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 25/01/2022 17:21 (SGT) Date of Accident 24/01/2022 16:00 (SGT) Exact Location of Accident Rochor Rd, Singapore On Rochor Road towards Bukit Timah, about 50M before Additional Location Information Bencoolen St. Near Lamppost 16. Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number SI C657Y

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Woo Nanshen NRIC No S8126549F Email Address woonanshen@hotmail.com Mobile Phone No (Phone) +65-90022093 Alternative Phone No +65-90022093

VEHICLE PARTICULARS

Model Lancer Variant 2.0L MIVEC GLS 6-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 1998

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number MT/00806104/01 Cover Note Number

DRIVER

Name of Driver Woo Nanshen



NRIC No S8126549F Date Of Birth 03/09/1981 Occupation Indoor Date Of Driving Pass 23/08/2002 Driving experience 19 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-90022093 Alt. Phone Number +65-90022093 Email Address woonanshen@hotmail.com Address 856 Woodlands St 83 #05-02 Address complement Postcode 730856 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 - Change/cross lane 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? Nο 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer attached. 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 Accident Video Footage was not provided at the time of reporting. Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 XD8270D

 Vehicle Manufacturer
 Isuzu

 Vehicle Model

 Vehicle Variant

 Vehicle Colour
 Green

 Vehicle Category
 Commercial vehicle

 Name of Driver
 Ah Soon

 Contact Number
 (Phone) +65-97961607



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	Woo nanshen
Gender	Male
Phone No	(Phone) +65-90022093
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLC657Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

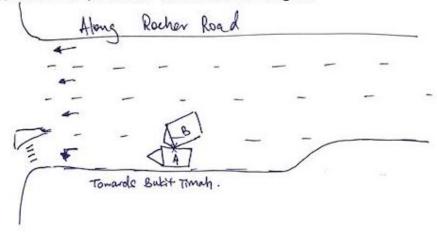
Accident Toolkit

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.

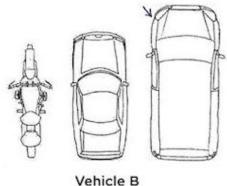
If safe, please take photos or videos from all angles.



Beweeden Street

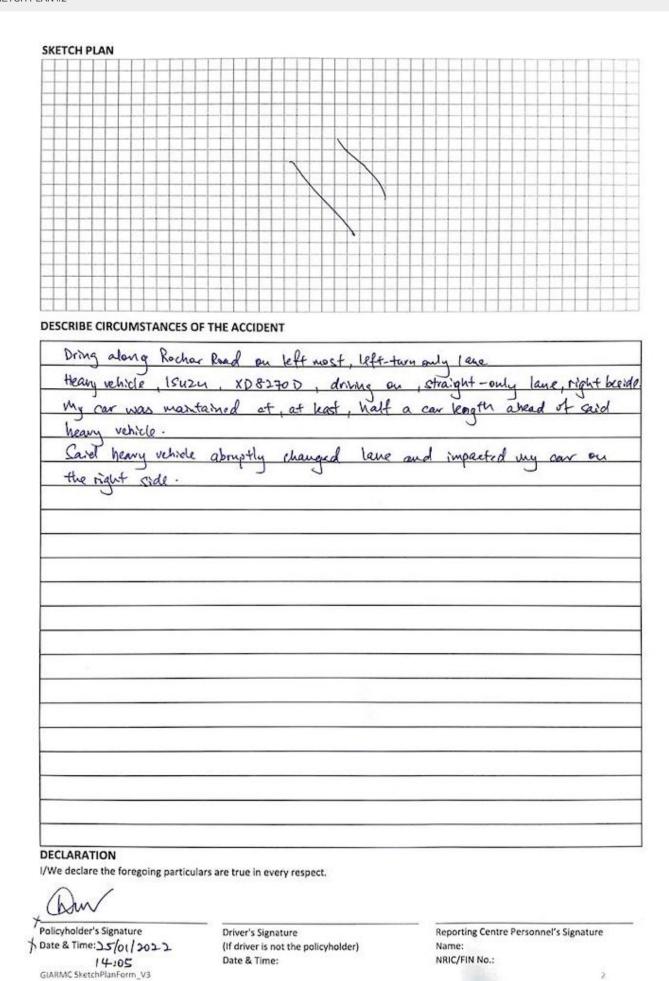
Please indicate on vehicle A (your vehicle) and, vehicle B(third party vehicle), the point of impact and area(s) of visible damage with an arrow.







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



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:
 - (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.

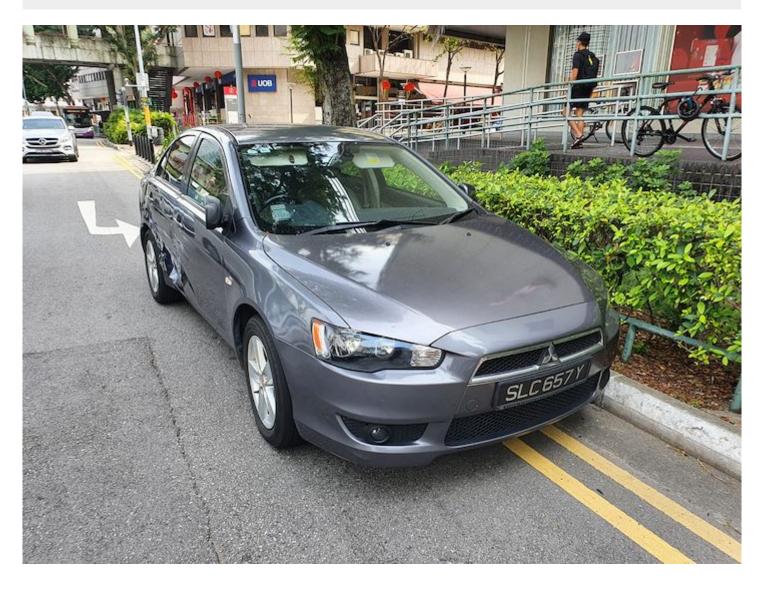
Policyholder's Signature +Date & Time: 25(01(2022

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

GIARMC SketchPlanForm V3

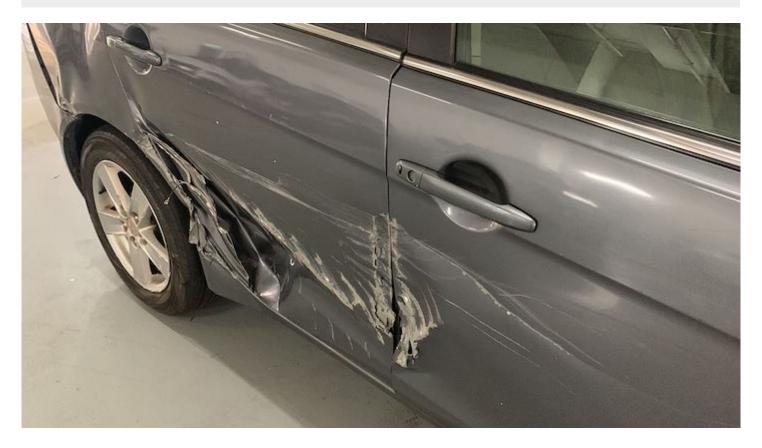






























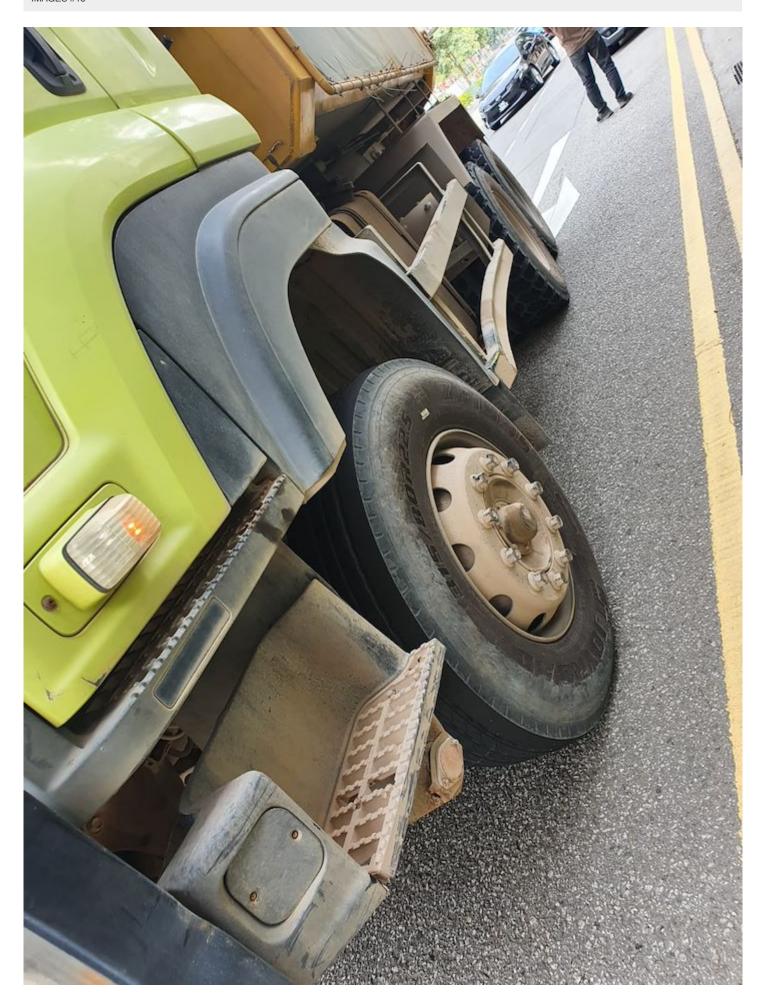














← Policy-1.pdf





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.

: Woo, Nanshen

: MT/00806104/01 Certificate No.

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

: SLC657Y 1) Vehicle Registration No.

: JMYSTCY4A8U000733 Chassis No. 2) Name of Policy Holder

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

: 13/05/2021 00:00

4) Date/Time of Expiry of Insurance : 12/05/2022 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.

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy 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, futition, driving test, racing, pace—making, reliably 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 Windscreen Excess S\$ 100.00 Low Mileage Excess : \$\$ 5,000.00 (If you exceed permitted allowance of 8,000KM per year)

Choice of workshop : DirectAsia approved workshops Finance company / Hire Purchase Teck Wei Credit Pte Ltd Main driver

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

Direct Asia Insurance (Singapore) Pte. Ltd.

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

direct

13/04/2021

Issued on:

Contact us at
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwriting Manager



CENTRAL 24-HR CLINIC (YISHUN)

BLK 701A YISHUN AVE 5 #01-04 , SINGAPORE 761701 Tel1: 67597985

24 Jan 2022

REFERRAL

Dear colleague in emergency department,

Re: WOO NANSHEN | S8126549E PORE

Thank you for seeing this patient with the following history:

RTA at 4pm on 24rd jan where a truck came and collided with his car on the I side.

feels strain in the neck and joints

Kindly assist in further evaluation and management kiv tro spinal injury

GENERAL PRACTICTIONER CENTRAL 24HR CLINIC (YISHUN)

For Health News and Updates : http://news.centralclinic.com.sg

24-Hour Clinics

HOUGANG	29 681 Hougang Ave 8 901-631 Singapore 600681	Tel: 8387 6985
8800%	Six 019 Bests Central #01-124 Singapore 460019	Tel. 5247 5122
94.0/R RIS	Six 646 Pasir Rie Drive 8 (ID) 122 Singapore \$10446	Tel: 5582,2640
7,0099088	SIX 2010 Tempines Sirest 21 #61-1151 Singapore 524201	Tel: 6968 7001
CUENDITI	804-450 Gamuni Ave 3 KG1-291 Singapore 120455	Tel: 8773 2925
1123158	39 731A Yesun Ave 5 731 Of Suppose 751701	Tel: 8759.7985
JURONS WEST	Six 452 Jursing West Street 41 ASS-84 Singapore 840452	Tel: 6563 7464
PICKEEN HORTH	8x 500 Jursing West Birest 5Q 401-15Q Bingapors \$40559.	Tel: 6251 2775
WOODGANGE	Six 756 Vitodiands Ave 6 HSB 55A Thodologia Next Singapore 753766	TW: \$386 4805
111-944-007	War Will allowing the Boson Street, not believed the principle or heart.	THE RESERVE NAMES



NETSUO16.005 CENTRAL CLINIC

A SURGERY (YISHUM)
111824369000 92436901
042434 REF:210284
NETS PURCHASE
UOS GROUP

25 JAN 2022 00:22:49 042434 502540 00

TOTAL:

\$107.00

APPROVED NETS N) INGAPORE 761701

Invoice No. Our Reference : 295314 : 210284 : 24 Jan 2022

5107.00

\$0.00

\$8126549F)

SINGAP ORE FEE 10.00 caps \$22.00 EX) 1.00 \$3.00 \$75.00 \$100.00 Sub-Total Add GST 7.0% \$7.00 Total Amount Payable \$107.00

Outstanding Balance

All Cheques should be crossed and made payable to :

CHI URBAN REALTRCARE PTE LTD

This is a computer generated invoice which does not require a signature

For Health News and Updates : http://news.centrelclinic.com.sg

Receipt No. 571215 - NETS Payment Received

24-Hour Clinics

Tel: 8387 8988 Tel: 8347 8122 Tel: 8882 2642 ноизака Sk 219 Secon Central 201-124 Singapore 450219 Sk 445 Paur Ris Dieve 9 801-122 Singapore 510449 Sk 2010 Tampinas Sices 21 801-1151 Singapore 524201 Sk 450 Clement Ave 3 801-261 Singapore 120450 PASIR KIS TAMPINES Ter: 8888 7001 Tec 8583 7464 Tel: 8231 2775 Tel: 3265 4866 WOODLANDS Str. 750 Venezianes Ave S 402-05A Vecesiants Mart Singaper MARSIL, 198 Str. 2021 Vecesianus Sinsin 31 AT 1-183 Singaper 720020

CENTRAL 24-HR CLINIC (YISHUN) BLK 701A YISHUN AVE 5 #01-04 , SINGAPORE 761701 Tel1: 67597985

Medical Certificate

SINGAPORE

: 24 Jan 2022

MC No.

: 0000402183

This is to certify that:

Name : WOO NANSHEN

NRIC : S8126549F

is Unfit for Duty for 1 day on 25 Jan 2022 only.

LOCUM

*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

For Health News and Updates : http://news.centralci/inlc.com.sg

24-Hour Clinics