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.

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 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 20/01/2023 17:10 (SGT) Reported by Both Date of Accident 20/01/2023 09:15 (SGT) Exact Location of Accident 2 Jervois Rd, Singapore 248994 Additional Location Information SPC PETROL STATION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **SLL2611T**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHAN CHEE MENG NRIC No S7607932C Email Address ccm ken@yahoo.com.sg Mobile Phone No (Phone) +65-90278299 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Corolla 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 - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/01008722

DRIVER

Name of Driver **CHAN CHEE MENG** NRIC No S7607932C Date Of Birth 20/03/1976 Occupation Outdoor

Date Of Driving Pass 20/03/1997 Driving experience 25 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-90278299 Alt. Phone Number Email Address ccm_ken@yahoo.com.sg Address 943 HOUGANG ST 92 #03-127 Address complement Postcode 530943 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? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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 REFER SKETCH. 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 SHB3676A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Taxi

Vehicle Category

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)	-
- ' '	

INJURED PERSONS DETAILS

INJURED 1

CHAN CHEE MENG
-
-
_
_
_
-
-
-
Yes
-



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.

· MT/01008722 Certificate No.

Type of Coverage / Driver Plan : Car Comprehensive (Value Plan)

: SLL2611T 1) Vehicle Registration No. Chassis No.

: MR053REH104558881 : CHAN CHEE MENG KEN

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

: 20/02/2022 00:00 4) Date/Time of Expiry of Insurance : 19/02/2023 23:59

5) Persons or Classes of Persons Entitled to Drive
(a) Any person who is named on the policy 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\$ 800.00

: S\$ 100.00 Windscreen Excess

Choice of workshop : DirectAsia approved workshops Finance company / Hire Purchase : Hong Leong Finance Limited Main driver : CHAN CHEE MENG KEN

Named driver : None

Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered.

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: 27/01/2022 Direct Asia Insurance (Singapore) Pte. Ltd. 1h

Underwriting Manager

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



Contact us at Hotline: (65) 6665 5555 E-mail: customerservice@directasia.com

What to do if you have an accident

Call us - In the event of an accident stay calm and make sure everyone is safe. Do not discuss liability. Please call us immediately at 6532 1818 and tell us your exact location.

Get information - Exchange details of other drivers, anyone injured, witnesses and passengers. Details to exchange are: NRIC/other identification numbers, address, phone numbers, car registration numbers, and name and number of insurance company.

Take photos of the scene, including vehicles and damaged property before they are moved and video it if possible.

Report to the police - You will need to report the accident to the police if someone is injured, if a hit-and-run situation occurs, or if a government vehicle/property, foreign vehicle, or pedestrian/cyclist is involved.

Towing services - We will arrange for someone from one of our approved service providers to tow your vehicle away quickly. They will verify they are with DirectAsia. Do not use any unauthorised tow-truck operators or touts as this will delay your repairs.

DirectAsia approved workshops are:



SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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)
 - 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) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

KETCH PLAN		
	(A) (B)	A-SLL2611T B-SHB 3676A
ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
STOD AT TRAPPIC	LIGHT SUDDENLY AND IMP	ICT FROM BSHIND.
TAXI BANGES M	(CAR (BEHIND).	
DECLARATION I/We declare the foregoing partic	ulars are true in every respect.	AL.
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.:















