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 23/12/2021 16:54 (SGT) Date of Accident 22/12/2021 16:54 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information CTE EXIT MOULMEIN RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SI B5861X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner FRANSISKUS ERICK SAPUTRO NRIC No. SXXXX701J Email Address ERICKSAPUTRO@GMAIL.COM Mobile Phone No (Phone) +65-97862595 Alternative Phone No +65-96433961

VEHICLE PARTICULARS

Manufacturer

Model Vezel Variant VEZEL 1.5X 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 your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number MT/00363257/04 Cover Note Number 14/04/2021 - 13/04/2022

DRIVER

Name of Driver MERYL MARETTA TOSANDI NRIC No. SXXXX344D

Date Of Birth 06/04/1989 Occupation Indoor Date Of Driving Pass 09/09/2013 Driving experience 8 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-96433961 Alt. Phone Number Email Address MERYL.TOSANDI@GMAIL.COM Address 167 MOULMEIN RD Address complement #05-06 Postcode 308092 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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? 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 FRANSISKUS ERICK SAPUTRO Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No 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 Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SBJ4000Y Vehicle Manufacturer

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

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

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- 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:

Oriver's Signature

(If driver is not the policyholder)

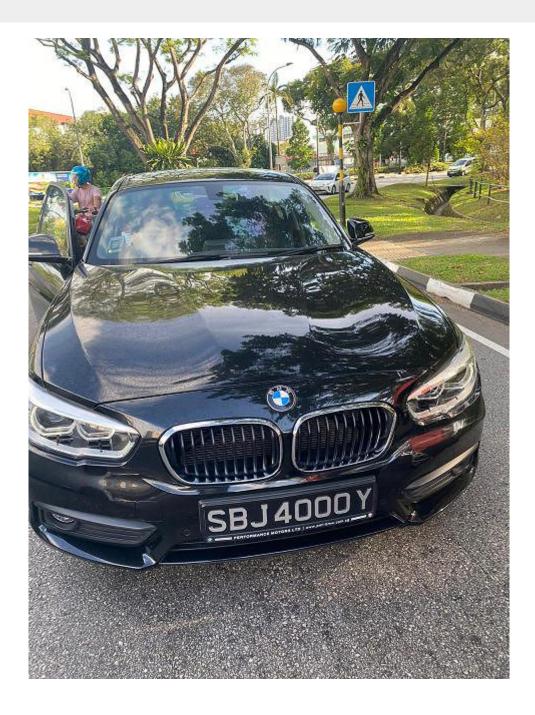
Date & Time:

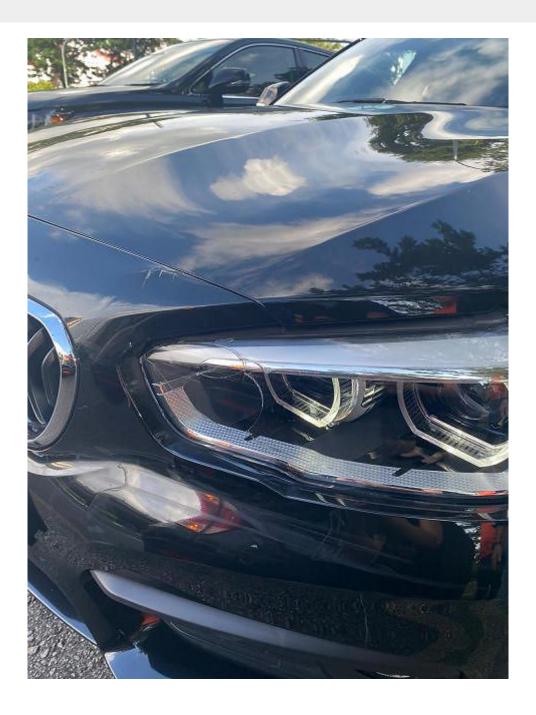
Reporting Centre F Name:

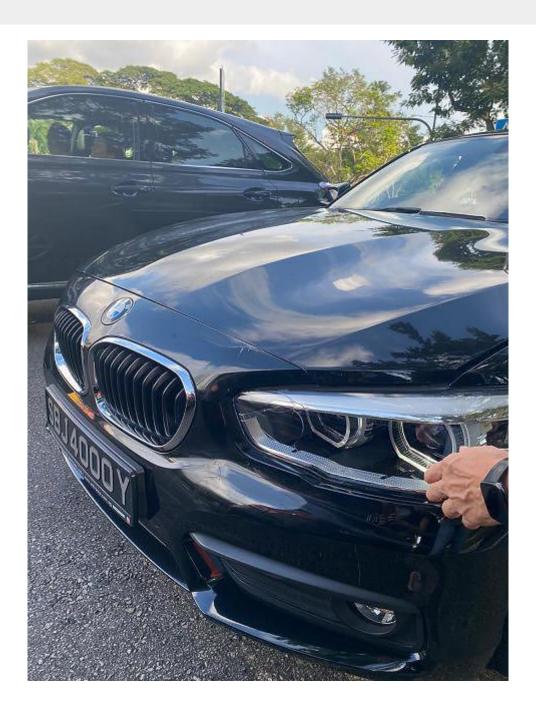
NRIC/FIN No.

DOMESTIC STREET

	861X Vehicle B: SBJ 4000 Y Vehicle C:
ETCH PLAN	
Moulmein Rd	
1.0011101	
	141
	1 1 1
	CTE exit
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT
on 22 m vec	21 at around 16.53, vehicle A is exiting
	nein Exit). Vehicle A is on stip road
staving still	(not moving) to wait for empty road
to drive. A	s we sit still, vehicle & nit vehicle A
	d (as video)
Claim OD/TP at Ah	Lim Motor □ Claim OD/TP at other workshop □ Reporting Only
Claim OD/TP at Ah	
Remarks : Please forwar My workshop :	Lim Motor
Remarks : Please forwar My workshop : Imail address :	
Remarks : Please forwar My workshop : Email address : k myself :	
Remarks : Please forwar Wy workshop : Imail address : k myself : Imail address :	rd a copy of my efile accident report to :
Remarks: Please forwar My workshop : Imail address : k myself : Imail address : Note: Please take note t	rd a copy of my efile accident report to : that your insurer have 14 days timeframe for you to submit own damage claim under
Remarks: Please forwar Wy workshop: Imail address: Imail address: Imail address: Note: Please take note to You own policy. Kindly cl	rd a copy of my efile accident report to :
Remarks: Please forwar My workshop: Email address: Email address: Email address: Note: Please take note to	that your insurer have 14 days timeframe for you to submit own damage claim under heck with your own insurer for more information.
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Remarks: Please forwar My workshop: Email address: Email address: Email address: Note: Please take note to	that your insurer have 14 days timeframe for you to submit own damage claim under heck with your own insurer for more information.
Remarks: Please forwar My workshop: Email address: & myself: Email address: Note: Please take note t	that your insurer have 14 days timeframe for you to submit own damage claim under heck with your own insurer for more information.



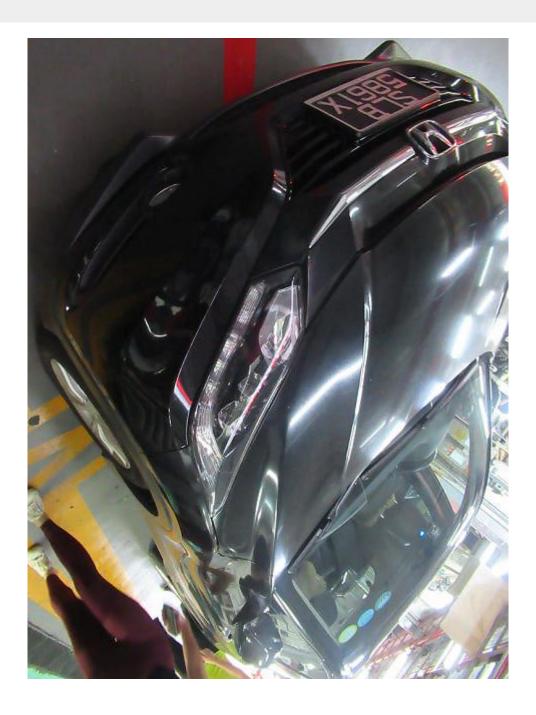








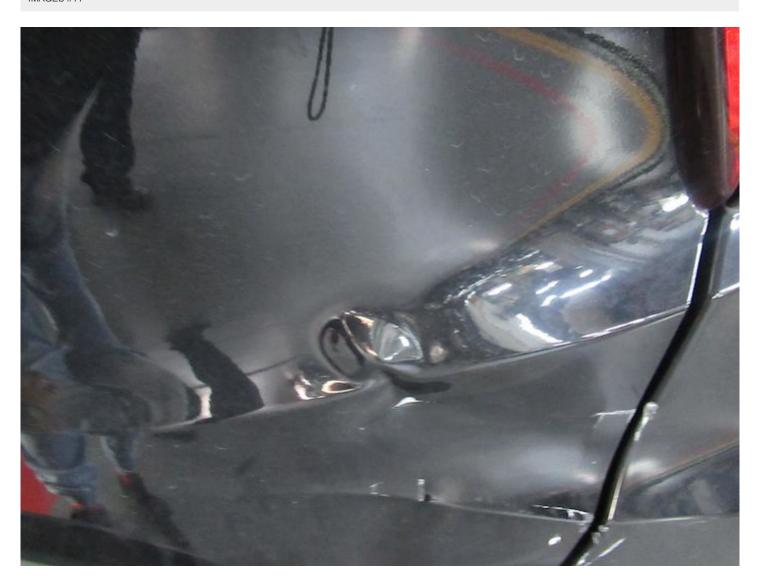




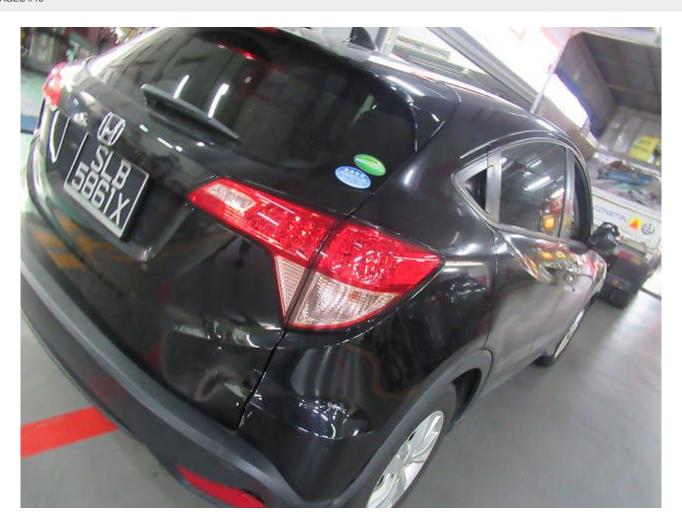








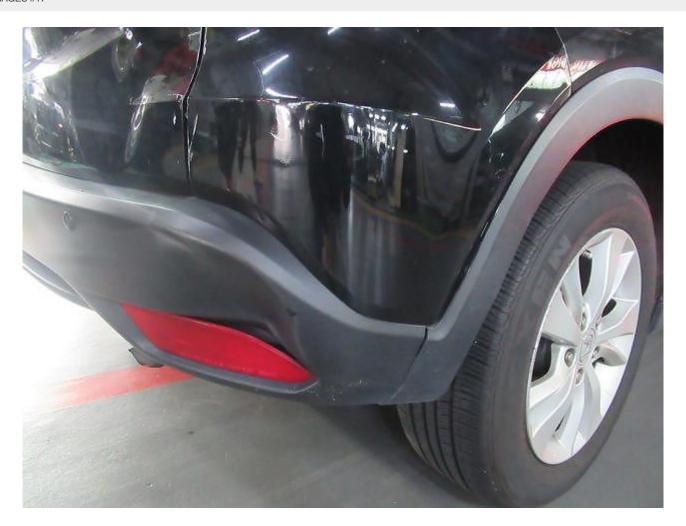














Contact us at

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.

ertificate No. : MT/00363257/04

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

1) Vehicle Registration No. : SLB5861X Chassis No. : RU11109268

2) Name of Policy Holder : Saputro, Fransiskus Erick

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 14/04/2021 00:00

4) Date/Time of Expiry of Insurance : 13/04/2022 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
 : \$\$ 500.00

 Windscreen Excess
 : \$\$ 100.00

Choice of workshop : DirectAsia approved workshops

Finance company / Hire Purchase

Main driver : Saputro, Fransiskus Erick

Ref Named	Driver
Constitution and the constitution of the const	, Meryl Maretta

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.

Company Registration, 200822611G

Accident report SA1921CN0003