



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 Actual 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 | 27/09/2022 15:25 (SGT) |
| Reported by | Driver |
| Date of Accident | 27/09/2022 08:24 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ANG MO KIO STREET 42 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SMD6316A |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | SATHIYARAJ S/O MANNOKARAN |
| NRIC No | SXXXX082A |
| Email Address | A.KAVITHA@HOTMAIL.SG |
| Mobile Phone No | (Phone) +65-90926006 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Seat |
| Model | Ibiza |
| Variant | 5DR 1.0 TSI 116 STYLE 7AT |
| 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 | 999 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | Direct Asia Insurance (Singapore) Pte Ltd |
| Policy Number / Cover Note Number | MT/01085062 |

DRIVER

| | |
|----------------|------------------------|
| Name of Driver | KAVITHASRI D/O ANANDAN |
| NRIC No | SXXXX510B |
| Date Of Birth | 13/06/1990 |
| Occupation | Indoor |



| | |
|--|--------------------------------|
| Date Of Driving Pass | 22/09/2012 |
| Driving experience | 10 YEARS |
| Gender | Female |
| Mobile Number | (Phone) +65-83994991 |
| Alt. Phone Number | - |
| Email Address | A.KAVITHA@HOTMAIL.SG |
| Address | BLK 305D PUNGGOL DRIVE #08-887 |
| Address complement | - |
| Postcode | 824305 |
| Is the driver the policyholder? | No |
| 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 - Major/Minor Rd |
| 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) | 1 |
| 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE STATEMENT

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------|
| Vehicle Registration Number | SHF7E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | - |
| Contact Number | - |

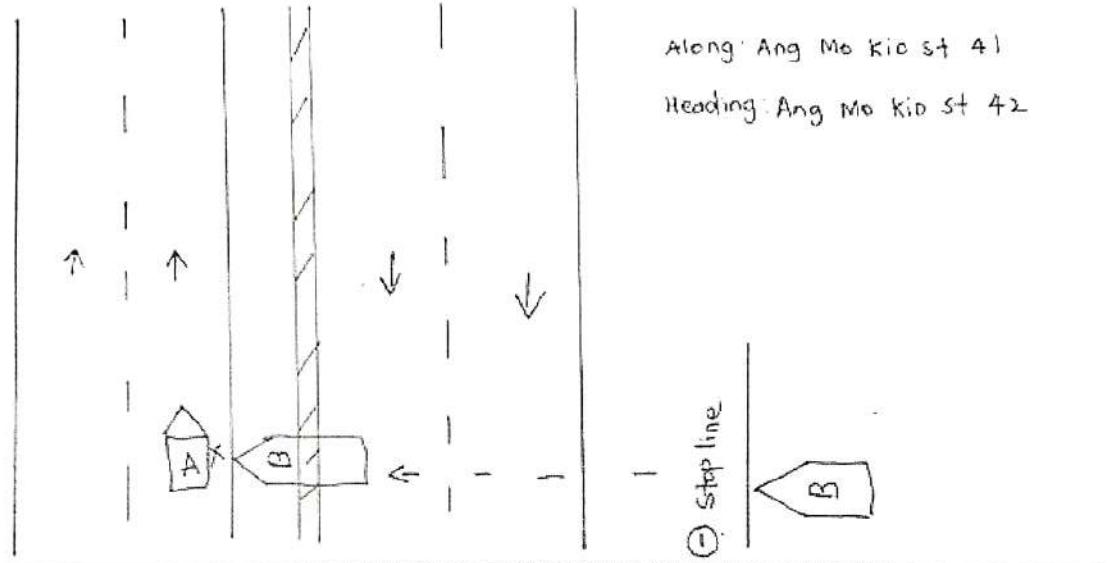
Accident Toolkit

Sketch plan

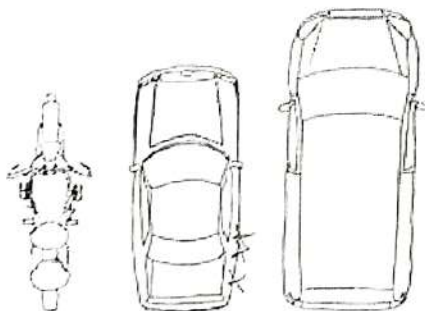
Sketch of accident scene:

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.

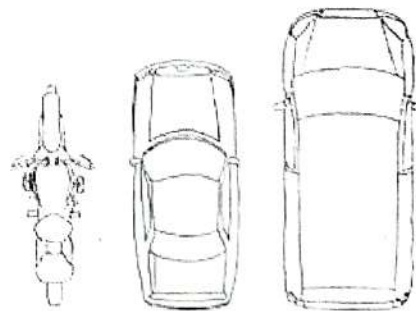
If safe, please take photos or videos from all angles.



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.



Vehicle A



Vehicle B

direct
asia
Insurance

[Signature]
27/09/2022
13:02

Call us direct

Customer Care

6665 5555

Claims Support 24/7 Hotline

6532 1818

+65 8405 9609 (from overseas)

- I was on my way to Ang Mo Kio St 42.
- I was on the major road
- A taxi came from a minor road and hit my car.
- The taxi did not stop at the stop line.

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

Chang

Policyholder's Signature _____
 Date & Time: 2/10/2022
 13:02

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

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