

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 26/10/2021 15:15 (SGT)
Date of Accident 25/10/2021 20:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information YIO CHU KANG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT1386H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RUSLAN BIN BUDIN
NRIC No S1695081E
Email Address ENQUIRY.0224@GMAIL.COM
Mobile Phone No (Phone) +65-91556924
Alternative Phone No +65-91556924

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Scirocco
Variant 2.0L AT TSI 1379W3
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 1984

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00978237
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD RAZIQ BIN RUSLAN
NRIC No S9940077C

Date Of Birth	01/12/1999
Occupation	Outdoor
Date Of Driving Pass	23/11/2020
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97873722
Alt. Phone Number	-
Email Address	MDRAZI99@GMAIL.COM
Address	BLK 748 WOODLANDS CIRCLE #03-518
Address complement	-
Postcode	730748
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	CHILDREN
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	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	SKP8398K
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)	-

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?	SKP8398K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	MUHAMMAD RAZIQ BIN RUSLAN
Gender	Male
Phone No	(Phone) +65-97873722
Address	BLK 748 WOODLANDS CIRCLE #03-518
Address Complement	-
Post Code	730748
Approximate Age Years Old	21
Injuries Sustained	SLIGHTLY INJURED ON JAW
Injured person in which vehicle?	SLT1386H
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.
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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.

Policyholder's Signature

Date & Time: 26/10/2021
13:40

Driver's Signature

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

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

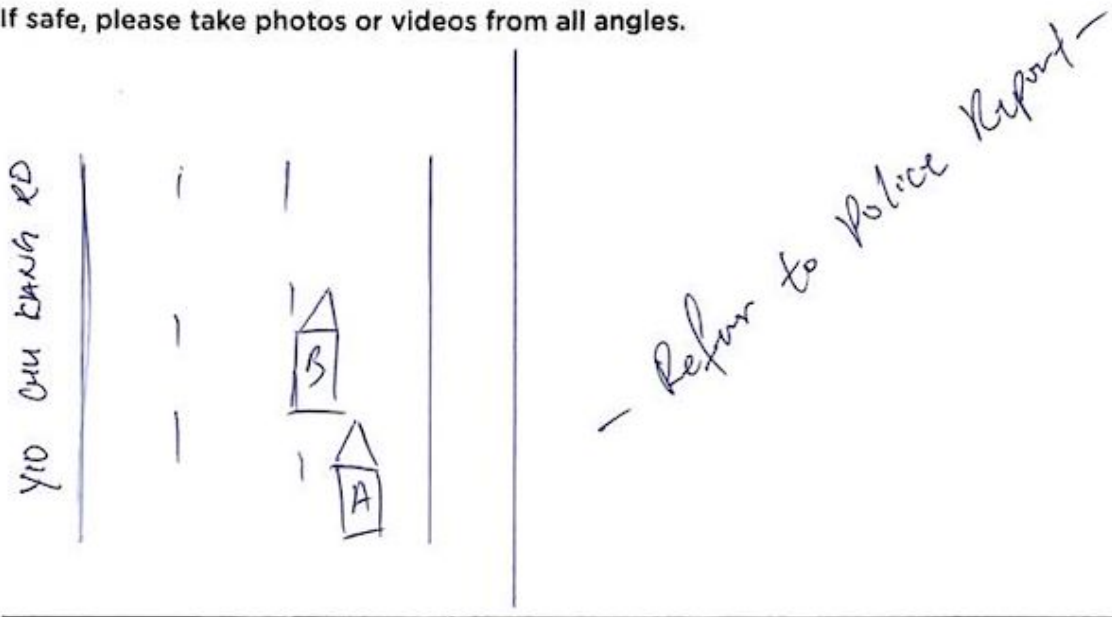
Accident Toolkit

Sketch plan

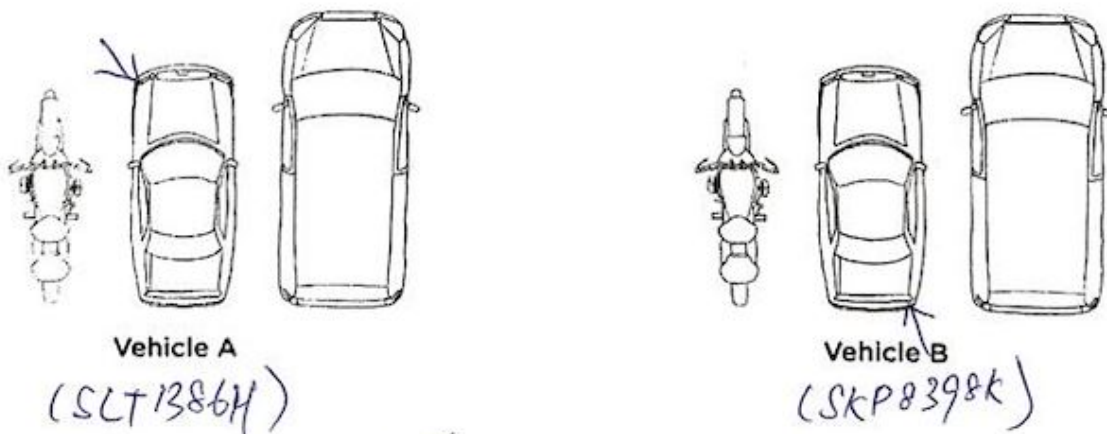
Sketch of accident scene:

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

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



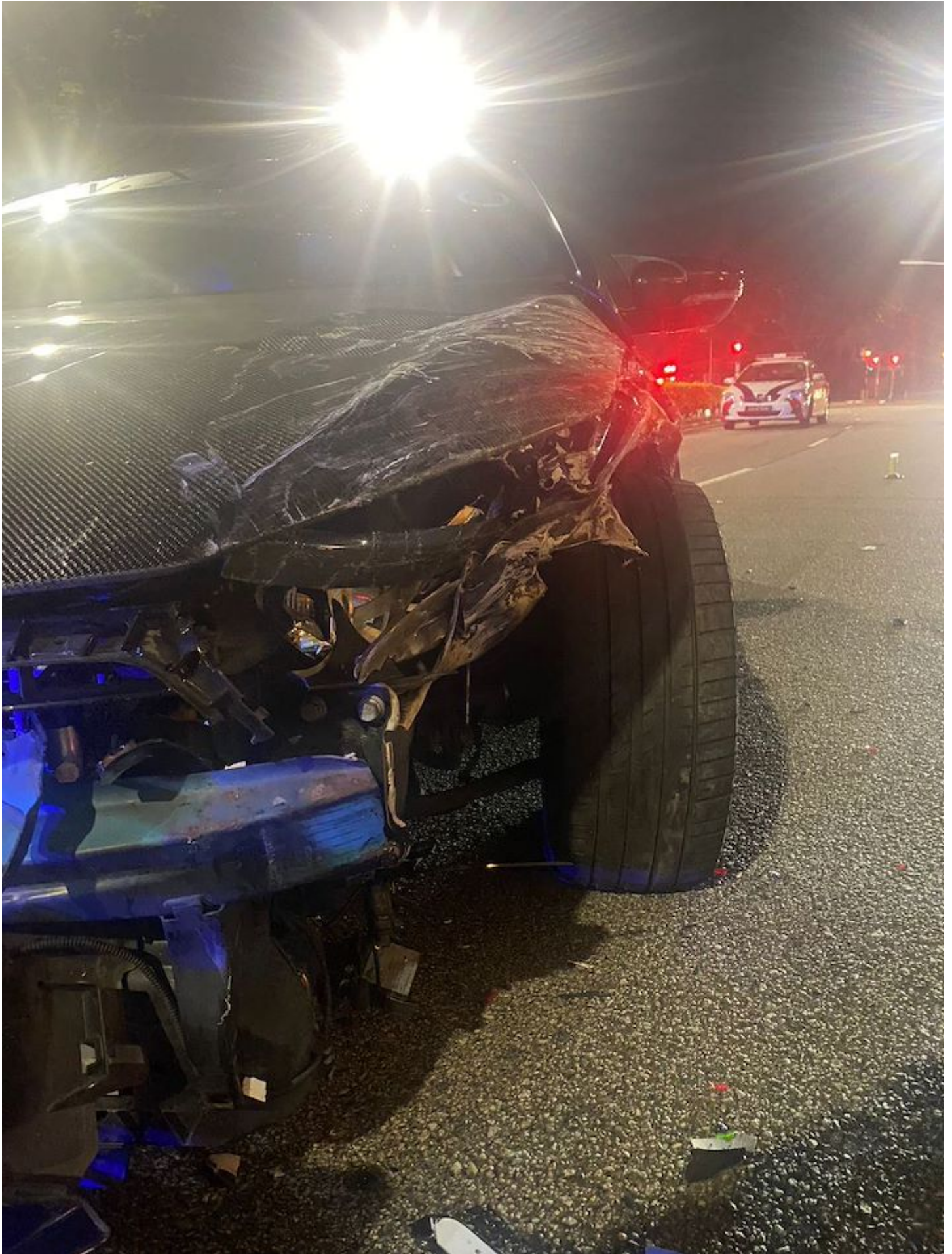
Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



direct
asia
insurance

26/10/2021
15:40

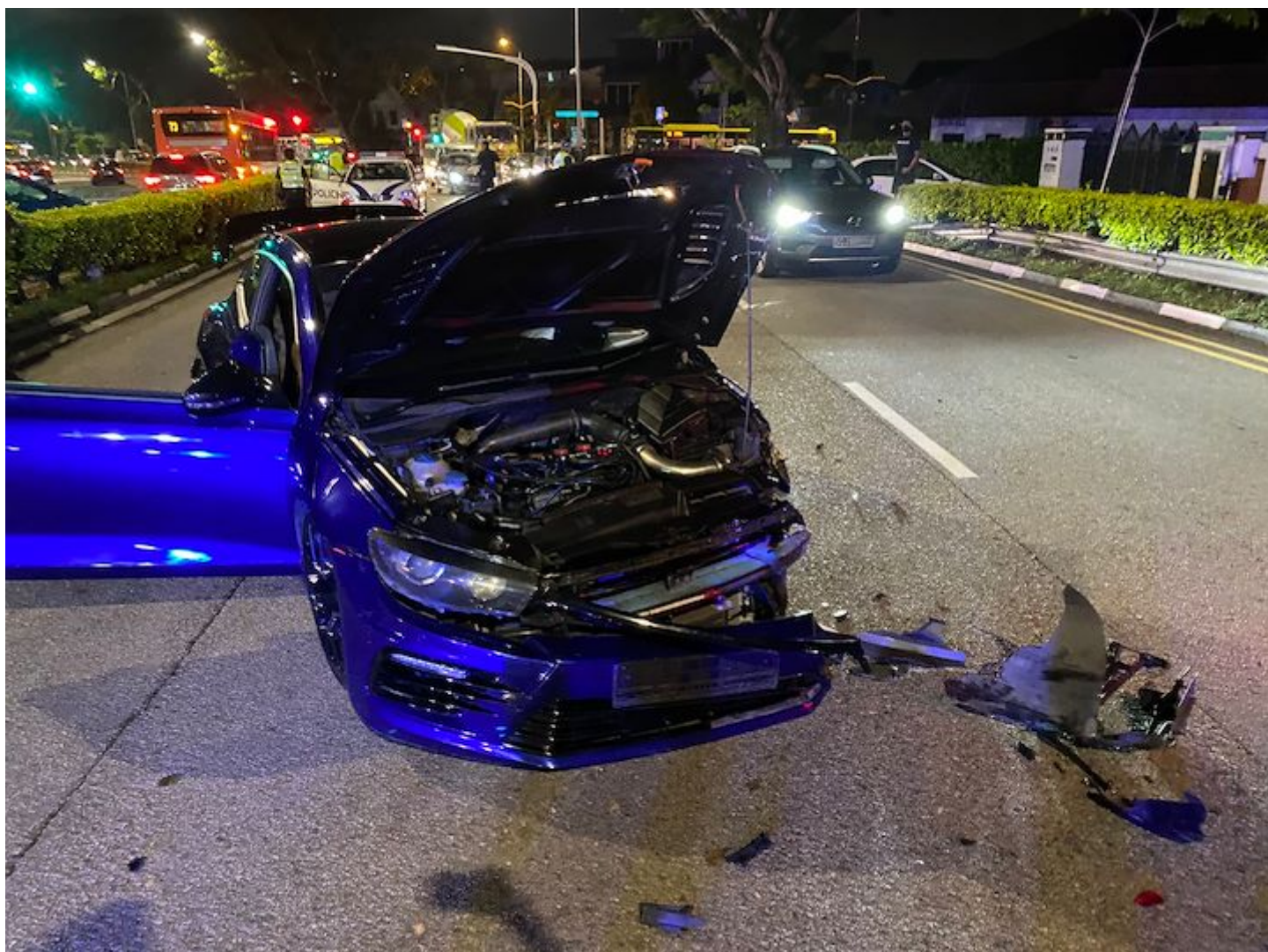
Call us direct
Customer Care
6665 5555
Claims Support 24/7 Hotline
6532 1818
+65 6603 3699 (from overseas)

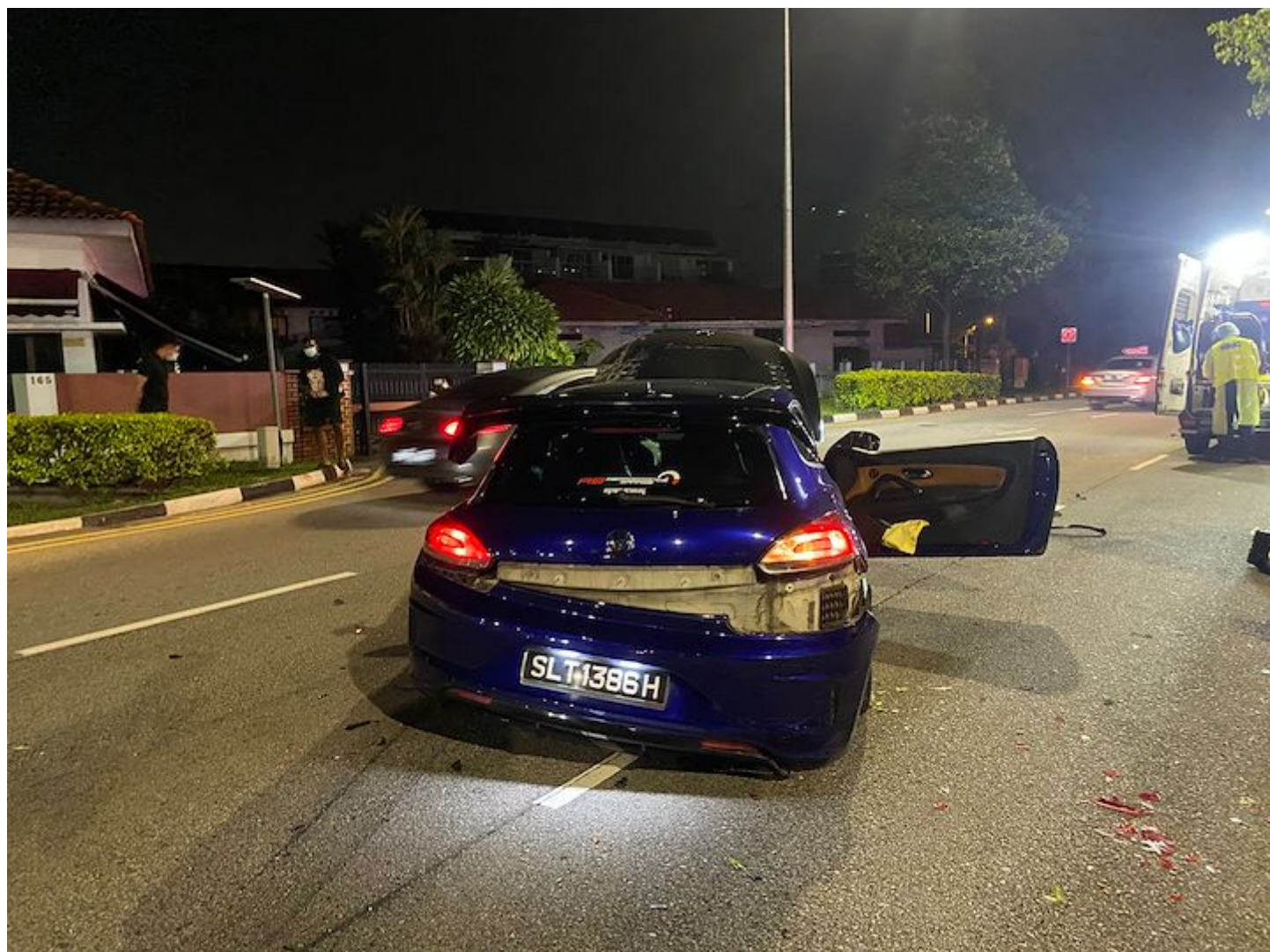




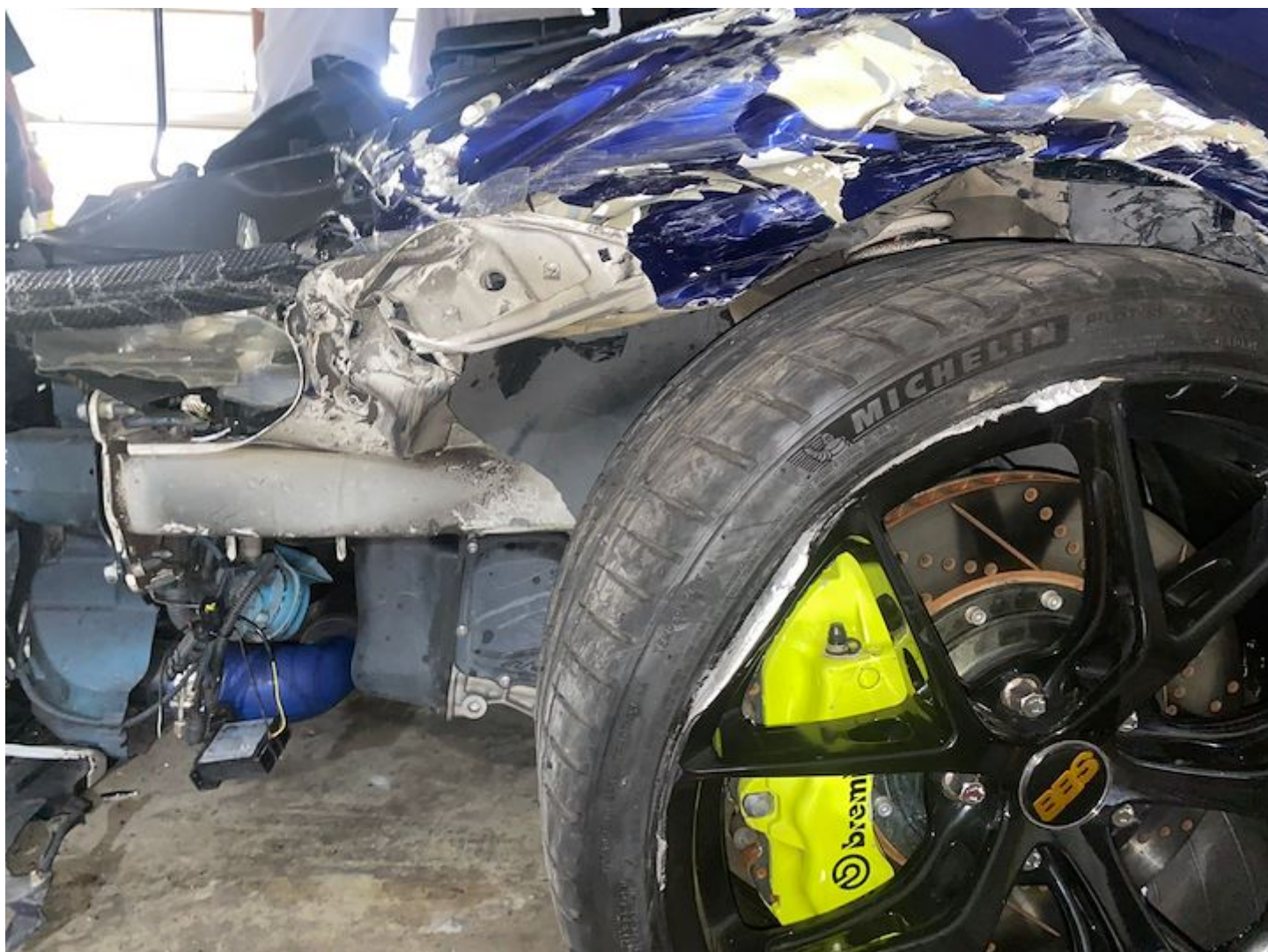






























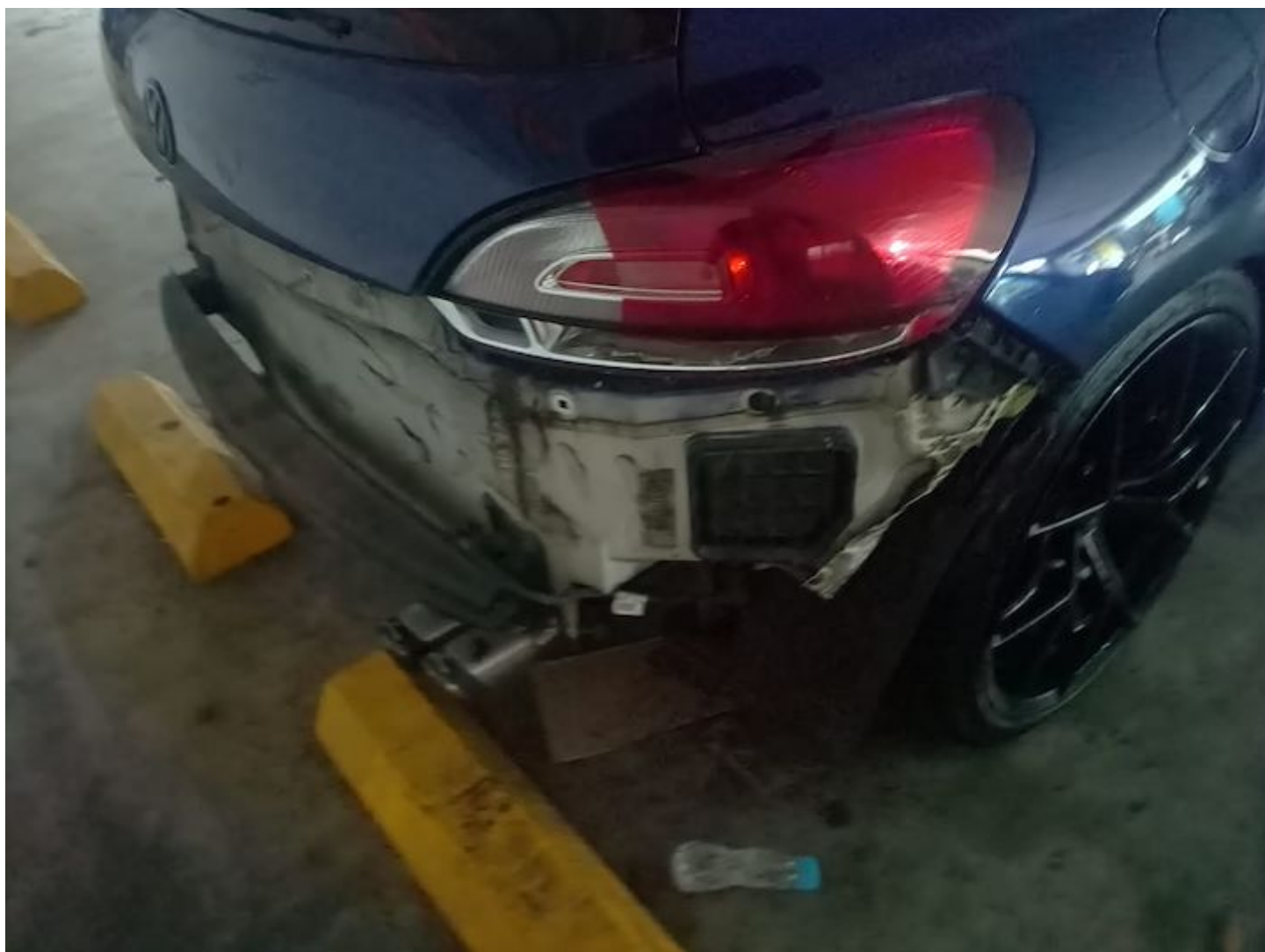
































**SINGAPORE
POLICE FORCE**



T/20211026/2030

1 of 3

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

Report No. T/20211026/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2021 12:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD RAZIQ BIN RUSLAN			Address: APT BLK 748 WOODLANDS CIRCLE #03-518 SINGAPORE 730748		
ID Type / ID No.: NRIC NO / S9940077C			Contact No.: Home/Office: Mobile: 97873722		
Nationality: SINGAPORE CITIZEN			Email: MDRAZIQ99@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 01/12/1999	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: OTHERS			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/10/2021 20:30	Type of Location: Straight Road
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP8398K	Car				Seriously Damaged	0
SLT1386H	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No



**SINGAPORE
POLICE FORCE**



T/20211026/2030

2 of 3

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

Report No. T/20211026/2030

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD RAZIQ BIN RUSLAN	ID No.	S9940077C
Related Vehicle	SLT1386H (Car)	Contact No.	97873722
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

ON 25/10/2021 AT ABOUT 2030HRS

I WAS DRIVING ALONG YIO CHU KANG ROAD ON LANE 1 OF 3 WHEN A VEHICLE FROM THE FILTER LANE ENTERED THE ROAD AND WENT STRAIGHT TO LANE 1 WITHOUT ANY SIGNALS. I SHIFTED FROM LANE 2 TO LANE 1 AS THE ROAD WAS MUCH CLEARER, BESIDE THE FACT THAT I WAS RUSHING TO MEET A CLIENT. THERE WAS ANOTHER VEHICLE, A MERCEDES WHO WAS NOT INVOLVED IN THIS ACCIDENT BUT WAS BROUGHT UP BY A WITNESS WHO CLAIMED THAT I WAS RACING WITH HIM/HER. I DO NOT KNOW WHO IS THE DRIVER OF THE MERCEDES AT ALL, AND I WAS NOT RACING WITH HIM/HER. AN AMBULANCE ARRIVED AT SCENE AND THE DRIVER OF THE VEHICLE I HIT ONTO TOLD THE MEDICS THAT HE WAS INJURED DESPITE HAVING NO VISIBLE INJURIES. I AM SLIGHTLY INJURED ON MY JAW AND WILL BE SEEKING MEDICAL ATTENTION AFTER MAKING THIS REPORT. I LEFT SCENE BEFORE THE AMBULANCE DID, SO I'M UNSURE WHETHER OR NOT DID THE DRIVER OF THE VEHICLE I HIT ONTO WAS CONVEYED.

THAT'S ALL



SINGAPORE POLICE FORCE



T/20211026/2030

3 of 3

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

Report No. T/20211026/2030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
TP /
SC TOH CHIN XIONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:

Date/Time:
26/10/2021 12:03

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:



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/00978237
Type of Coverage / Driver Plan	: Low Mileage Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SLT1386H
Chassis No.	: WVVZZZ13ZAV410489
2) Name of Policy Holder	: RUSLAN BIN BUDIN
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 20/10/2021 20:34
4) Date/Time of Expiry of Insurance	: 19/10/2022 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	: S\$ 800.00
Windscreen Excess	: S\$ 100.00
Low Mileage Excess	: S\$ 5,000.00
(If you exceed permitted allowance of 8,000KM per year)	
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	: The Carpital Pte Ltd
Main driver	: RUSLAN BIN BUDIN
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).

Issued on: 21/10/2021

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: 200822611G

M-CI-0001

The Manager / Officer
 Accident Reporting Centre
 Singapore

Owner Letter of Consent

I, (Owner's Name) RUSLAN BIN SUDIN (Owner's NRIC No) S1695081E

(Vehicle Make & Model) VW SCIR 1.4 (Licence Plate) SLE 2312T

hereby authorise (Name of Driver) ~~RA~~ MUHAMMAD KAZIQ BIN RUSLAN

(Driver's NRIC No) S9940077C to file a traffic accident report happened on

(Date of accident) 25/10/2021 along (Place of accident) ~~203~~ Y10

CHU KANG RD

(Time hh:mm 24hr format) 2030 HRS

Owner's Signature: 

Today's Date: 26/10/2021