SA1A21870001 / Auto Insure Pte Ltd [739145] ENTRY DATE & TIME: 07/08/2021 13:11 (SGT) SUBMITTED BY: ALYWIN YEO VERSION: 1 (07/08/2021 13:11 (SGT))

# 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 Authorised 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 Date of Accident Exact Location of Accident dditional Location Information Country/State of Loss

07/08/2021 13:11 (SGT) 05/08/2021 19:40 (SGT) Serangoon Rd, Singapore

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJD8824Y

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NOOR HAYATI BINTE RAHMAT

VEHICLE PARTICULARS

Manufacturer Model Variant

Vehicle Category ransmission CC

Lancer

Private car Manual 1584

Mitsubishi

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Direct Asia Insurance (Singapore) Pte Ltd

Comprehensive

No

MT/00846132

DRIVER

Name of Driver NRIC No Address

Address complement

Postcode

Does Driver Own Other Vehicles?

NOOR AZRY BIN NOOR HAIDI S9702198H BLK 540 BEDOK NORTH ST 3 #10-1220

460540 No

GENERAL INFORMATION OF THE ACCIDENT



Type of Accident Weather Conditions

Collision - Change/cross lane Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Was anybody injured in the Accident? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

No Yes Yes 2

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT G/2021806/7000.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver

Insurance Company Name

FBH4972C

Motorcycle

# **INJURED PERSONS DETAILS**

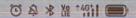
INJURED 1

Name of injured person

Gender Phone No

Injured person in which vehicle?

15:37 Q



# Policy (3)



Contact us at
Hotline: (65) 6532 2888
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/00846132

Type of Coverage / Driver Plan

: Car Comprehensive (Value Plan)

1) Vehicle Registration No. 2) Name of Policy Holder

: SJD8824Y

Chassis No.

: JMYSNCS3A8U004208

: BINTE RAHMAT, NOOR HAYATI

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

: 31/08/2020 19:49

4) Date/Time of Expiry of Insurance

: 30/08/2021 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, rating, 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 rice 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

: S\$ 800.00 (before any applicable GST)

Own Damage Excess Windscreen Excess

5\$ 100.00 (before any applicable GST)

Choice of workshop Finance company / Hire Purchase

: DirectAsia approved workshops : EFIZZIG CREDIT PTE PTD

Main driver

BIN NIZAR, NOOR HAIDI

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:

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



Contact us at Hotline: (65) 6532 2888 E-mail: CustomerService@DirectAsia.com

#### What to do if you have an accident

31/08/2020

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.



SKETCH PLAN		
Septemboon Road		A B- S3P 8824Y B- FBH 4972C
DESCRIBE CIRCUMSTANCES		,
Rever to	police report GI/	20210806/7000.
		/
DECLARATION	ticulars are true in every respect	<u> </u>
is the occurre the toregoing par	A A	
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.

#### 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may a low insurance companies to repudiate policy liability.
- 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 CIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee de made available upon application by interested parties.
- By the ladgment 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)

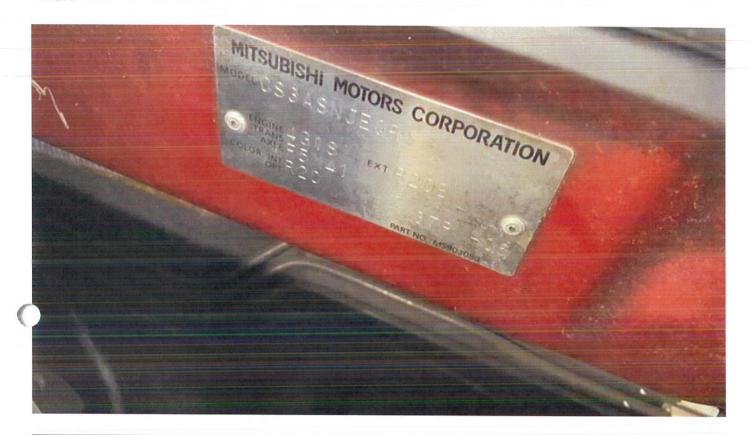
Lunderstand, acknowledge, agree and consent that.

- (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' 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, handing and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured venicle(s) involved in this accident and the insurers lawyers/law tirms, 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 comple 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.
  - (i) 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.



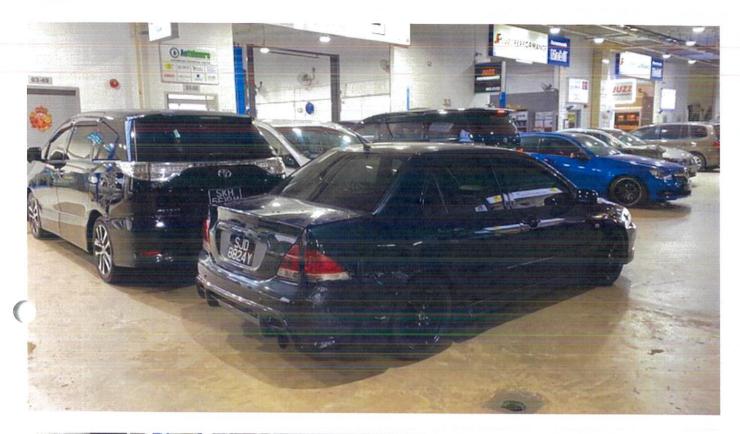




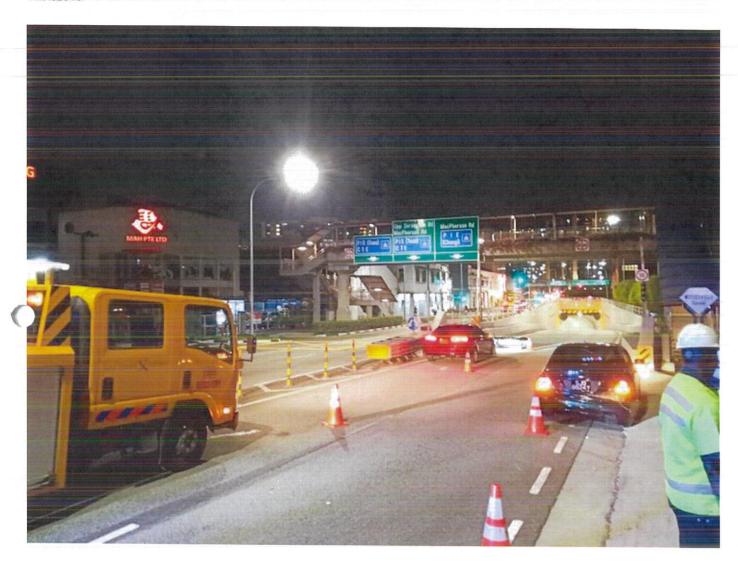


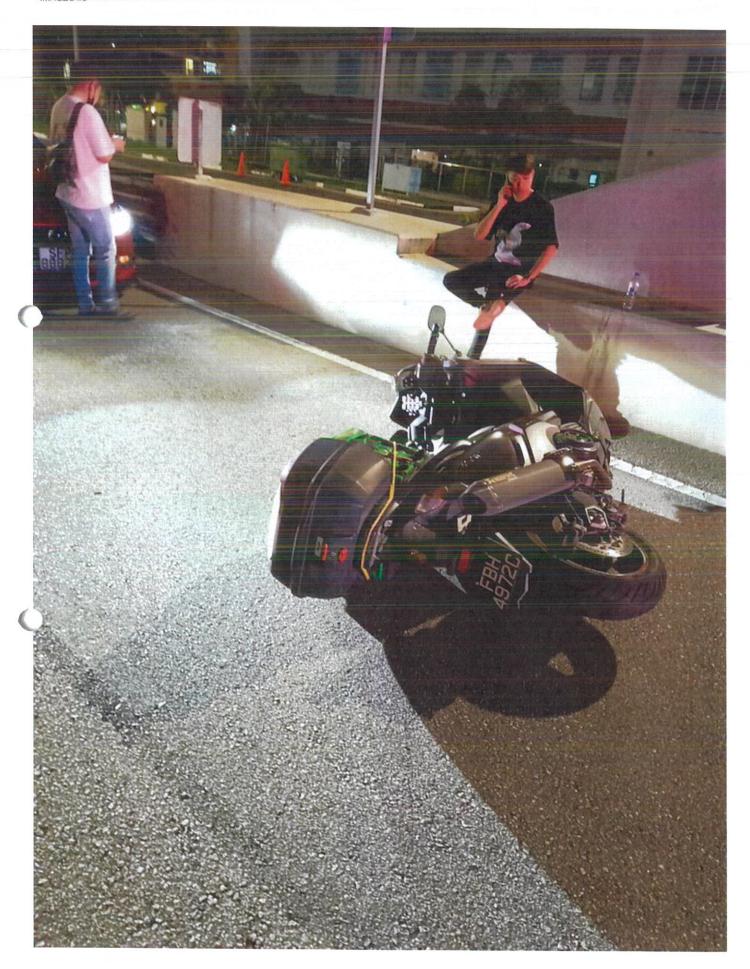


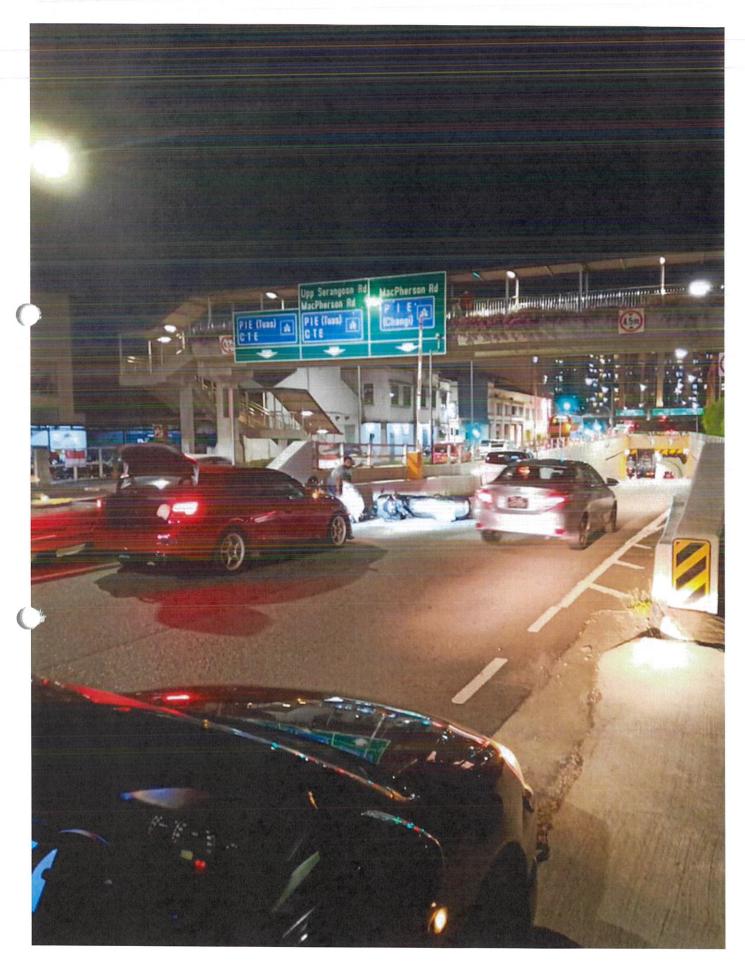
















3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210806/7000

Address	27 pasir ris link #02-15 Watercolours SINGAPORE 518151	Home/Office No	89491379	
Mobile No	89491379	Relation To Informant	Girlfriend	
Person Name	NOOR AZRY BIN NOOR HAII	OI (Informant)		

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2021 00:00		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210806/7000

pain...passenger is pregnant n suffered pain on stomach,lower back,neck n wrist due to the impact i suspect motorcyclist is lane splitting and speeding as he fall quite far from point of impact..my vehicle is sjd8824y and motorbike is fbh4972c..

Subjects Involved	d and a second		
Suspect			
Person Name	Fahmi		
Gender	Male	Age	25-35
Race	Malay		
Victim			
Person Name	NOOR AZRY BIN NO	OR HAIDI	
ID Type	NRIC NO	ID No	S9702198H
Gender	Male	Age	24
Race	Malay	Language	English
Occupation	Rider	Address	540 BEDOK NORTH STREET 3
			#10-1220 SINGAPORE 460540
Mobile No	93822191	Is Informant A	Yes
		Victim?	
Person Name	Dania Syazana		
ID Type	NRIC NO	ID No	T0210209E
Gender	Female	Age	19
Race	Malay	Language	English

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2021 00:00
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





1 of 3

# POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20210806/7000

Date/Time Report Made 06/08/2021 00:00	Vide Re	port No.		Station Diary No.
Name Of Informant	Address			
NOOR AZRY BIN NOOR HAIDI	540 BEDOK NORTH STREET 3 #10-1220 SINGAPOF 460540		1220 SINGAPORE	
ID Type / ID No. NRIC NO / S9702198H	Contact No. Home/Office: Mobile: 93822191			
Nationality SINGAPORE CITIZEN	Email Address azrysnchz@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Rider	Male	24	26/01/1997	Malay
Institution/School Name	Language English			
Date/Time Of Incident 05/08/2021 19:40 - 05/08/2021 21:00	Location Of Incident 540 BEDOK NORTH STREET 3 #10-1220 SINGAPORE			
	460540			

### Brief details.

On 5aug at around 7.45pm..As i was driving along Serangoon Road towards upp serangoon rd, i lane change from 2nd lane from left to 3rd lane heading to upp serangoon. Traffic was heavy, as i completed my lane change suddenly a strong impact from the rear and when i turn to my right i saw a bike wobble in n out from lane 1 to lane 2 infront of me and he fall..i was driving at 20-30km/h at time of impact..i got out n noticed a bike has crashed onto my right rear bumper..i have 1 passenger with me seating on e front passenger seat.. traffic was heavy n road is dry..i suffered lower back pain, neck wrist n shoulder

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2021 00:00
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	