SV0222310001 / VAG Singapore Pte Ltd ENTRY DATE & TIME: 01/03/2022 12:18 (SGT) SUBMITTED BY: Eric Ng VERSION: 1 (01/03/2022 12:18 (SGT))

# 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
   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? Nο

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 Private use accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party

Vehicle Category Private car Transmission Auto 1987

**INSURANCE COMPANY** 

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd

Type of Coverage Comprehensive

Fleet Policy

Policy Number MT/00847897/01

Cover Note Number

DRIVER

Name of Driver AW PFNG AN

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	25/01/1976 Indoor 15/12/2003 18 YEARS AND 2 MONTHS Male (Phone) +65-90686899 +65-90686899 CRISTOFERAW25@GMAIL.COM 2B LORONG MARICAN - 417203 Yes
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 Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  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?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes No Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?  DETAILS OF OTHER	Yes No No VEHICLE PROPERTY 1
Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model	

Vahiela Catagony

Vehicle Variant Vehicle Colour

Vehicle Model

Name of Driver		 	 	_
Contact Number		 	 	_
Address		 	 	_
Address complement		 	 	_
Postcode		 	 	_
Insurance Company Name		 	 	-
Nature Of Damage		 	 	_
Details of property damaged in a	accident	 	 	_
No. Of Passenger (Including Dri	ver)	 	 	_

## **INJURED PERSONS DETAILS**

## INJURED 1

Name of injured person Gender	AW PENG AN Male
Phone No	(Phone) +65-90686899
Address	<del>-</del>
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

#### IMPORTANT NOTICE

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- 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.
- 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.
- 5. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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.
- (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' law yers/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 GA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (II driver is not the policyholder) / Date Personnel

BYAS BASAN Rd

NUMICU A: SJUB265X

VEMULE B: SHD5266B.

Nicoll Highway

	- ROLLOV TO DOULE REMOVE -	
	- Refer to Police Report -	
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## Declaration

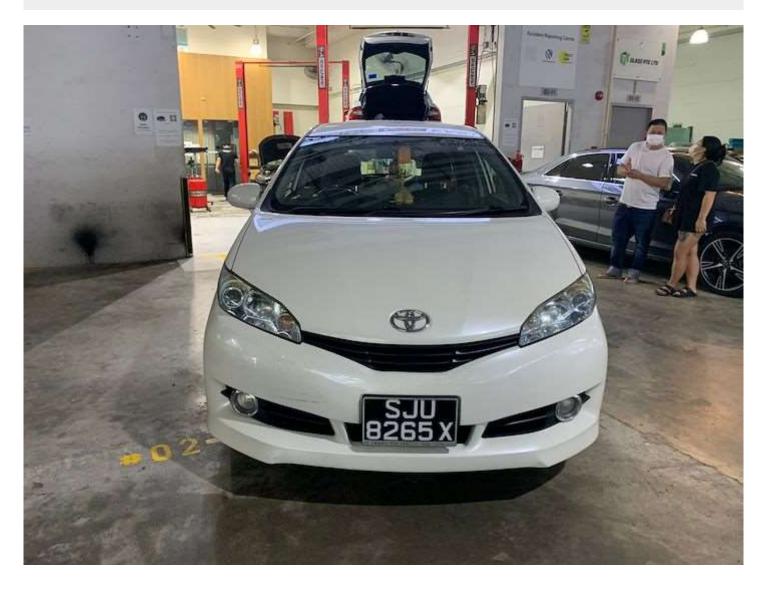
IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

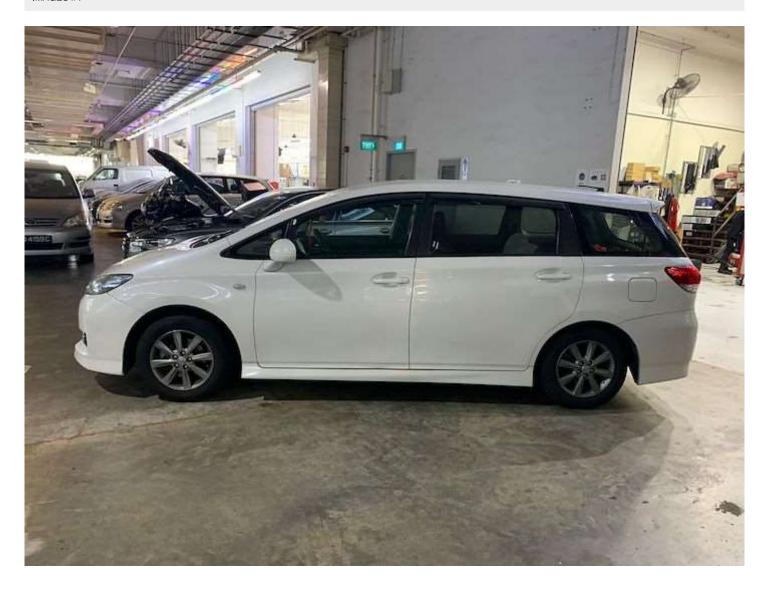
Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre































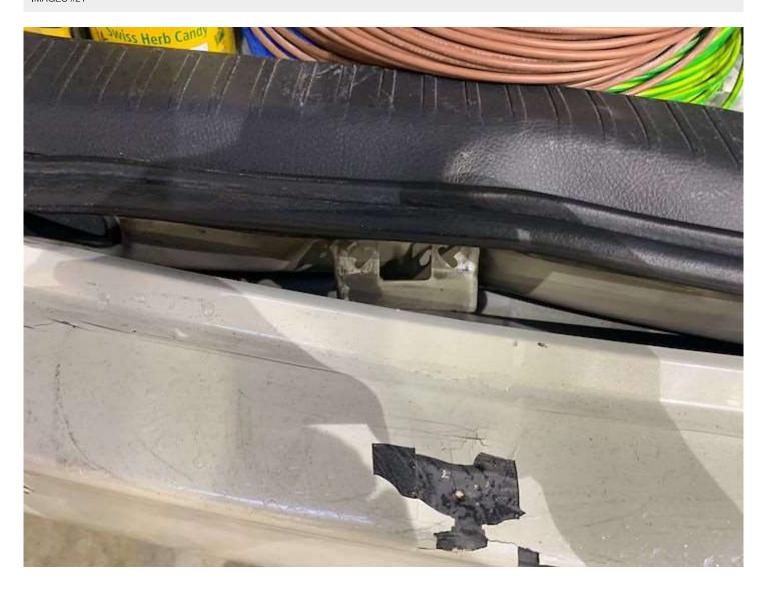








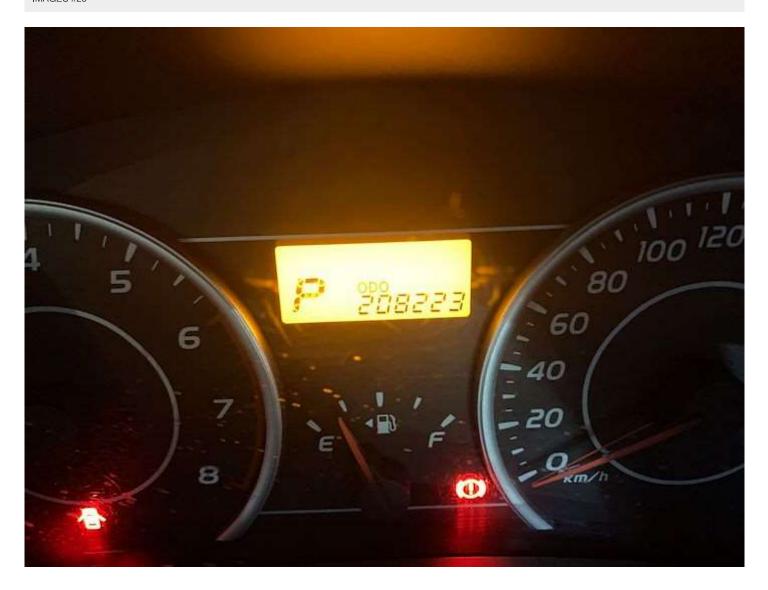


















T/20220301/7002

1 of 3 Report No. T/20220301/7002

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2022 10:39		Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
Name of AW PEN	Informant: IG AN		Address: 645 YISHUN STREET 61 #0	8-324 SINGAPORE 760645
	/ ID No.: O / S76800	831	Contact No.: Home/Office:	Mobile: 90686899
National MALAYS			Email: CRISTOFERAW25@GMAIL	.сом
Sex: Male	Age: 46	Date of Birth: 25/01/1976	Type of Informant: Driver	
Race: Chinese		1970/	Language: English	Institution / School Name:
Occupation: SELF EMPLOYED		p p	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2022 15:3	Type of Location X-Junction
Location: BRAS BASAI	H ROAD	Road Surface:		Road Speed Limit:
				2012/00/00/2012/00/200/00/2012/00/2012/00/2012/00/2012/00/2012/00/2012/00/2012/00/2010/00/2012/00/2012/00/2012/00/2010/00/00/00/00/0000/00/0000/00/000/0
Weather: Clear Traffic Flow: One Way		Dry Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 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 Perso	n involved	2,500/0			SIN	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian C	rossi	ng: NA
Driver		THE STATE OF		Euro Fara	OF ST	
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		8/02/	2022
No. of Days gran	ted Medical Leave	05	Degree o	f S	light	

## 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.





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

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:

NP168



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

\*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 10 Windscreen Excess 5\$ 100.00

Choice of workshop : DirectAsia approved workshops

: GV CREDIT PTE LTD Finance company / Hire Purchase 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.