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.

 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 14/10/2021 16:55 (SGT) Date of Accident 13/10/2021 17:10 (SGT) Exact Location of Accident Veerasamy Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SJL6593J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KRISHNAMOORTHY SAKTHIVEL Passport No/FIN GXXXX270W Email Address SAKTHI2601@GMAIL.COM Mobile Phone No (Phone) +65-98894959 Alternative Phone No +65-90915726

VEHICLE PARTICULARS

Manufacturer

Model Stream Variant STREAM 1.8X A 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 1799

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number MT/00968942 Cover Note Number 25/09/2021 - 24/09/2022

DRIVER

Name of Driver KRISHNAMOORTHY SAKTHIVEL Passport No/FIN GXXXX270W

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	12/01/1976 Indoor 08/03/2008 13 YEARS AND 7 MONTHS Male (Phone) +65-98894959 +65-90915726 SAKTHI2601@GMAIL.COM 806 YISHUN RING ROAD #05-4269 760806 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Opening Door of Vehicle Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE SKETCH PLAN BY DRIVER	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SHB812T
	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	WILLIAM CHAN YEW NAM
NRIC No	SXXXX779Z
Contact Number	(Phone) +65-91459318
Address	-

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

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 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

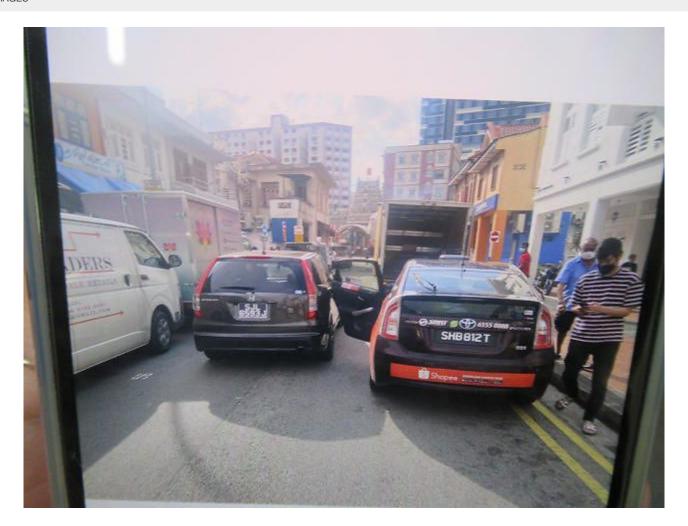
(ii) for complying with requirements under any regulations, laws or court orders.

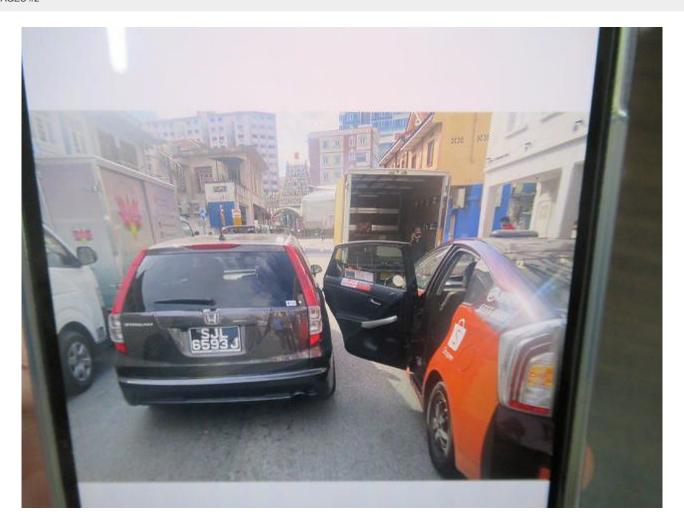
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

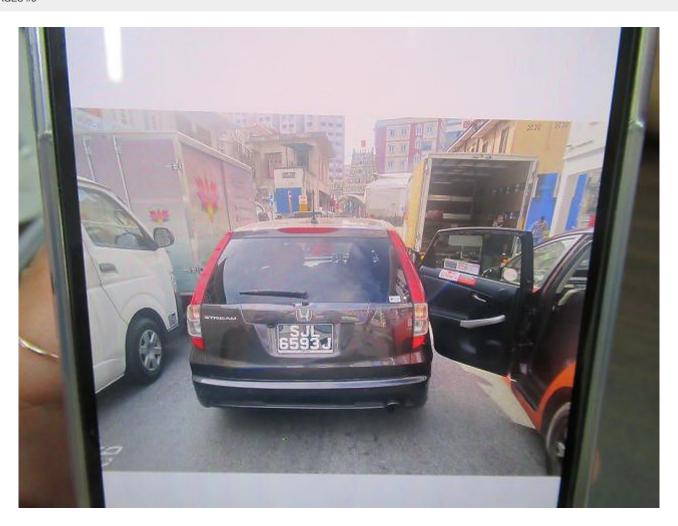
ampany

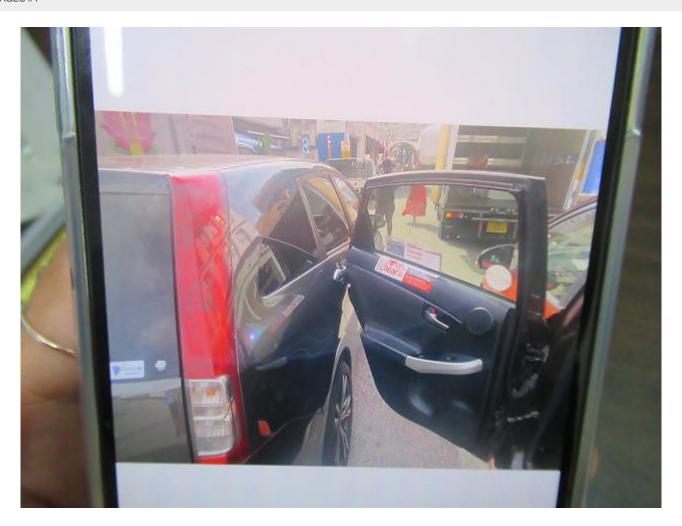
Name: NRIC/FIN No.:

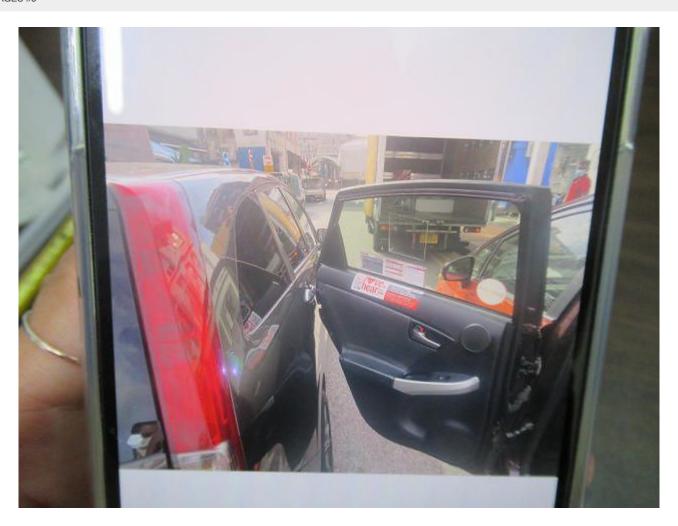
y Vehicle A:	SJL 65937 Vehi	icle B:	HB3127	Vehicle C	
ETCH PLAN	13/10/21 Time: 551-65931 Vehi		7 -	veinele e.	
2101112111			T-1-10		
	j-	11			
		111			
		Ш			
	IA.	Ш			
	11	111			
	_ K	.			
	11 15	A 100	ber goor		
	17 19	181111	1		
5000		[[]			
SCRIBE CIRCUMS	TANCES OF THE ACCIDENT	9			
Jenne emecina	TAILUES OF THE ACCIDENT				
	- Vi 200000001 VIII V				I
1 Was tra	welling straight	at the sa	nd 10 ca	hon, yeh	3,5
Passenter	suddenly open	the down	- & Lit	and my	car. I don't
photo so	ere during the	none of c	ccrdent	, NO one	- 15 Mured
1111					
☐ Claim OD/TP	at Ah Lim Motor	Claim OD/TP at			porting Only
	germeng sasanang	Claim OD/TP at	other work		eporting Only
Remarks: Please	at Ah Lim Motor () of orward a copy of my efile a		other work		porting Only
Remarks : Please My workshop :	germeng sasanang		other work		porting Only
Remarks: Please My workshop: Email address: & myself:	germeng sasanang		other work		porting Only
Remarks: Please My workshop : Email address :	germeng sasanang		other work		porting Only
Remarks : Please My workshop : Email address : & myself : Email address :	forward a copy of my efile a	accident report	other work	shop	
Remarks: Please My workshop: Email address: & myself: Email address: Note: Please tak	forward a copy of my efile a	accident report e 14 days timefr	other work	shop Re	
Remarks: Please My workshop: Email address: & myself: Email address: Note: Please tak	forward a copy of my efile a	accident report e 14 days timefr	other work	shop Re	
Remarks: Please My workshop: Email address: & myself: Email address: Note: Please tak you own policy.	forward a copy of my efile a e note that your insurer hav indly check with your own	accident report e 14 days timefr insurer for more	other work	shop Re	
Remarks: Please My workshop: Email address: & myself: Email address: Note: Please tak you own policy.	forward a copy of my efile a	accident report e 14 days timefr insurer for more	other work	shop Re	
Remarks: Please My workshop: Email address: & myself: Email address: Note: Please tak you own policy.	forward a copy of my efile a e note that your insurer hav indly check with your own	accident report e 14 days timefr insurer for more	other work	shop Re	
Remarks: Please My workshop: Email address: & myself: Email address: Note: Please tak you own policy. F	forward a copy of my efile a e note that your insurer hav indly check with your own	accident report e 14 days timefr insurer for more	other work	shop Re	
Remarks: Please My workshop: Email address: & myself: Email address: Note: Please take you own policy. H	forward a copy of my efile a note that your insurer hav lindly check with your own oing particulars are true in ever	e 14 days timefr insurer for more	other work to:	shop Re	mage claim under 1 [i]a dror Compar
Remarks: Please My workshop: Email address: & myself: Email address: Note: Please tak you own policy. F	e note that your insurer have indly check with your own oing particulars are true in ever	e 14 days timefr insurer for more	other work to:	shop Re	

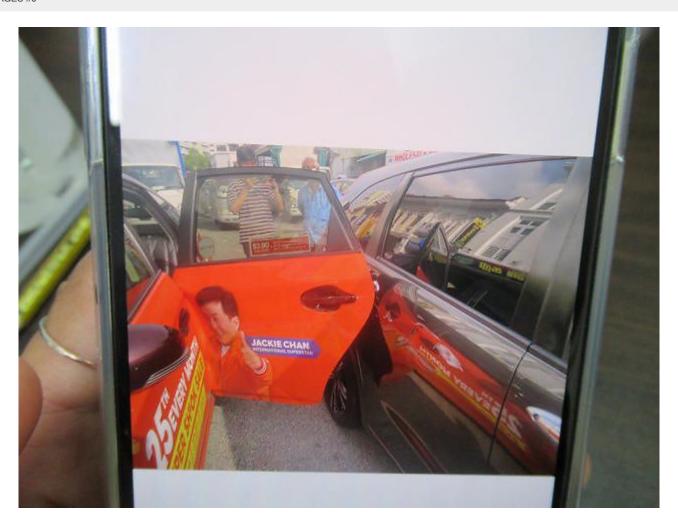


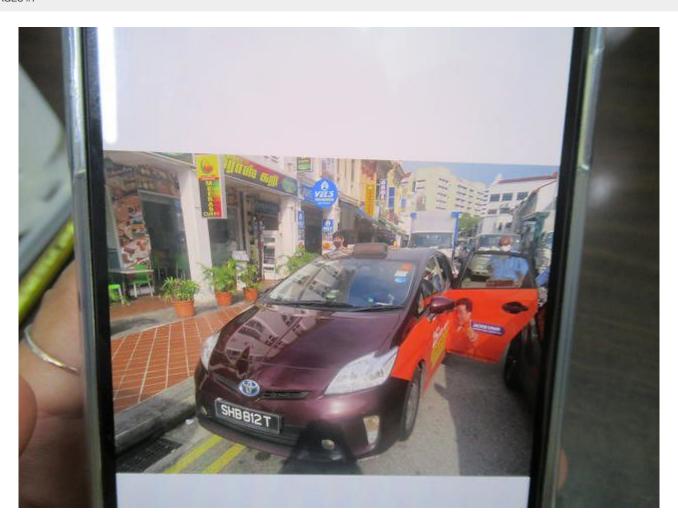






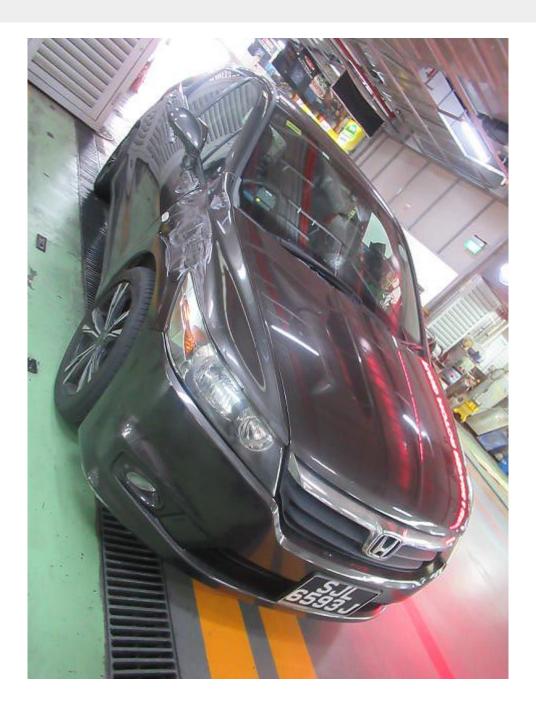








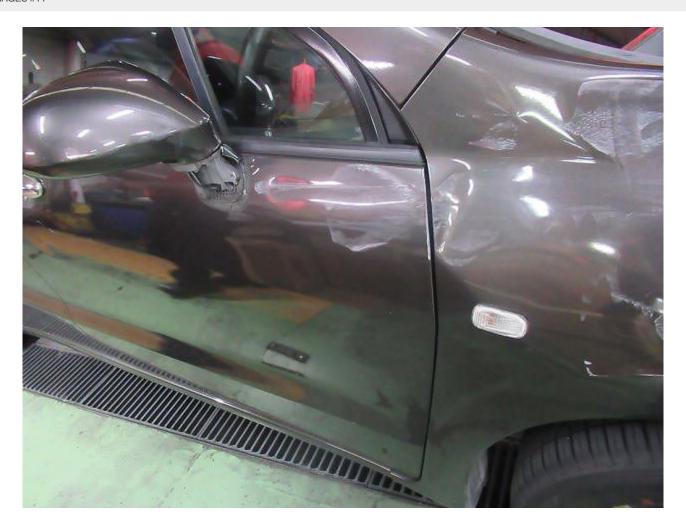


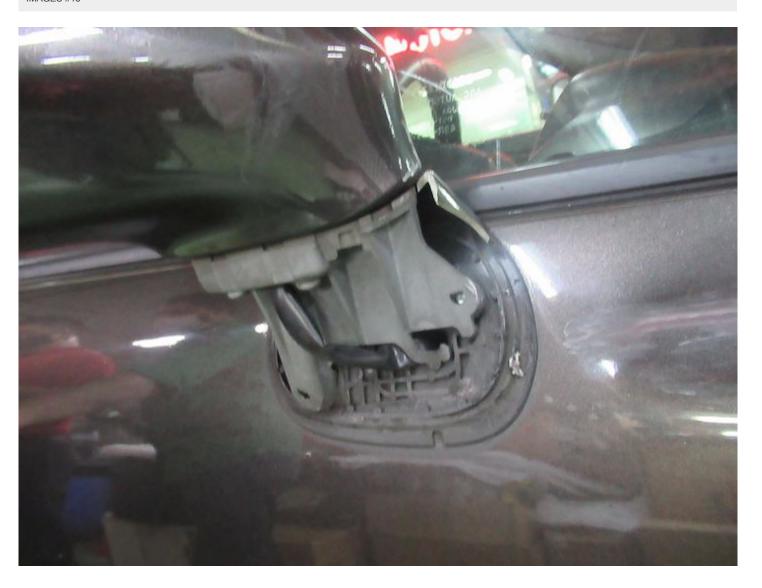


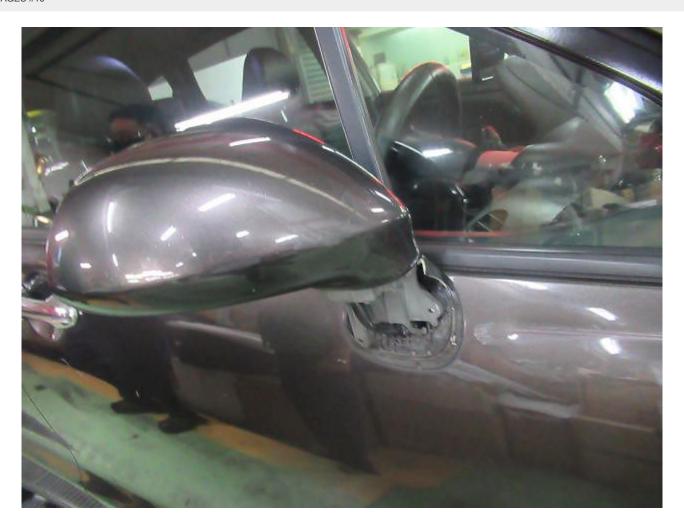










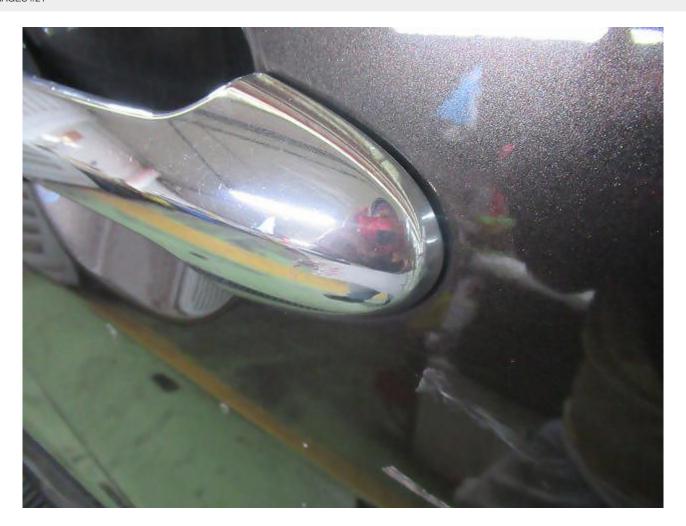




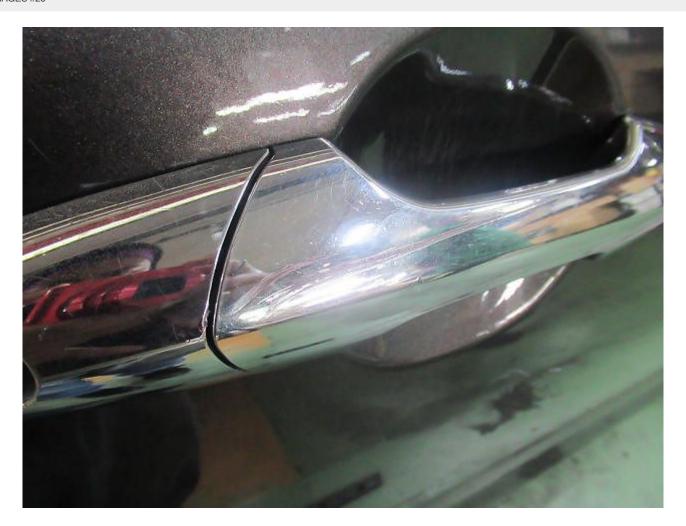








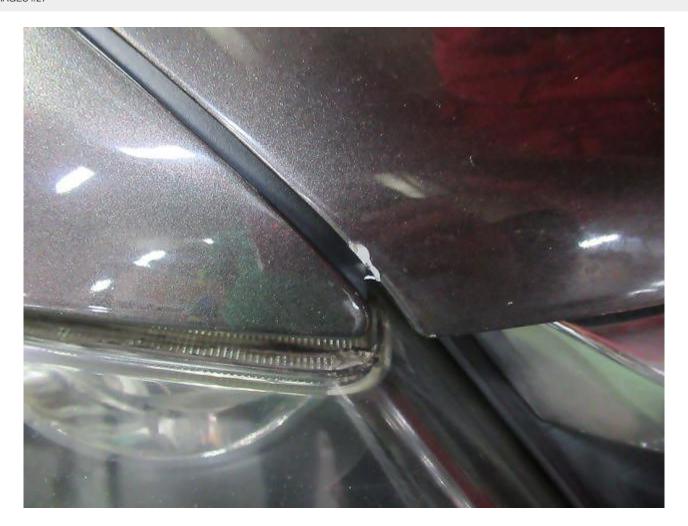




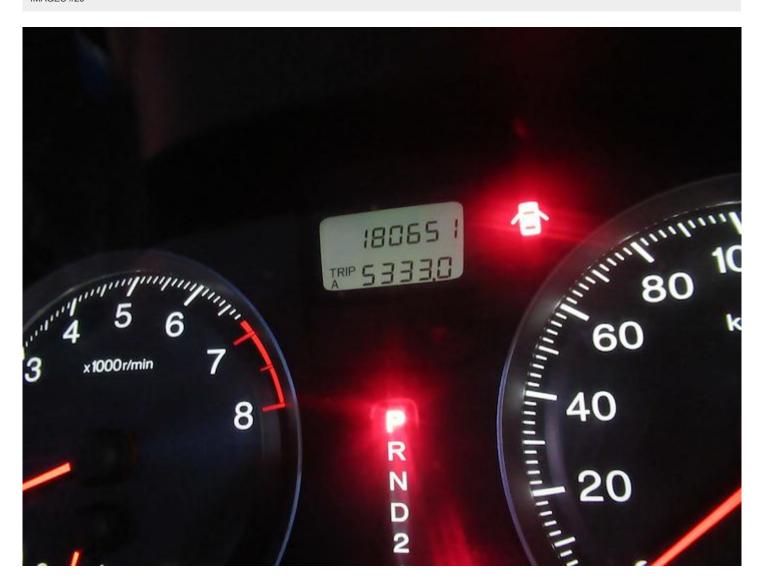






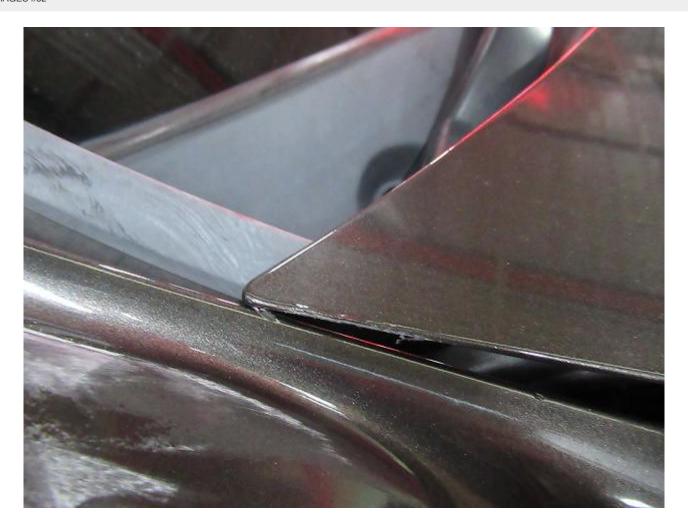














Contact us at

Hotline: (65) 6665 5555

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/00968942

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

Vehicle Registration No. : SJL65933
 Chassis No. : RN61083829

2) Name of Policy Holder : KRISHNAMOORTHY SAKTHIVEL

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 25/09/2021 00:00

4) Date/Time of Expiry of Insurance : 24/09/2022 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
 : \$\$ 800.00

 Windscreen Excess
 : \$\$ 100.00

Choice of workshop : DirectAsia approved workshops

Finance company / Hire Purchase

Main driver : KRISHNAMOORTHY SAKTHIVEL

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.

3

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: 22/09/2021

Direct Asia Insurance (Singapore) Pte. Ltd.

Direct Asia Insurance (Singapore) Pte Ltd 20 Anson Road #08-01 Twenty Anson Singapore 079912 www.DirectAsia.com Company Registration, 2008-22611G