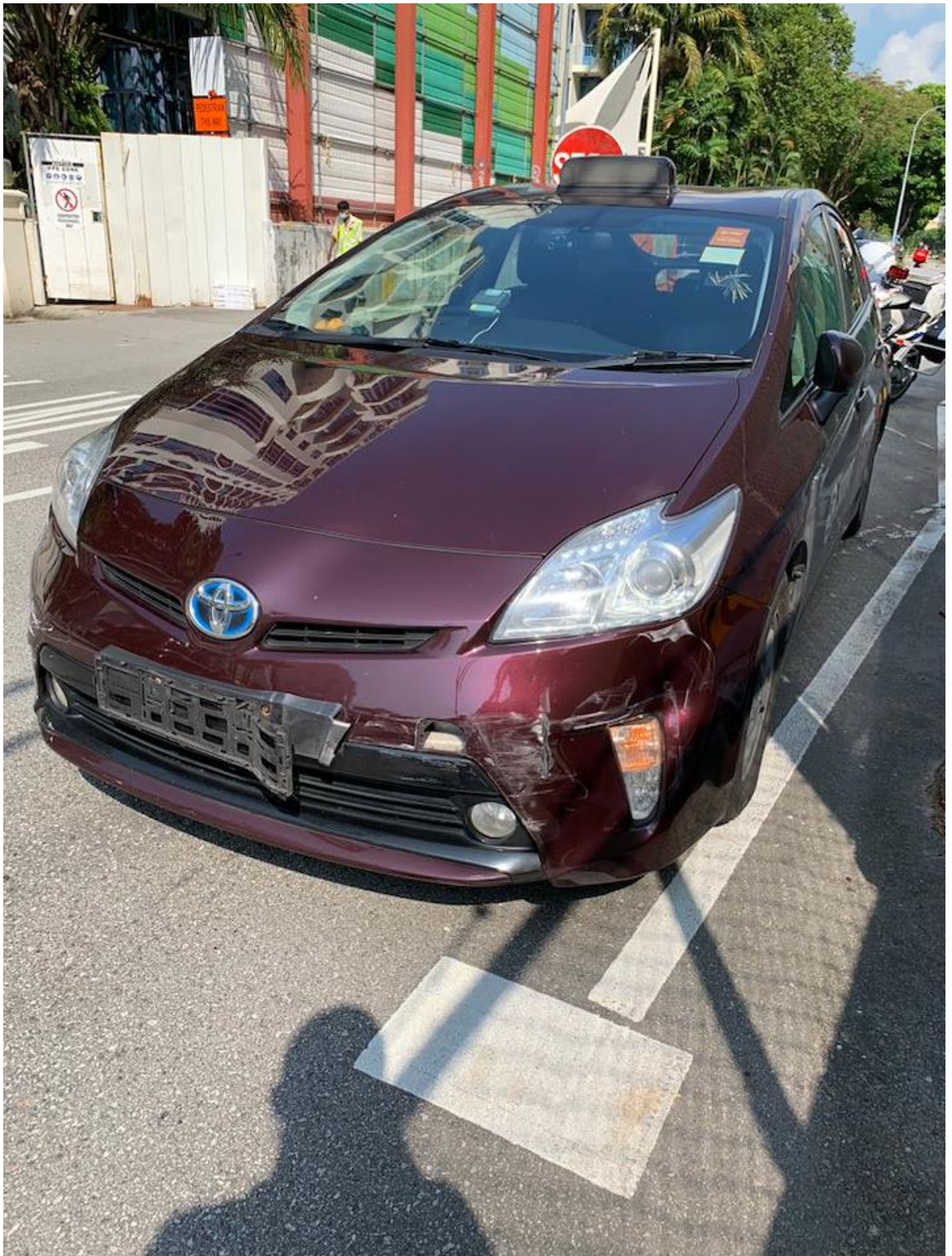




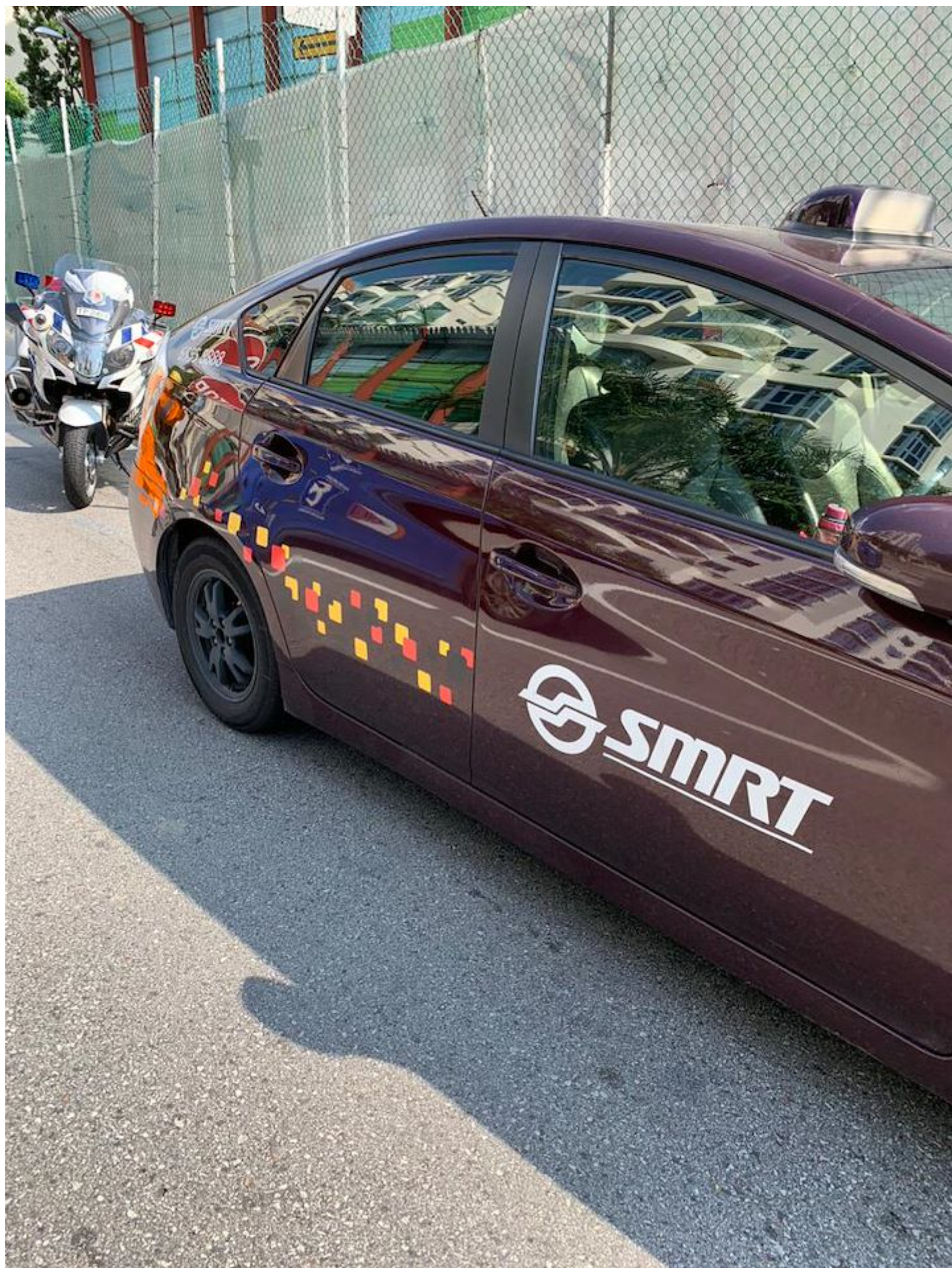






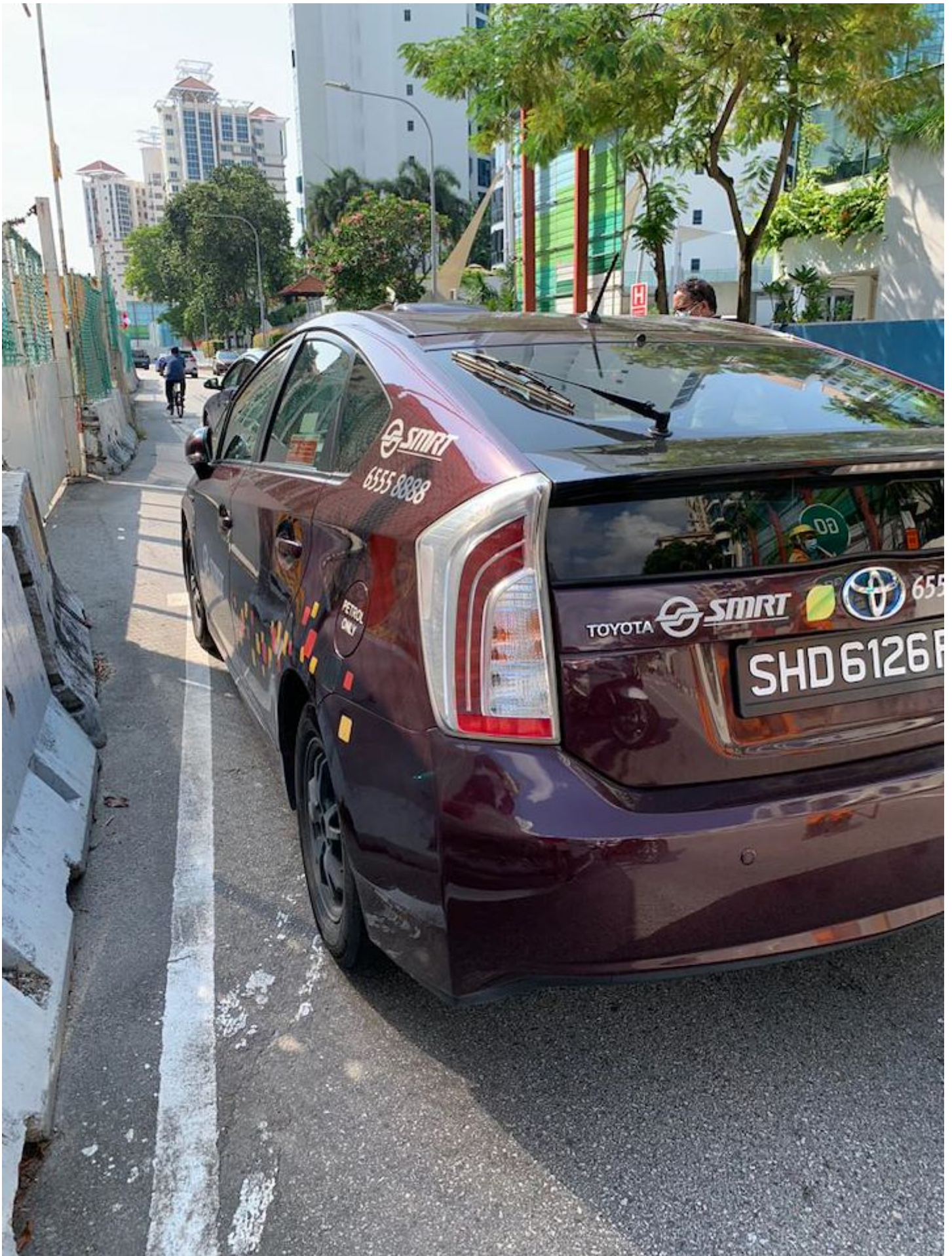


























**SINGAPORE
POLICE FORCE**



G/20210709/7026

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POLICE REPORT (NP299)

Report No. G/20210709/7026

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

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

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 Involved			
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 Stamp



**SINGAPORE
POLICE FORCE**



G/20210709/7026

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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 #06-641 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 Informant	None
Victim			
Person Name	MEGHNA JASWAL MOHAN		
ID Type	NRIC NO	ID No	S8055512A
Gender	Female	Age	41
Race	Indian	Language	English
Occupation	Housewife	Address	3 RHU CROSS #08-16 SINGAPORE 437433
Mobile No	86082566	Is Informant A Victim?	Yes
Person Name	MEGHNA JASWAL MOHAN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

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: