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 17/11/2021 17:45 (SGT) Date of Accident 17/11/2021 07:00 (SGT) Exact Location of Accident Hougang Ave 4, Singapore Additional Location Information JUNCTION OF HOUGANG AVE 4 & AVE 10 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX7839G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEOW WEE HOCK NRIC No. SXXXX722A Email Address CHEOWEEV8@GMAIL.COM Mobile Phone No (Phone) +65-96712367 Alternative Phone No +65-96712367

VEHICLE PARTICULARS

Manufacturer Perodua Model Kenari Variant **KENARI GX** 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 Manual CC 989

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number MT/00667022/01 Cover Note Number 12/07/2021 - 11/07/2022

DRIVER

Name of Driver CHEOW WEE HOCK NRIC No. SXXXX722A

Date Of Birth 11/07/1958 Occupation Indoor Date Of Driving Pass 17/08/1985 Driving experience 36 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96712367 Alt. Phone Number +65-96712367 Email Address CHEOWEEV8@GMAIL.COM Address 7 ST MICHAEL'S RD Address complement #03-04 Postcode 327950 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 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? No 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? 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 PLS REFER TO THE SKETCH PLAN BY DRIVER ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SJP7317M
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)	_

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 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.
- 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:
 - 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: O / / //

Driver's Signature

(If driver is not the policyholder)

16 : 62 (vi Date & Time:

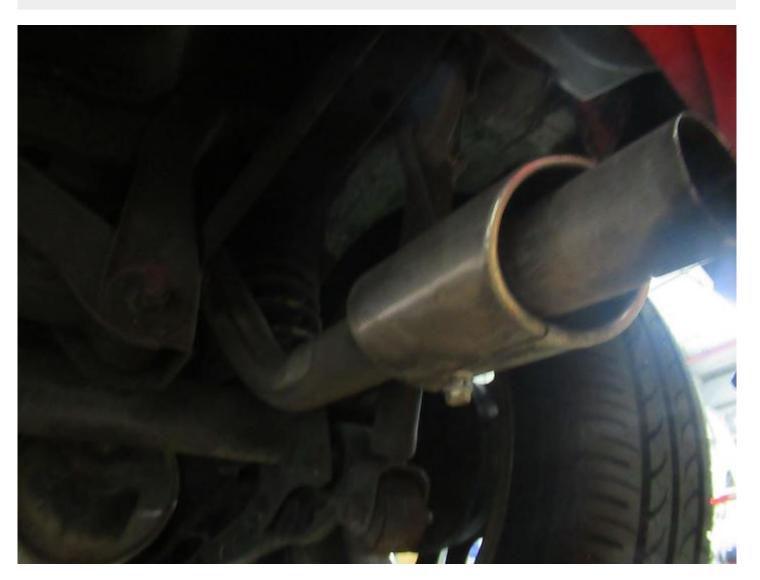
Reporting Centre Personnel's Signature

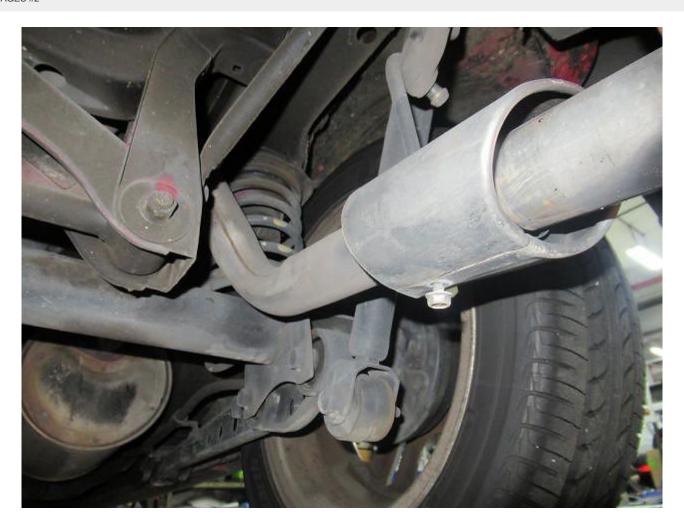
otor Company

Name:

NRIC/FIN No.:

	9 G Vehicle B: <u>539 731</u>	ion: Junction of Are 4 & Ave
Hougang Anse 4	Hougas Ave 10	Houghing
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
Ave 4, sudde I was jarked car STP 7217 left be de light scratches on m knocked my car when I drove	aly, I heard a le forward I then m banged into my twees hanging a y back bumper o suffered broken I my car after the	realised that a Tayota room of the was some of the car The car that licence place frame.
My workshop: Email address: & myself: Email address: Note: Please take note that	copy of my efile accident report to : your insurer have 14 days timeframe fo with your own insurer for more infor	or you to submit own damage claim under mation.
Mesch		Ah Lim Motor Company
olicyholder's Signature ate & Time: 7 11 2-02	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.;

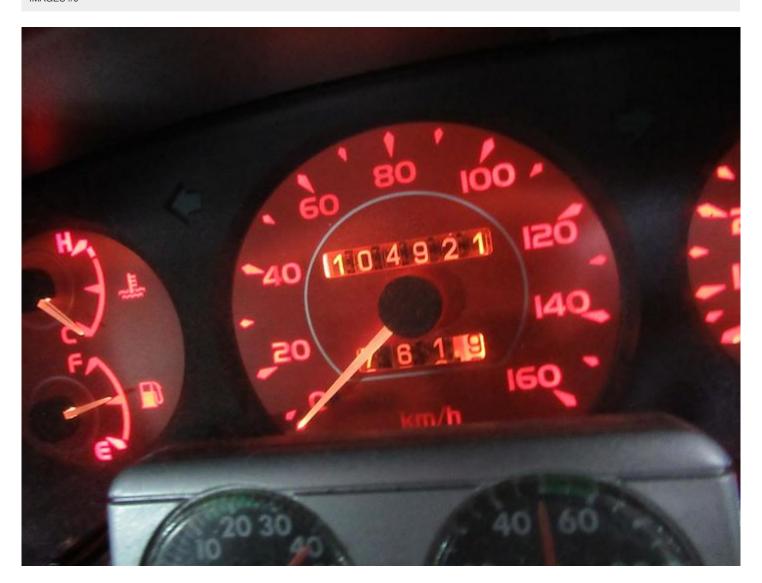




















direct asia

Contact us at Hotline: (65) 6665 5555 E-mall: CustomerService@DirectAsia.com

CHEOW, WEE HOCK

Date

: 18/05/2021

7 SAINT MICHAEL'S ROAD 03-04 THE RICHMOND Singapore 327950

Dear WEE HOCK,

Renewal notice for your Motor Car policy (MT/00667022/01)

Thank you for trusting DirectAsia to insure your vehicle and to serve you.

Your current policy is on auto-renewal mode. This means that, we will renew your policy as per details below and continue your coverage seamlessly.

Please be informed that no action is required by you and we look forward to protect you by DirectAsia's 5-star quality car insurance.

Renewal details:

12/07/2021 to 11/07/2022

Period of Insurance

S1X7839G

Vehicle Number Plan Type

Comprehensive

Driver Plan

Value Plus Plan (i.e. anyone 30 years old or above and with at least 2 years' experience can drive your car without being named)

No Claim Discount

\$\$ 800.00

Policy Excess

Private Use + Commuting to work

Vehicle Usage

Offence Free

Other Discount Applicable

Car Camera Discount

Optional Benefit Included

Total Premium Payable

No Claim Discount Protection Plus

S\$632.59 (Inclusive of GST)

CONTINUE TO RENEW AND ENJOY THESE SERVICES FROM USI



Lifetime Repair Guarantee for the repairs! We are confident in the work done by our garages and we want to give you peace of mind as long as you remain insured with us!

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