

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	15/12/2022 15:24 (SGT)
Reported by	Driver
Date of Accident	14/12/2022 15:49 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAYA LEBAR WAY (BESIDE MACPHERSON FOOD CENTRE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8766R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG POH PWAY LINA
NRIC No	SXXXX129A
Email Address	LINAOPP@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81134302
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1799

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01060483

DRIVER

Name of Driver	JIBREEL ABU AL THININ
NRIC No	TXXXX101A
Date Of Birth	22/02/2002
Occupation	Indoor

Date Of Driving Pass	25/05/2022
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81134302
Alt. Phone Number	-
Email Address	jibreelabuthinin@gmail.com
Address	22 SPRINGLEAF WALK
Address complement	-
Postcode	787874
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	2
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	-

PASSENGER 1

Name	AALIYA
Gender	Female

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

REFER TO THE 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 Number	SNG6157P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

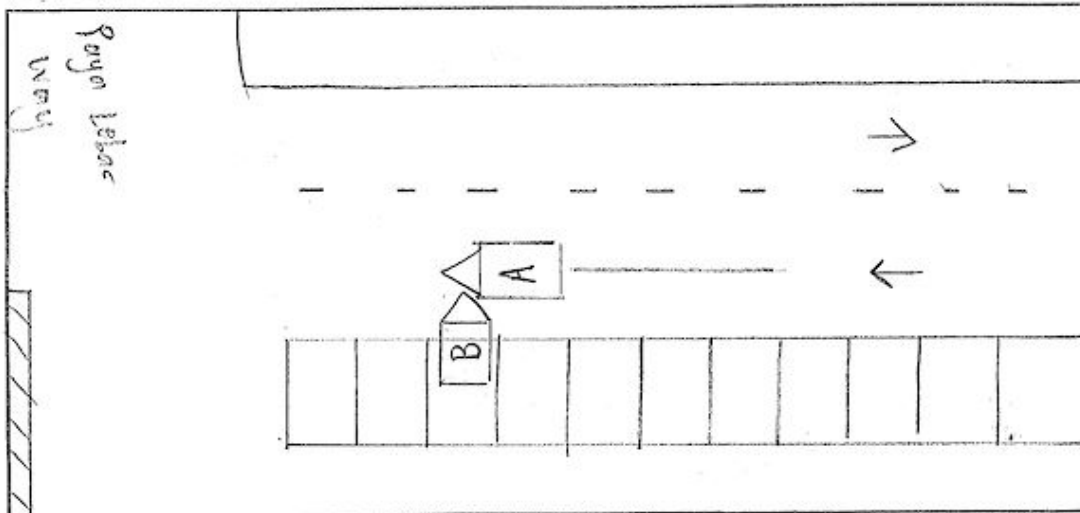
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	SXXXXX716C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 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)
- 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.

Sketch Plan



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

ANIM MOTOR COMPANY

Date of accident: 14/12/22 Time: 1530 Location: Paya Lebar Way
 My Vehicle A: SJG 8766R Vehicle B: SN6 6157P Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident.

A parked vehicle drove out of his lot without checking his blind spot and hit the left side of my vehicle.
 No injuries sustained from the collision.

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.

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

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

AH LIM MOTOR COMPANY















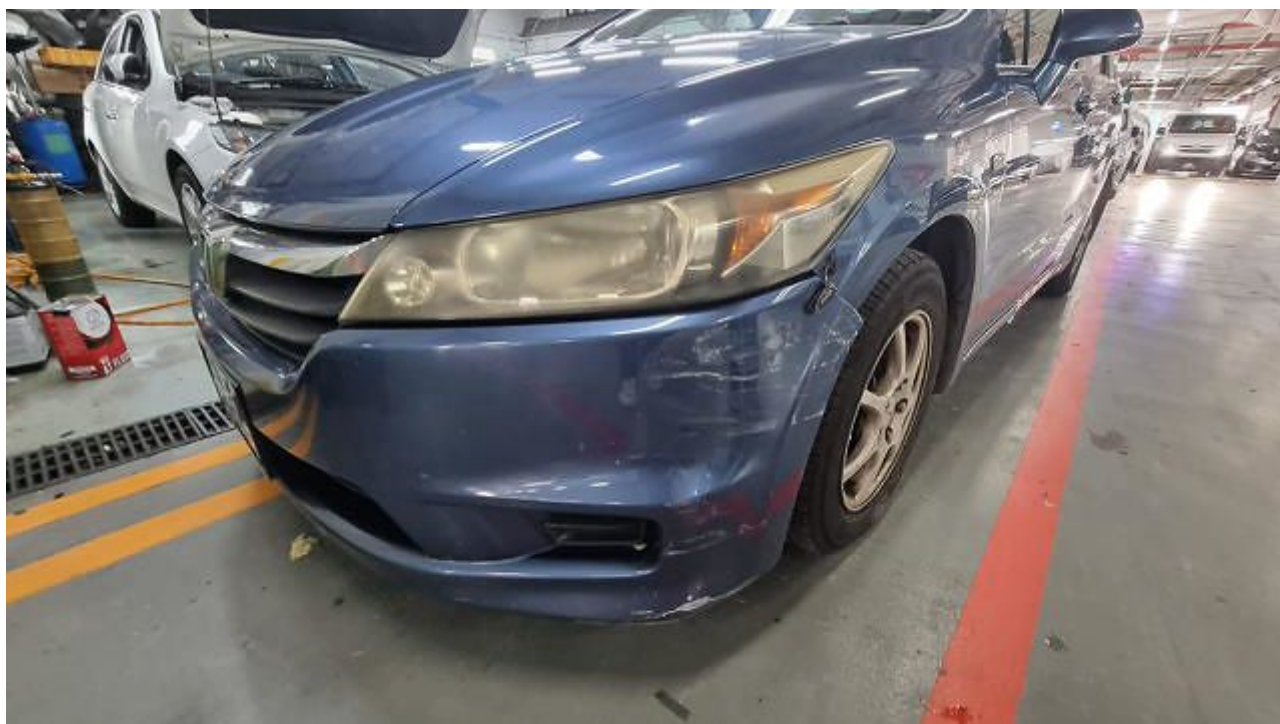


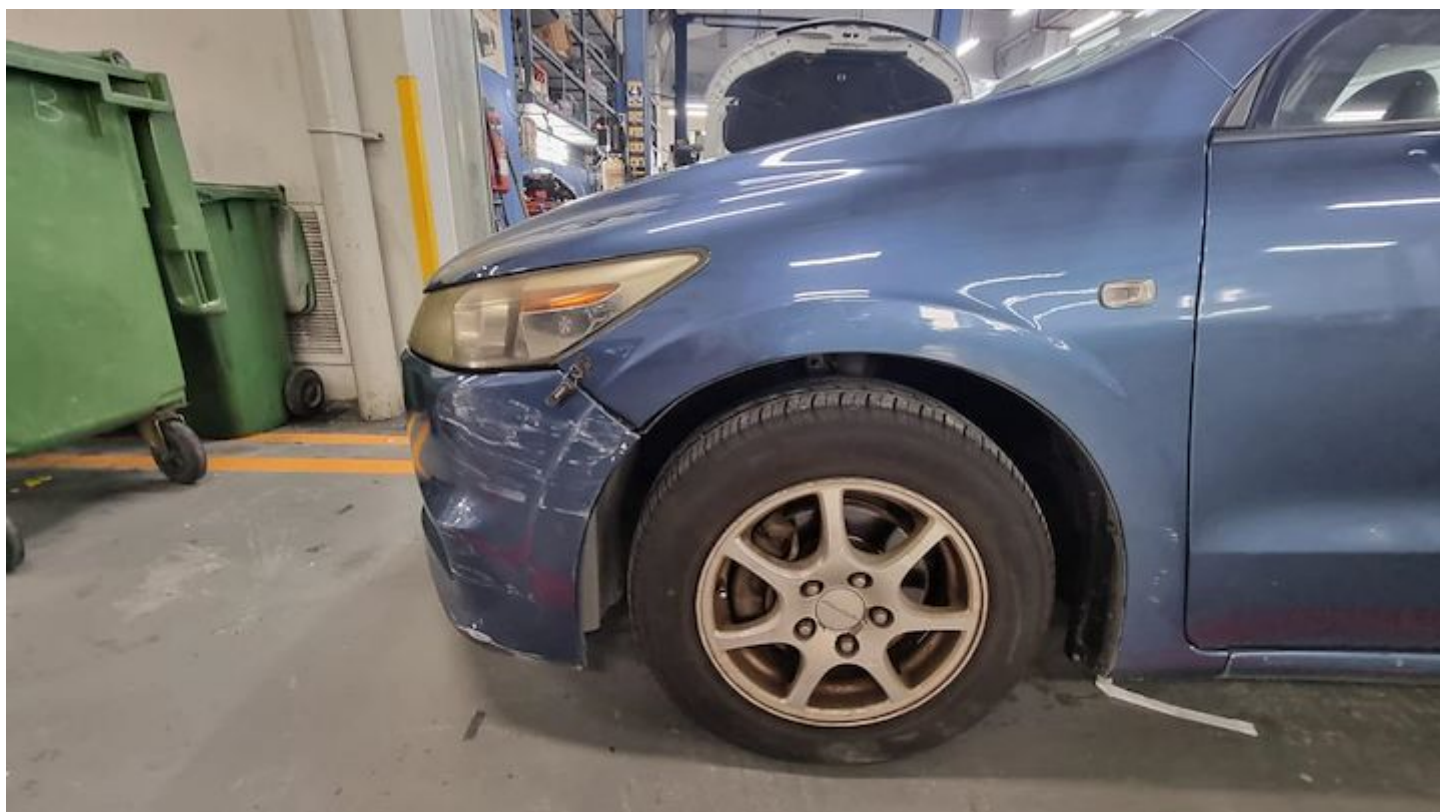
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1B22CF0002 Vehicle Registration No: SJG8766R
 Name (as shown in NRIC): ONG POH PWAY LINA NRIC/FIN/Passport No: S7042129A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 22 SPRINGLEAF WALK Singapore (787874)
 Contact (Tel): _____ Mobile No.: 8113 4302
 Email Address: LINAOPP@YAHOO.COM.SG
 Date of Accident: 14/12/2022 Time of Accident: 15:49
 Place of Accident: PAYA LEBAR WAY (BESIDE MACPHERSON FOOD CENTRE)
 Insurance Company: DIRECT ASIA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend the driver name JIBREEL to JIBREEL ABU ALTHININ.

OPERATOR

Policyholder / Driver's Signature
Date:



[Signature]
15/12/2022



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

[Signature]
15/12/2022



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/01060483
Type of Coverage / Driver Plan	: Car Third-Party Fire and Theft (Flexible Plan)
1) Vehicle Registration No.	: SJG8766R
Chassis No.	: JHMRN68408S204142
2) Name of Policy Holder	: ONG POH PWAY LINA
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 06/07/2022 11:58
4) Date/Time of Expiry of Insurance	: 18/07/2023 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) Any other person 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. Grab/Hitch will only be covered if this is the declared usage stated on your Policy Schedule.	
*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
Windscreen Excess	: Not Applicable
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: ONG POH PWAY LINA
Named driver	: None
Important Note: This policy covers any authorised drivers.	

I/We hereby certify that the Policy to which this Certificate relates to 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: 06/07/2022

Direct Asia Insurance (Singapore) Pte. Ltd.



 Underwriting Manager

Motor Registration: 200822611G