

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 30/08/2021 17:34 (SGT) Date of Accident 27/08/2021 17:40 (SGT) Exact Location of Accident Near 29 Dunlop St, Singapore 209357 Additional Location Information **DUNLOP ST** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN88667

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PAJAN KAUR D/O PRITAM SINGH NRIC No. SXXXX467H Email Address RAJPAL8871@GMAIL.COM Mobile Phone No (Phone) +65-93876404 Alternative Phone No (Home) +65-93876404

VEHICLE PARTICULARS

Manufacturer Mercedes Model S350 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 1991

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number MT/00894580 Cover Note Number

DRIVER

Name of Driver RAJPAL SINGH S/O JASWANT SINGH NRIC No. SXXXX835F

Date Of Birth 25/12/1988 Occupation Indoor Date Of Driving Pass 16/07/2007 Driving experience 14 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-93876404 Alt. Phone Number Email Address RAJPAL8871@GMAIL.COM Address 33 THE INGLEWOOD Address complement Postcode 575062 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Child 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 - Head to Rear 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? No 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBC4326U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
voilible eutogery	
Name of Driver	WONG YOON HIN
• .	
Name of Driver	WONG YOON HIN
Name of Driver NRIC No	WONG YOON HIN

Address complement			 -
Postcode			_
Insurance Company Name			 _
Nature Of Damage			 _
Details of property damaged	d in accident	 	 _
No. Of Passenger (Including	Driver)		_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAJPAL SINGH S/O JASWANT SINGH
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJN8866Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	_

SKETCH PLAN

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- 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

(ii) investigating the accident and/or my claims;

(ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the maining 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

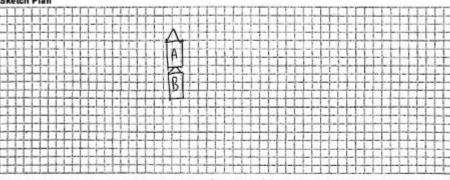
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan



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Contact us at

Hotline: (65) 6532 2888

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/00894580

Type of Coverage / Driver Plan : Car Third-Party Fire and Theft (Value Plan)

1) Vehicle Registration No. SJN8866Z

Chassis No. WDD2211562A174717

2) Name of Policy Holder : PAJAN KAUR D/O PRITAM SINGH

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 12/02/2021 00:00

4) Date/Time of Expiry of Insurance : 11/02/2022 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 hailing 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\$ 1,500.00 Windscreen Excess : Not Applicable

Choice of workshop DirectAsia approved workshops

Finance company / Hire Purchase

RAJPAL SINGH S/O JASWANT SINGH

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

Issued on: 22/01/2021

Main driver

Direct Asia Insurance (Singapore) Pte. Ltd. 3

Underwriting Manager

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

200822611G

Company Registration: