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 06/10/2022 14:26 (SGT) Reported by Date of Accident 05/10/2022 23:15 (SGT) Exact Location of Accident Bukit Batok West Ave. 8, Singapore Additional Location Information Shell petrol station at Bukit Batok West Ave 3 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL5867X INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MOHAMAD ZAKI BIN ABDUL GHANI NRIC No S7510506A Email Address MOZAKIG7@GMAIL.COM Mobile Phone No (Phone) +65-82287034

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model R NINE T Variant

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 No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Manual CC 999

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MC/00568819/03

DRIVER

Name of Driver MOHAMAD ZAKI BIN ABDUL GHANI NRIC No S7510506A Date Of Birth 20/04/1975 Occupation Indoor

Date Of Driving Pass 05/09/1992 Driving experience 30 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-82287034 Alt. Phone Number Email Address MOZAKIG7@GMAIL.COM Address BLK 297C CHOAC HU KANG AVE 2 Address complement #02-88 Postcode 683297 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? Yes 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT As per sketch plan 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 NumberFW1161UVehicle ManufacturerKawasakiVehicle Model900Vehicle Variant-Vehicle Colour-Vehicle CategoryMotorcycleName of DriverJASPERContact Number(Phone) +65-92

ontact Number (Phone) +65-92232209

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

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. 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.
- 8. 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 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' 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 GIA 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,

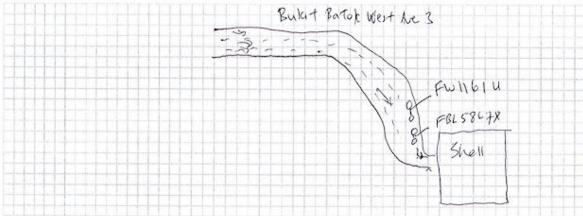
Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



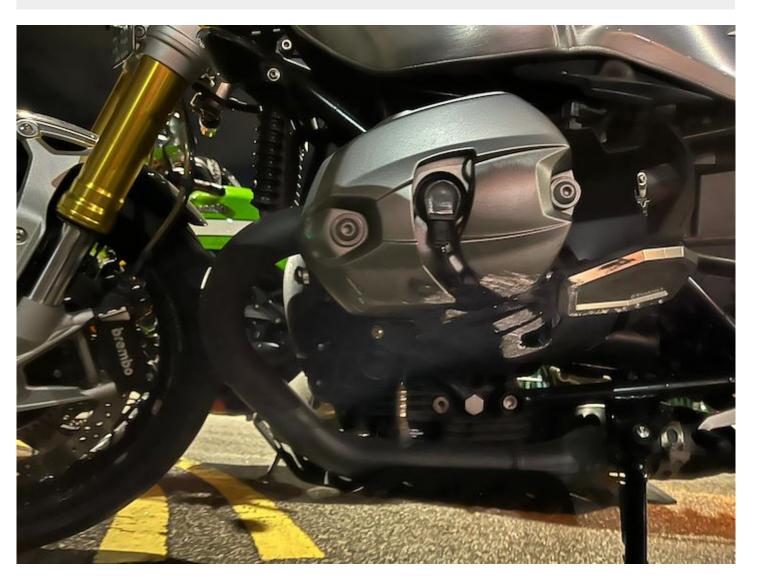
Describe Circumstances of the Accident
I was riding the velocle ree FBL 5867 X, BAND & PARET Model, silve in color and biggaled to the left to enter shell petrol station at Bullet Batok West the 3! I was about to make a left two and a addon puch from the Kear that I loose control from the bike and fell over. The had wend tion was dry and clear from any delini. Weather was de a too dury the acudent.
and signaled to the last to enter shell noted station at
Bullet Batak West tre 3! I was about to make a left to and a cold
buck how the rear that I long outed he the hike and All sun-
The med in disting was the stad the Day Ast Want
had the to die H world to
was view 100 away the acordant.
Eurl 100
anal: mozakig tagmail. com
Acadent occurred: 05th Oct 2022, 2315hrs
Brial: Mozakig Fagmail. Com Acadent occuried: OSA OCT 2022, 2315hrs Mobile Contact: 82287034
Boka solve Bilce n= : FW 11614 , Enwasolci 900 Mobile Contact : 9223 2209 Name : Jasper
Mobile Contact: 9223 2209
Name 1 Jacobs
. Surper

Declaration

We declare the foregoing particulars are true in every respect.

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

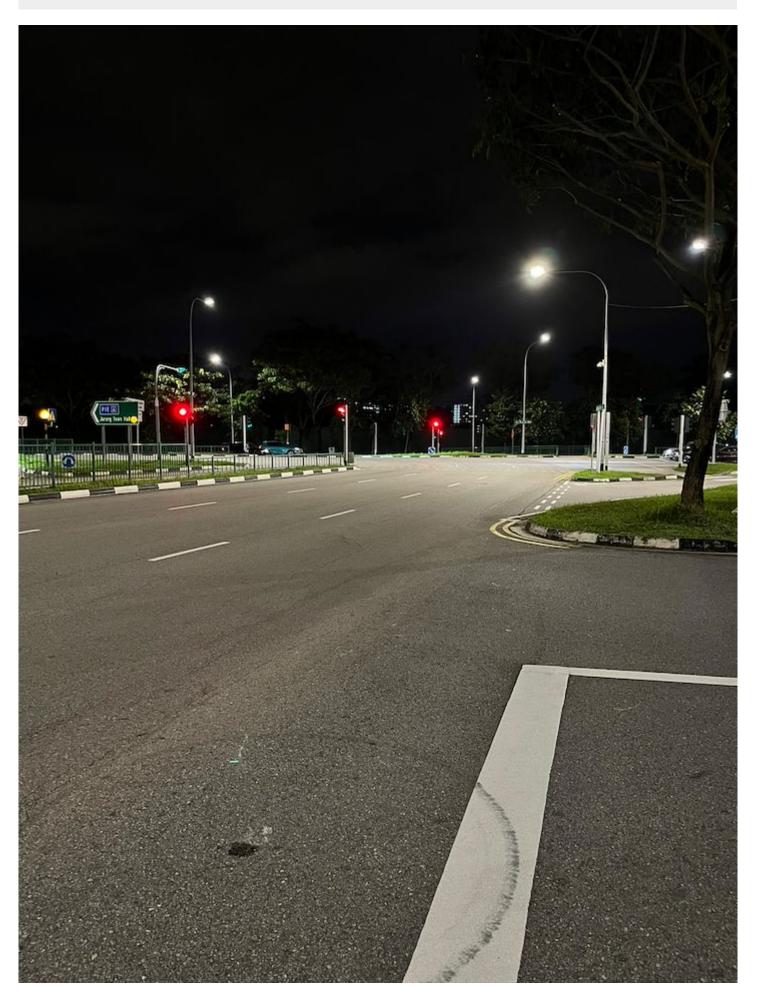
Witnessed by Reporting Centre Personnel























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.
 : MC/00568819/03

 Type of Coverage
 : Comprehensive Cover

1) Vehicle Registration No. : FBL5867X

Chassis No. : WB10A0604GZ674742

2) Name of Policy Holder : MOHAMAD ZAKI BIN ABDUL GHANI

3) Effective Date of Commencement of Insurance for : 23/12/2021 00:00

the Purpose of the Act

4) Date of Expiry of Insurance : 22/12/2022 23:59

5) Persons or Classes of Persons Entitled to Drive

(a) A named driver who is driving on the Policyholder's permission.

Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.

6) Limitations as to use*

Use only for private purposes, in accordance with the declared motorcycle 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.

*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

 Policy Excess
 :
 S\$ 600.00

Theft Excess Outside Singapore : 50% of market value capped at S\$2,000.00

Main driver : MOHAMAD ZAKI BIN ABDUL GHANI

Important Note: The policy only covers the main driver and the following named driver:

Ref	Named Driver		
1	KAMSANI BIN SAID		
Finance Co	ompany / Hire Purchase	19	Sin Heng Credit Pte Ltd

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:

08/12/2021

Direct Asia Insurance (Singapore) Pte. Ltd.

Underwriting Manager

CT-00-1

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

www.DirectAsia.com