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 16/08/2021 13:46 (SGT) Date of Accident 14/08/2021 17:00 (SGT) Exact Location of Accident Singapore Additional Location Information SL/BKE BEFORE MANDAI ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV115H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHING BOON, ALAN NRIC No. S8636749A Email Address alantan 86@hotmail.com Mobile Phone No (Phone) +65-96492181 Alternative Phone No +65-96492181

VEHICLE PARTICULARS

Manufacturer

Hyundai Model Accent Variant (RB) 1.4 CVT 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1368

INSURANCE COMPANY

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

DRIVER

Name of Driver TAN CHING BOON, ALAN NRIC No. S8636749A

Date Of Birth 02/12/1986 Occupation Indoor Date Of Driving Pass 26/12/2006 Driving experience 14 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96492181 Alt. Phone Number +65-96492181 Email Address alantan_86@hotmail.com Address 473B UPPER SERANGOON CRESCENT #15-323 SPORE 532473 Address complement Postcode Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Raining Road Surface Wet 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 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 PASSENGER 1 Name KER YAN CHING Gender Female PASSENGER 2 Name TAN XIN YU KAYSTON Gender Male PASSENGER 3 Name TAN CHOON HUA Gender Female PASSENGER 4 Name KER TENG SAN Gender 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? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

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	SJS8493P
Vehicle Manufacturer	_
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SKP8834T - -
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 Gender Phone No 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?	TAN CHING BOON,ALAN SMV115H -
Name of injured person Gender Phone No Address	KER YAN CHING - - -

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?	-
INJURED 3	
Name of injured person Gender Phone No 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?	- - -
INJURED 4	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	- - - -
INJURED 5	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	KER TENG SAN SMV115H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 6. 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 & Driver's Signature (if driver is not the policyholder) / Date Personnel

Sketch Plan

VEHICLE A > SMV (15 M

VEHICLE 6 -75.) \$8493 P

VEHICLE C > 75.688347

- REFER TO POLICE REPORT -

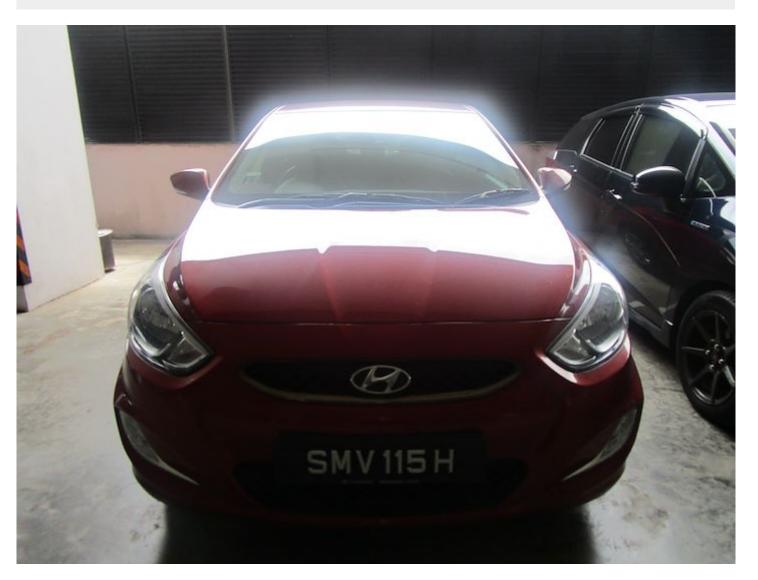
Declaration

We declare the foregoing particulars are true in every respect.

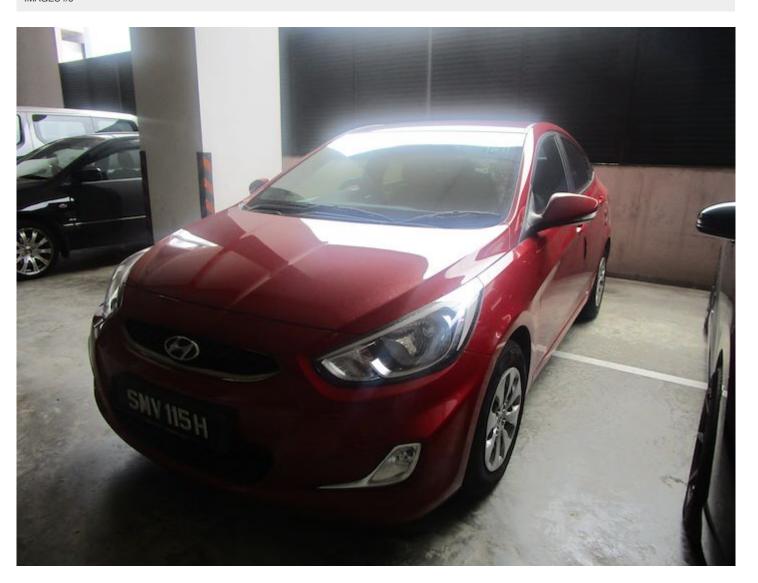
Policyholder's Signature / Date & Time

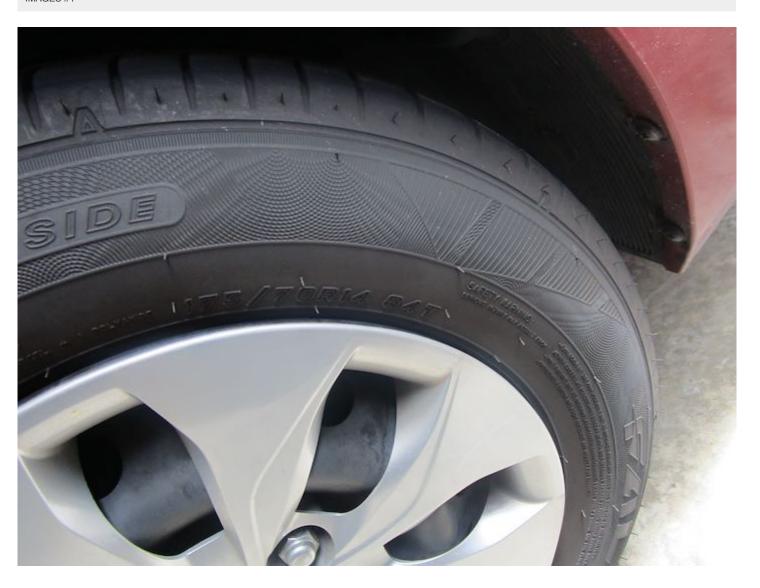
Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel





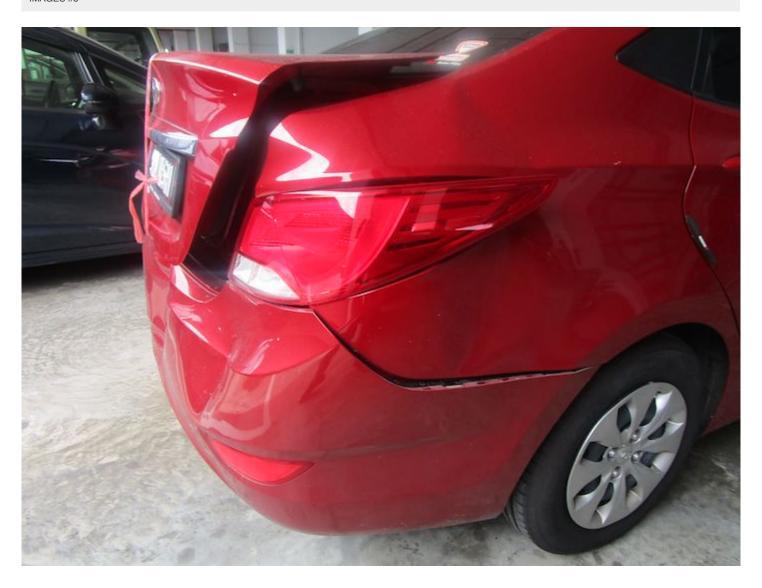






















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20210814/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2021 20:55			Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	Informant: ING BOON		Address: 473B UPPER SERAN SINGAPORE 532473	GOON CRESCENT #15-323
ID Type / ID No.: NRIC NO / S8636749A			Contact No.: Home/Office:	Mobile: 96492181
Nationality: SINGAPORE CITIZEN		Email: Alantan_86@hotmail.com		
Sex: Male	Age: 34	Date of Birth: 02/12/1986	Type of Informant: Driver	
Race: Chinese		Language: Institution / School Na English		
Occupation: administrator executive		Driving Licence Information: Class: 3 Date of Expiry:		

General Inform	mation of the Acci	dent		
Type of Accident:	of Injury Drink Date/ of Others Drive: Accide		Date/Time of Accident: 14/08/2021 17:00	Type of Location: Straight Road
Location: SELETAR EX	PRESSWAY	Dood Ourford		Dood Spood Limits
Weather: Road Surface: Wet			Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJS8493P	Car					0
SKP8834T	Car					0
SMV115H	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Red	Seriously Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20210814/7019

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMV115H	DIRECT ASIA INSURANCE (SINGAPORE) PTE, LTD.	MT/00854684	04/10/2020	03/10/2021	

Details of Perso	n Involved	SHEET!	CHEST AND A	CE OF	To San	
Any Pedestrian I	rvolved: No		11			
No. of Pedestrian	s Injured: NIL		Use of Pe	edestria	n Cross	sing: NA
Driver		THE RE		CHEST IN	1992	
Name	TAN CHING BOON, A	LAN		ID No).	S8636749A
Related Vehicle	SMV115H (Car)			Conta	act No.	96492181
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class Drivir Licen Expir	ig ce &	Class: 3 Date of Expiry: NIL
Date	14/08/2021		Date		14/08	3/2021
No. of Days gran	ted Medical Leave 03 Degree of			of	Slight	t
Passenger				THE REAL PROPERTY.	earne.	
Name	KER YAN CHING			ID No		S8830320B
Related Vehicle	SMV115H (Car)			Conta	act No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class Drivir Licen Expir	g ce &	Class; 3 Date of Expiry: NIL
Date	14/08/2021		Date	14/08/2021		
No. of Days gran		03	Degree o			
Passenger		20 YE 10 O		(Taxon)	S Miles	
Name	TAN XIN YU KAYSTON		ID No		T1722153H	
Related Vehicle	SMV115H (Car)			Conta	ct No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: NIL
Date	14/08/2021 Date				14/08	/2021
No. of Days grant		03	Degree o	f	Slight	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20210814/7019

CONTINUATION OF REPORT

Brief Details.

ON THE STATED VENUE, DATE AND TIME ,I , VEHICLE A ,BEARING CAR PLATE NO: SMV115H WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 1.

SUDDENLY THE VEHICLE INFRONT OF ME CAME TO A COMPLETE STOP, SO I FOLLOWED AND CAME TO A COMPLETE STOP. ALL OF A SUDDEN I FELT A HUGE IMPACT AND REALISE I WAS BEING HIT ON THE REAR PORTION AND INVOLVE IN A CHAIN COLLISION. I WAS BEING HIT BY VEHICLE B, BEARING PLATE NO:SJS8493P AND HE WAS BEING HIT BY VEHICLE C, BEARING PLATE NO:SKP8834T.

AFTER THE ACCIDENT, MYSELF, MY WIFE AND MY SON FEEL SOME DISCOMFORT AT THE HEAD, NECK AND BACK AND WE THEN PROCEEDED TO SEEK MEDICAL TREATMENT AT WOODGROVE FAMILY CLINIC. WE WERE ALL BEING GIVEN 3DAYS MC EACH.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20210814/7019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 14/08/2021 20:55
Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:

NP168

Authentication Stamp



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/00854684

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

1) Vehicle Registration No. : SMV115H

Chassis No. KMHCU41BTKU445148

2) Name of Policy Holder : Tan Ching Boon Alan

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 04/10/2020 00:00

4) Date/Time of Expiry of Insurance : 03/10/2021 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\$ 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 : HONG LEONG FINANCE

Main driver : Tan Ching Boon Alan

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

Issued on:

01/10/2020

Direct Asia Insurance (Singapore) Pte. Ltd.

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

www.DirectAsia.com