

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 01/03/2022 12:18 (SGT)
Date of Accident 28/02/2022 15:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information HICOLL HIGHWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU8265X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AW PENG AN
NRIC No S7680083I
Email Address CRISTOFERAW25@GMAIL.COM
Mobile Phone No (Phone) +65-90686899
Alternative Phone No +65-90686899

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
Variant 2.0 AUTO
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 1987

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00847897/01
Cover Note Number -

DRIVER

Name of Driver AW PENG AN

| | |
|--|-------------------------|
| Date Of Birth | 25/01/1976 |
| Occupation | Indoor |
| Date Of Driving Pass | 15/12/2003 |
| Driving experience | 18 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90686899 |
| Alt. Phone Number | +65-90686899 |
| Email Address | CRISTOFERAW25@GMAIL.COM |
| Address | 2B LORONG MARICAN |
| Address complement | - |
| Postcode | 417203 |
| 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 | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHD5266B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |

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 AW PENG AN

Gender Male

Phone No (Phone) +65-90686899

Address -

Address Complement -

Post Code -

Approximate Age Years Old 46

Injuries Sustained -

Injured person in which vehicle? SJU8265X

Were seat belts worn? Yes

Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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5. 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

BRAS BASAH Rd

Vehicle A: STJ8265X

Vehicle B: SHD5266B

A
B

Nicoll Highway

Describe Circumstances of the Accident

- Refer to Police Report -

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel























































**SINGAPORE
POLICE FORCE**



T/20220301/7002

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

1 of 3
Report No: T/20220301/7002

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|----------------------------|--------------------|
| Date/Time Report Made: 01/03/2022 10:39 | | | Vide Report No.: | | Station Diary No.: |
| Informant's Particulars | | | | | |
| Name of Informant: AW PENG AN | | | Address: 645 YISHUN STREET 61 #08-324 SINGAPORE 760645 | | |
| ID Type / ID No.: NRIC NO / S7680083I | | | Contact No.: Home/Office: Mobile: 90686899 | | |
| Nationality: MALAYSIAN | | | Email: CRISTOFERAW25@GMAIL.COM | | |
| Sex: Male | Age: 46 | Date of Birth: 25/01/1976 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: SELF EMPLOYED | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 28/02/2022 15:30 | Type of Location: X-Junction |
| Location: BRAS BASAH ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|--------|---------------|-------|-------------------|-------|
| SHD5266B | Car | TOYOTA | | | Slightly Damaged | 0 |
| SJU8265X | Car | TOYOTA | WISH 2.0 AUTO | White | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20220301/7002

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

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Report No. T/20220301/7002

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJU8265X | DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD. | MT/00847897/01 | 07/09/2020 | 29/12/2022 |

| Details of Person Involved | | | |
|-----------------------------------|----------------|--------------------------------|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | AW PENG AN | | ID No. S7680083I |
| Related Vehicle | SJU8265X (Car) | | Contact No. 90686899 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | 28/02/2022 | | Date 28/02/2022 |
| No. of Days granted Medical Leave | 05 | Degree of | Slight |

Brief Details.

ON 28/02/2022, I WAS DRIVING MY VEHICLE - SJU8265X, ALONG NICOLL HIGHWAY. AS THE TRAFFIC LIGHT WAS RED, I WAS STATIONARY. ONCE THE TRAFFIC LIGHT TURNS GREEN, AND BEFORE I MOVED OFF, VEHICLE NUMBER - SHD5266B, COLLIDED ONTO MY VEHICLE'S REAR PORTION.

SUBSEQUENTLY, I FELT DISCOMFORT AND SOUGHT FOR MEDICAL ATTENTION AT INTEMEDICAL CLINIC @ KOVAN, AND WAS GIVEN 5 DAYS MC.



**SINGAPORE
POLICE FORCE**

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



T/20220301/7002

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Report No. T/20220301/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
01/03/2022 10:39

Classification Of Case:



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/00847897/01 |
| Type of Coverage / Driver Plan | : Car Comprehensive (Value Plan) |
| 1) Vehicle Registration No. | : SJU8265x |
| Chassis No. | : JTDGJ20W905001758 |
| 2) Name of Policy Holder | : AW PENG AN |
| 3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : 30/12/2021 00:00 |
| 4) Date/Time of Expiry of Insurance | : 29/12/2022 23:59 |
| 5) Persons or Classes of Persons Entitled to Drive | |
| (a) Any person who is named on the policy 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 |
| Choice of workshop | : DirectAsia approved workshops |
| Finance company / Hire Purchase | : GV CREDIT PTE LTD |
| Main driver | : AW PENG AN |
| Ref | Named Driver |
| Named driver (1) | WONG YIN FOONG |
| Named driver (2) | CHIN KEAT GHEE |
| Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered. | |