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

- 9. Internation provided must be as distinct an additional provided must be as distinct and additional provided must be as distinct and additional provided must be as distinct and additional provided must be associated as distinct and additional provided must be as distinct and additional p 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 09/12/2020 16:18 (SGT) Date of Accident 08/12/2020 22:26 (SGT) Exact Location of Accident 166 Jln Besar, Singapore 208877 Additional Location Information ALONG JALAN BESAR OUTSIDE BERSEH FOOD CENTRE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLC2637S**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ANG TOK SENG NRIC No. SXXXX554H Email Address YIFEI1288@GMAIL.COM Mobile Phone No (Phone) +65-96674215 Alternative Phone No +65-96674215

VEHICLE PARTICULARS

Manufacturer Hyundai Model Sonata 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

INSURANCE COMPANY

Name of Insurance Company **Direct Asia** Type of Coverage Comprehensive Fleet Policy Policy Number MT/00801608 Cover Note Number

DRIVER

Name of Driver ANG TOK SENG NRIC No. SXXXX554H Date Of Birth 23/04/1961 Occupation Indoor

Date Of Driving Pass 16/08/1982 Driving experience 38 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96674215 Alt. Phone Number +65-96674215 Email Address YIFEI1288@GMAIL.COM Address BLK 94 HAVELOCK ROAD #07-573 Address complement Postcode 160094 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 Side Swipe 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? Was any other material 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE POLICE REPORT 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	SMM3465A
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
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	ANG TOK SENG BLK 94 HAVELOCK ROAD #07-573
Address Complement	-
Post Code	160094
Approximate Age Years Old	59
Injuries Sustained	-
Injured person in which vehicle?	SLC2637S
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 willful 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:
 - 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 daims;
 - (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 Signatupé

Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name:

1

NRIC/FIN No.:

STARMC SketchPlanForm, V2

1.00

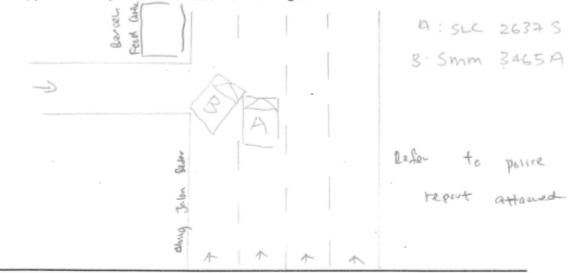
Accident Toolkit

Sketch plan

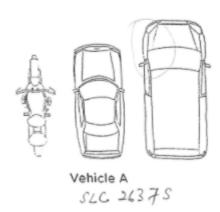
ketch of accident scene:

lease illustrate the layout of roads with arrows showing the direction and position if vehicles at the time of impact. Also please note the road names, road signs and ehicle registration numbers.

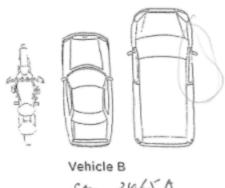
f safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B(third party vehicle), the point of impact and area(s) of visible damage with an arrow.



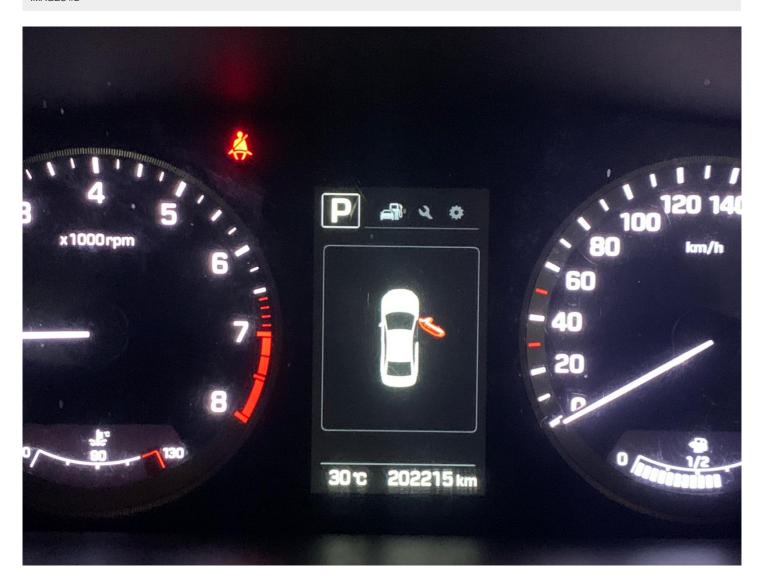




Smm 3465 A

Call us direct 6665 5555 6532 1818











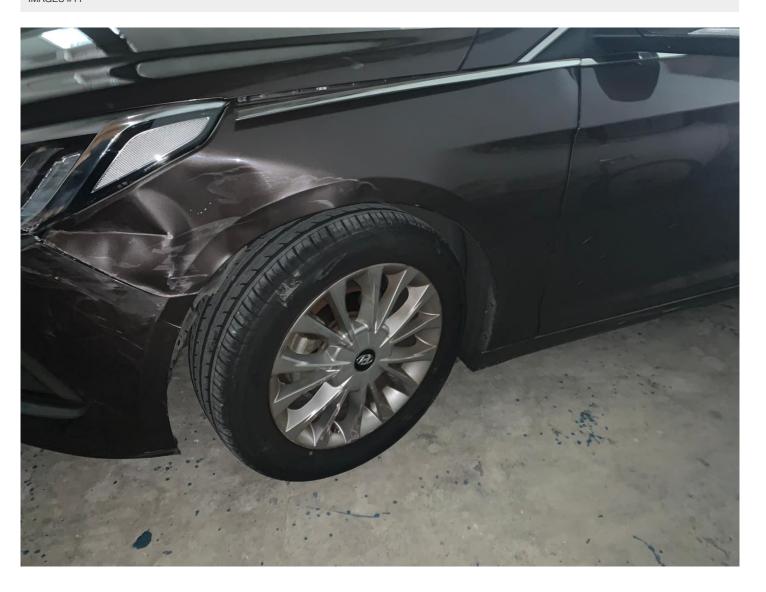




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20201209/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time 09/12/2020		ide:	Vide Report No.:	Station Diary No.:		
Informant	's Particul	ars				
Name of Ir ANG TOK			Address: 94 HAVELOCK ROAD #07-573 SINGAPORE 160094			
ID Type / I NRIC NO /		4H	Contact No.: Home/Office:	Mobile: 96674215		
Nationality: SINGAPORE CITIZEN		N	Email: TOKSENG.ANG@INCOME.COM.SG			
Sex: Male	Age: 59	Date of Birth: 23/04/1961	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Insurance/Underwriting clerk		ng clerk	Driving Licence Information: Class: 3 Date of Expiry:		piry:	

Type of	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location: Straight Road
Accident:	Others	No	08/12/2020 22:20	Straight Moad
Location:				
JALAN BERSE	ΞH			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		60 Km/h
	affic Flow: Traffic			Traffic Volume:
Traffic Flow:				Limbt
		Not Controlled		Light
One Way	on:	Not Controlled		Anyone conveyed by
One Way Type of Collisi		Not Controlled Swipe - Opposite Direction		

Details of Ve	ehicle Involved					
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLC2637S	Car	HYUNDAI	Sonata	•	Seriously Damaged	l
SMM3465A	Car					0

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20201209/7021

CONTINUATION OF REPORT

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC2637S	DIRECT ASIA INSURANCE	MT/00801608		
	(SINGAPORE) PTE, LTD.			

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA			ing: NA
Vehicle Owner						
Name	ANG TOK SENG			ID No.		S1485554H
Related Vehicle	SLC2637S (Car)			Conta	ct No.	96674215
Hospital/Clinic	24 HOUR WALK-IN O		Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date	NIL Date				NIL	
No. of Days gran	Days granted Medical Leave 05				Slight	t

Brief Details.

I was traveling along jalan besar at my own lane (3) suddenly near outside of berseh food centre suddenly a vehicle from 4th lane suddenly swerved to his right recklessly and hit the front left of my vehicle. I have video to prove my statement . 2 cars were involved in the accident .





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201209/7021

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	09/12/2020 15:05
Officer In Charge Of Case:	Classification Of Case:
TP / TPHQ /	
JUREMAH BINTE AHMAD	
Contact No.: 65476219	
Authentication Stamp	

NP168



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.

: MT/00801608

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

1) Vehicle Registration No. : SLC2637S

: KMHE341CMGA239703 Chassis No.

2) Name of Policy Holder : TOK SENG, ANG

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

: 07/05/2020 00:00

4) Date/Time of Expiry of Insurance : 06/05/2021 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 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.

Market Value Sum Insured

Own Damage Excess : S\$ 800.00 (before any applicable GST) : S\$ 100.00 (before any applicable GST) Windscreen Excess Choice of workshop DirectAsia approved workshops

Finance company / Hire Purchase

: TOK SENG, ANG Main driver

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 Com pensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

29/04/2020 Issued on:

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