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 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.

- 4. The issue and acceptance of this is form by instrained 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 23/11/2022 13:28 (SGT) Reported by Driver Date of Accident 22/11/2022 10:42 (SGT) Exact Location of Accident Jln Toa Payoh, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number SKS3907J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JEE NGIAP GHEE NRIC No SXXXX396A Email Address FIONA4429@YAHOO.COM.SG Mobile Phone No (Phone) +65-93861489 Alternative Phone No +65-98007122

VEHICLE PARTICULARS

Manufacturer Toyota Model Camry Variant CAMRY 2.4G A 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? Vehicle Category

Private car Transmission Auto CC 2362

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/00738436/02

DRIVER

Name of Driver LEOW NYONG WAN NRIC No SXXXX694B Date Of Birth 28/09/1957 Occupation Indoor

Date Of Driving Pass 06/09/1995 Driving experience 27 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-98007122 Alt. Phone Number Email Address FIONA4429@YAHOO.COM.SG Address 256 KIM KEAT AVE Address complement #07-148 Postcode 310256 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 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) 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 Kim Keat Neighbourhood Police Post Police Station Phone No (Phone) +65-18002529999 Alt. Police Station Phone No (Fax) +65-63554311 Police Station Address Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE SKETCH PLAN BY DRIVER 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 **GBD2691Y** Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

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:
 - 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)

All Liny Mctor Company

Reporting Lyntre Personnel's Signature

Name: NRIC/FIN No.:

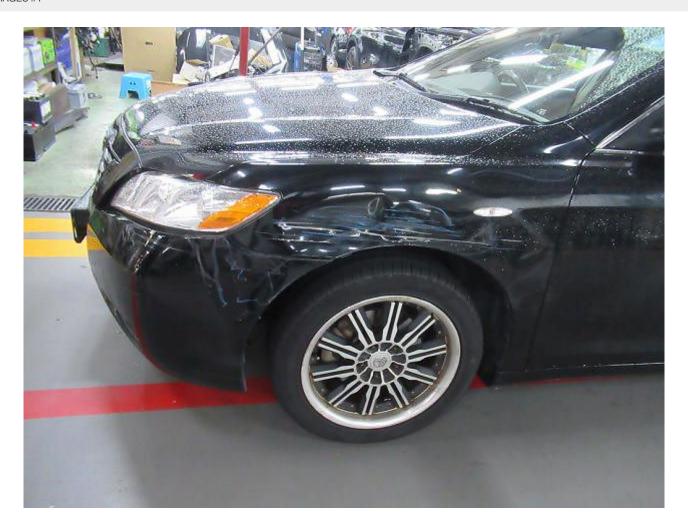
y Vehicle A:SKS ३००	Vehicle B: GBD	ation: JLN TOAPAYOH 2691Y Vehicle C:
ETCH PLAN		
		In Toa payoh
	A T	nosignal (by B) before the over-tala cut into my Lane
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
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Leber 10 1	Clause Mod.	
	OF THE PROPERTY OF THE PROPERT	
		The state of the s
Claim OD TP at Ah L Remarks: Please forward My workshop: Email address: & myself: Email address:	im Motor Claim OD/TP at or la copy of my efile accident report to :	
	nat your insurer have 14 days timefram eck with your own insurer for more in	e for you to submit own damage claim under formation.
ECLARATION		
We declare the foregoing part	iculars are true in every respect.	7:1/
	Juj Qan	Ling Motor Company
olicyholder's Signature	Driver's Signature	Reporting Contre Personnel's Signature
ate & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

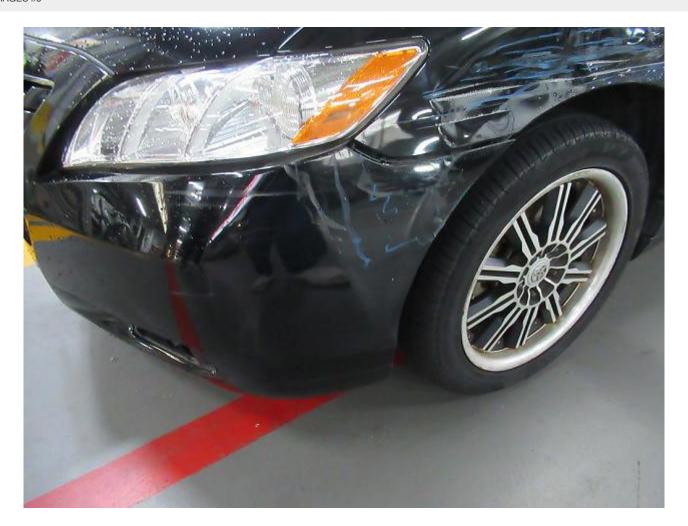
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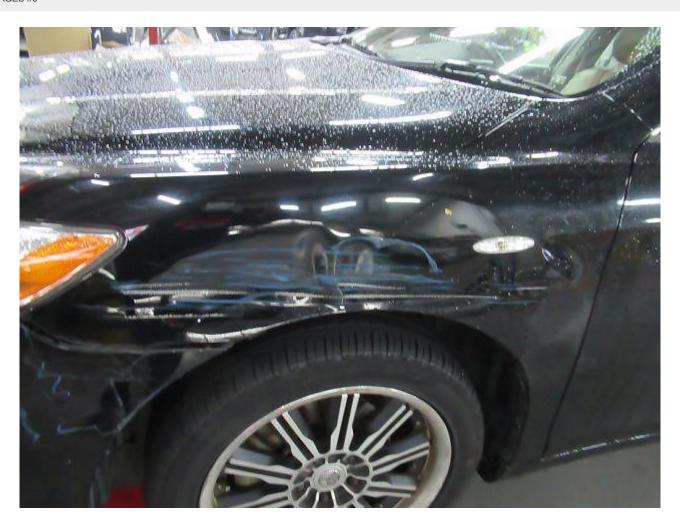






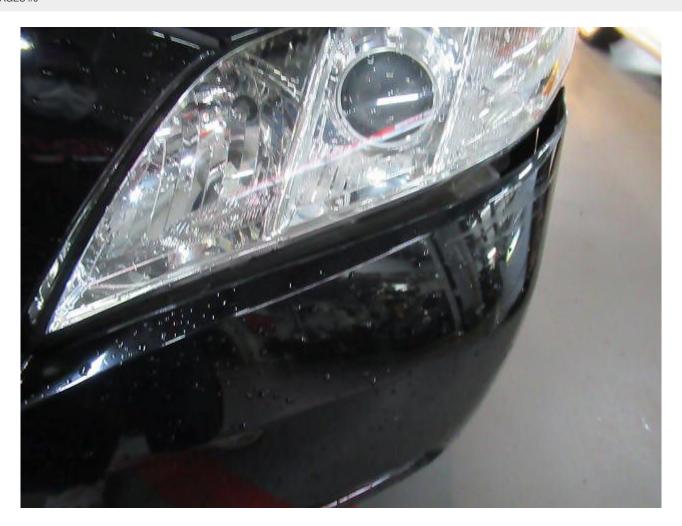


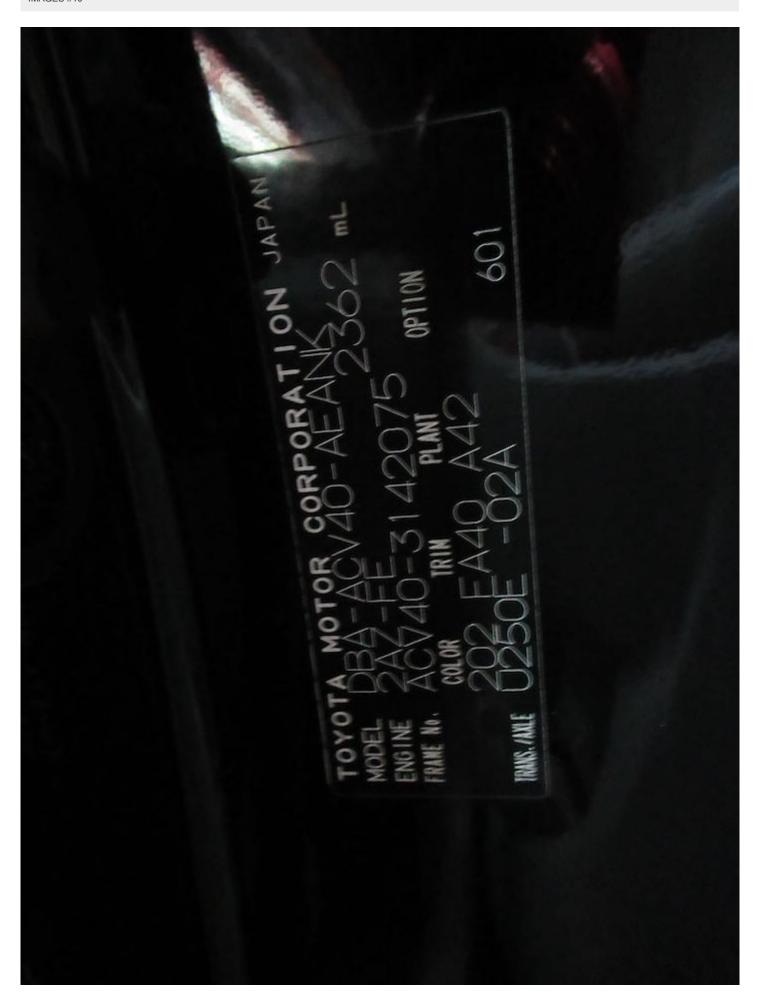




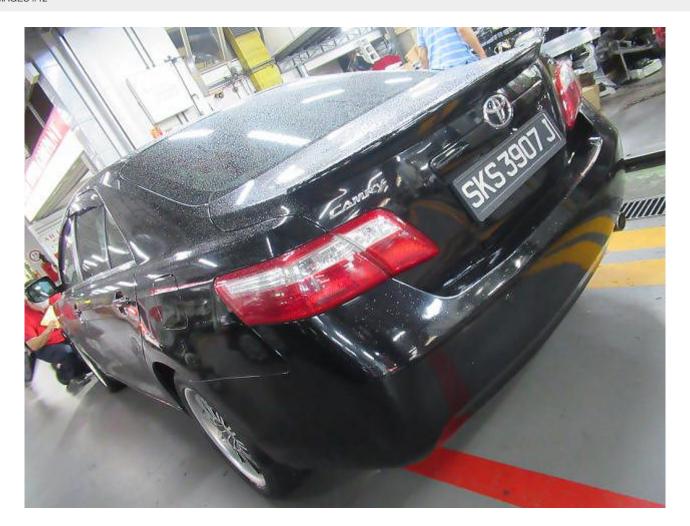






















Police Station Of Origin: '. Kim Keat NPP

231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231

Tél No: 1800-2529999

1 of 3 Report No. T/20221122/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time 22/11/202	e Report Ma 2-18:08	ide:	Vide Report No.:			Station Diary No.: 38.
Informan	t's Particul	ars .	机用指数套链 套纸	SEPTION	Hardina.	
	nformant: YONG WAN		Address: APT BLK 256 KIM 310256	KEAT AVE	NUE #07-14	8 SINGAPORE
ID Type / NRIC NO	JD No.: / \$2167694	IB	Contact No.: Home/Office:	+ 11 - 1 - 1 1	Mobile: 98	3007122
Nationalit SINGAPO	ý: DRE CITIZE	N T	Email: 14	1	the second	1.0
Sex: Female	Age:	Date of Birth: 28/09/1957	Type of Informant: Driver			
Race: Chinese			Language:		Institution	/ School Name:
Occupation Relief tea		11.	Driving Licence Info Class: 3	ormation:	Date of Ex	spiry:

Type of Accident:	Non-Injury Hit and Run		Drink Drive: No	Date/Time Accident: 22/11/2022	April	Type of Location:
Location: CENTRAL EXPR	ESSWAY					
Weather: Clear	1 1 (11)	Road Dry	Surface:		. F	Road Speed Limit:
Traffic Flow:		Traffic	Control:		100	raffic Volume: leavy
Type of Collision: Between Moving	Vehicles - Side Swip	e - Same	e Direction		a	Inyone conveyed by imbulance;

Details of Vo	ehicle Involved	1. 7	SEE AND LOCAL			SILVER STATE
Vehicle No."	Type	Make	Model	Color	Condition	No of Passenger
GBD2691Y	Lorry	TOYOTA	DYNA 3.0 MANUAL	Blue	1. 31.	0
SKS3907J	Car	TOYOTA	CAMRY 2.4G A	Black	Slightly	0

Details of Person Involved	1840,534		THE REPORT OF THE PARTY OF	4.56771
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL .		Use of Pedestrian Cr	ossina: NA	



T/20221122/2072

Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999 2 of 3 Report No. T/20221122/2072

CONTINUATION OF REPORT

	CARL CONTRACTOR OF THE PARTY OF					7	
Name	Unknown Driver			ID No.		NIL	
Related Vehicle	GBD2691Y (Lorry)			Contact No.		NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL Date Dis			harge	NIL		
No. of Days granted Medical Leave NIL Degr			Degree of	Degree of Injury NIL			
Driver '	***** 1 N. 11.11	141.14		100			
Name	LEOW NYONG WAN		ID No		S2167694B		
Related Vehicle	SKS3907J (Car)			Contact No.		98007122	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Di			harge	NIL		
No. of Days granted Medical Leave NIL			Degree of Injury NIL.				

Brief Details.

On 22/11/2022 at about 1042hrs, I was driving my vehicle bearing the plate number SKS3907J along Jalan Toa Payoh toward Upper Serangoon Road on the extreme right lane. At the point of time the traffic was quite congested and as such my vehicle was traveling in a slow speed.

While I reached the below the Whampoa Flyover (Near St Andrews JC), a lorry bearing the plate number GBD2691Y did not make any signal or intention to lane change and kept squeeze it's way to my lane.

Later, the said lorry right rear bumper hit to my front left bumper. Immediately I stop my vehicle and came out to alert the lorry driver however to said driver ignore me and drove off. I made a check on my vehicle and is suffer multiple scratches and dents on the front left bumper.

The front left bumper of my vehicle also had come off. I am lodging this report hit and run report as to pursue the matter and file an insurance claim.

I wish to state that there is an in-car camera in my vehicle and the footage was captured. I did not suffer any injury during the incident. No police or ambulance were activated. No government property were damaged.





Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999 3 of 3 Report No. T/20221122/2072

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: E /	Signature Of Informant:
SGT 3 LEONG TONG BAO	Jeples
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2022 18:08
Officer In Charge Of Case: TP / HRT / SR STAFF SGT RASHIDAH BINTE AZMAN Contact No.: 65476902	Classification Of Case:
NP168	



Insurance

12/1/2022- 11/1/2023

Contact us at

Hotline: (65) 6665 5555

E-mail: customerservice@directasia.com

\$869/92

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/00738436/02

Type of Coverage / Driver Plan

Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No.

: SKS3907J

Chassis No.

ACV403142075

2) Name of Policy Holder

JEE NGIAP GHEE

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

: 12/01/2022 00:00

4) Date/Time of Expiry of Insurance

: 11/01/2023 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.

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 halling 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\$ 1,000.00

Windscreen Excess

S\$ 100.00

Choice of workshop

DirectAsia approved workshops

Finance company / Hire Purchase

9:

Main driver

: LEOW NYONG WAN

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).

Issued on:

24/11/2021

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