

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 25/07/2022 12:32 (SGT)
Reported by Both
Date of Accident 24/07/2022 12:00 (SGT)
Exact Location of Accident 441A Pasir Ris Drive 6, Singapore 511441
Additional Location Information MSCP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDR3791M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD ARITHZUAN BIN AHMAD
NRIC No S9036153H
Email Address razwani90@gmail.com
Mobile Phone No (Phone) +65-97990617
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model 200e
Variant 200E 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 1996

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number MT/00601221/03

DRIVER

Name of Driver MUHAMMAD ARITHZUAN BIN AHMAD
NRIC No S9036153H
Date Of Birth 02/10/1990
Occupation Indoor

Date Of Driving Pass	09/04/2012
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97990617
Alt. Phone Number	-
Email Address	razwani90@gmail.com
Address	446 PASIR RIS DR 6
Address complement	#09-110
Postcode	510446
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ9559M
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)	-

WITNESS DETAILS

WITNESS 1

Name	NG BOON KIAT ALOYSIUS
Phone	(Phone) +65-97599094
Email	-

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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7. 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)**

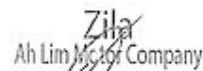
I understand, acknowledge, agree and consent that:

- (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:
 - (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.
- (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:

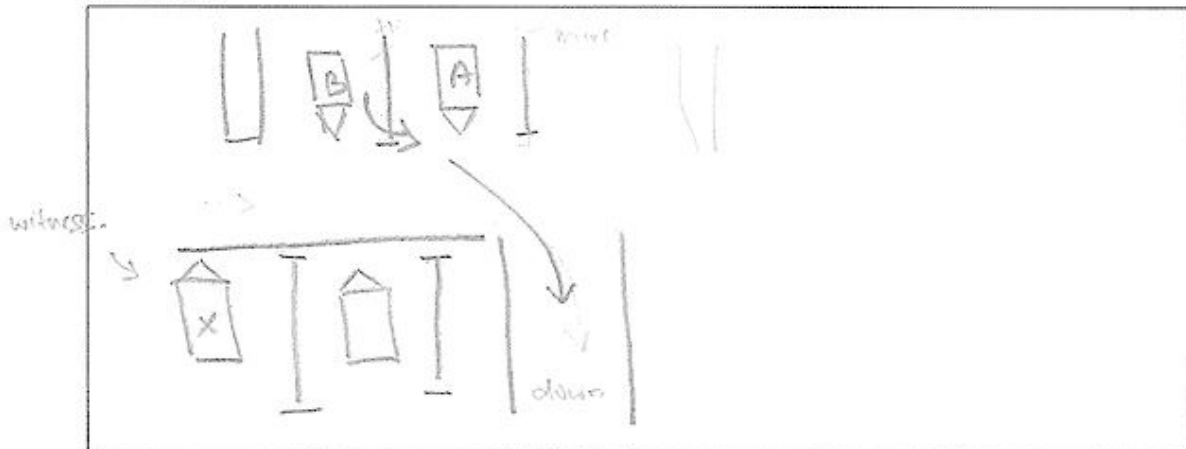
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

BLK 441A POSH PIC Dr 6 MSCP

Date of accident: 24/7/22 Time: 12:00 Location: Deck 3A
 My Vehicle A: EDR 3791M Vehicle B: SKJ 9559M Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Hia and run during when car parked in said location.
 Witness put note on windchuld. Witness made police report.
 Report number T/20220324/2062
 N/A Ben Kiaz Alogosus. Sent video
 Called TP to make police report. G/20220324/0182
 Made own report G/20220324/7057

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop : Guan Hing.
 Email address :
 & myself :
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature

Date & Time:

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

Zila
 Ah Lim Motor Company
[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:





















SINGAPORE
POLICE FORCE



G/20220724/7057

1 of 2

POLICE REPORT (NP299)

Report No. G/20220724/7057

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 24/07/2022 18:55	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ARITHZUAN BIN AHMAD	Address 446 PASIR RIS DRIVE 6 #09-110 SINGAPORE 510446	
ID Type / ID No. NRIC NO / S9036153H	Contact No. Home/Office: Mobile: 97990617	
Nationality SINGAPORE CITIZEN	Email Address ARITHZUAN@HOTMAIL.COM	
Occupation Process engineering technician	Sex Male	Age 31
Institution/School Name	Date of Birth 02/10/1990	Race Malay
Date/Time Of Incident 24/07/2022 12:00 - 24/07/2022 18:45	Location Of Incident 446 PASIR RIS DRIVE 6 #09-110 SINGAPORE 510446	

Brief details.

Minor hit and run of SDR3791M. Location Blk 441A Pasir Ris Dr 6 Deck 3A.
Witness from dashcam parking opposite gave information of vehicle that run. SKJ9559M.
TP Report number G/20220724/0182

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/07/2022 18:55
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220724/7057

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220724/7057

Victim			
Person Name	MUHAMMAD ARITHZUAN BIN AHMAD		
ID Type	NRIC NO	ID No	S9036153H
Gender	Male	Age	31
Race	Malay	Language	English
Occupation	Process engineering technician	Address	446 PASIR RIS DRIVE 6 #09-110 SINGAPORE 510446
Mobile No	97990617	Is Informant A Victim?	Yes
Person Name MUHAMMAD ARITHZUAN BIN AHMAD (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/07/2022 18:55
Officer In-Charge Of Case:	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/00601221/03
Type of Coverage / Driver Plan	: Car Third-Party Fire and Theft (Value Plus Plan)
1) Vehicle Registration No.	: SDR3791M
Chassis No.	: WDB1240212B356424
2) Name of Policy Holder	: MUHAMMAD ARITHZUAN BIN AHMAD
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 01/04/2022 00:00
4) Date/Time of Expiry of Insurance	: 31/03/2023 23:59
5) Persons or Classes of Persons Entitled to Drive	<p>(a) Any named person under the policy who is driving on the Policyholder's permission.</p> <p>(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</p> <p>The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.</p>
6) Limitations as to use*	<p>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.</p> <p>*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.</p>
Sum Insured	: Market Value
Own Damage Excess	: S\$ 1,000.00
Windscreen Excess	: Not Applicable
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: MUHAMMAD ARITHZUAN BIN AHMAD
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 Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 29/03/2022

Direct Asia Insurance (Singapore) Pte. Ltd.

 Underwriting Manager

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

Company Registration: 2003226116