

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 02/03/2023 16:29 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 01/03/2023 19:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information 21 LORONG 3 TOA PAYOH TREVISTA S319581
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA2298Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEO JING GUANG MATTHEW
NRIC No SXXXX156A
Email Address
Mobile Phone No
Alternative Phone No

VEHICLE PARTICULARS

Manufacturer BMW
Model 216d
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 1496

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number MT/01161292

DRIVER

Name of Driver YEO JING GUANG MATTHEW
NRIC No SXXXX156A
Date Of Birth
Occupation Indoor

Date Of Driving Pass	12/12/2003
Driving experience	19 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
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 - Opening Door of Vehicle
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)	1
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHMENT.

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	SHB832E
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHOO KOK FYE
Contact Number	[REDACTED]

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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7. 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 :
 - (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.
- (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:
 - (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: 02/03/2023
14:10.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

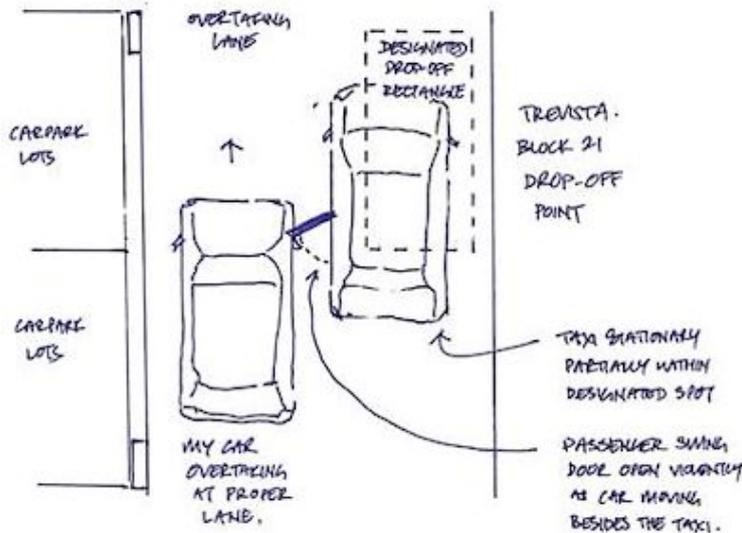
Accident Toolkit

Sketch plan

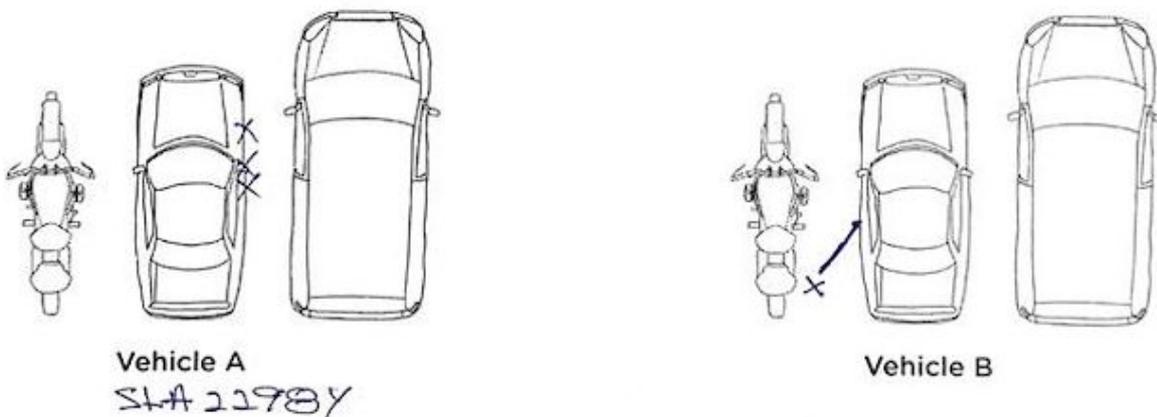
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Call us direct
 Customer Care
6665 5555
 Claims Support 24/7 Hotline
6532 1818
 +65 6603 3699 (from overseas)















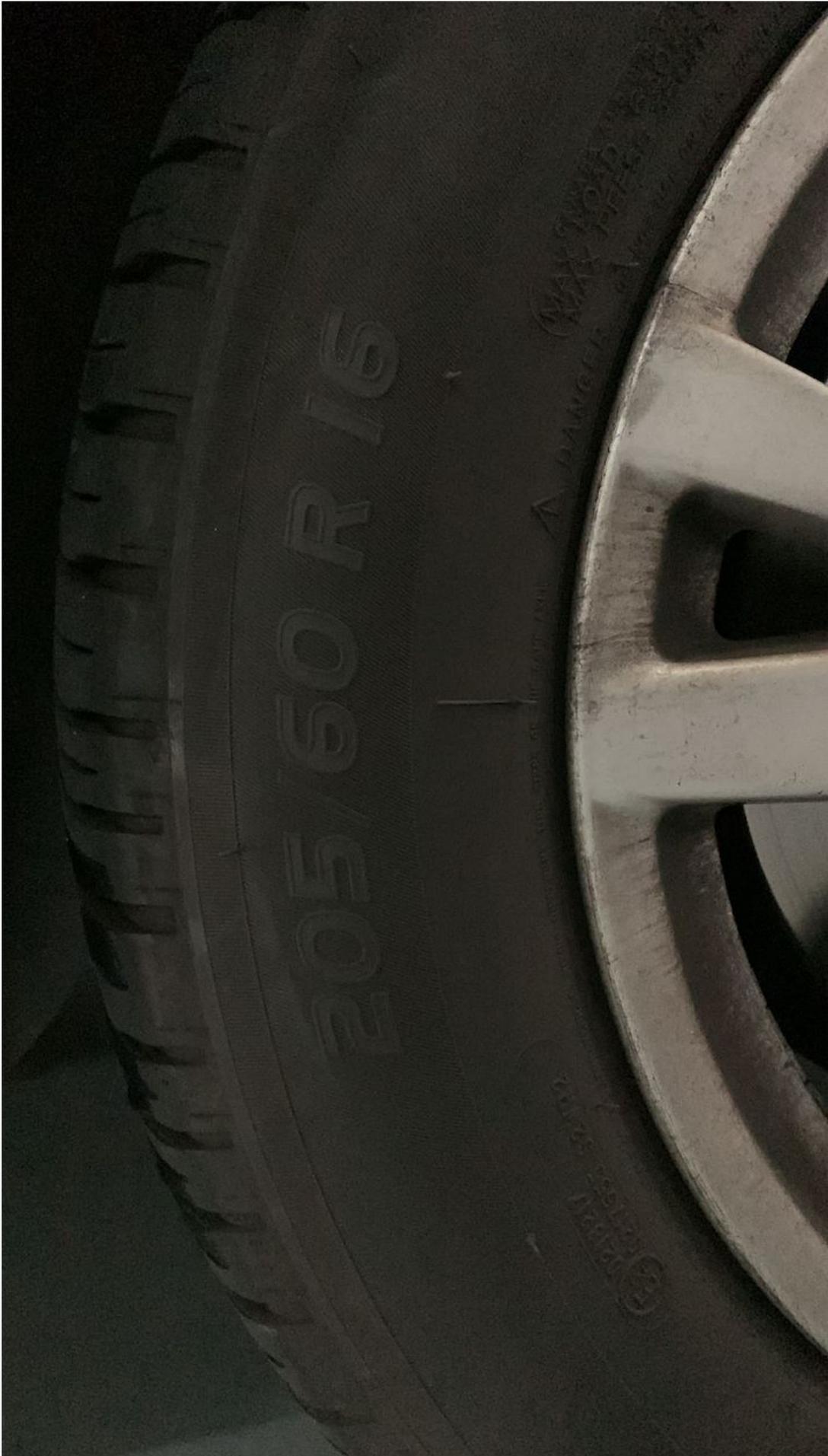








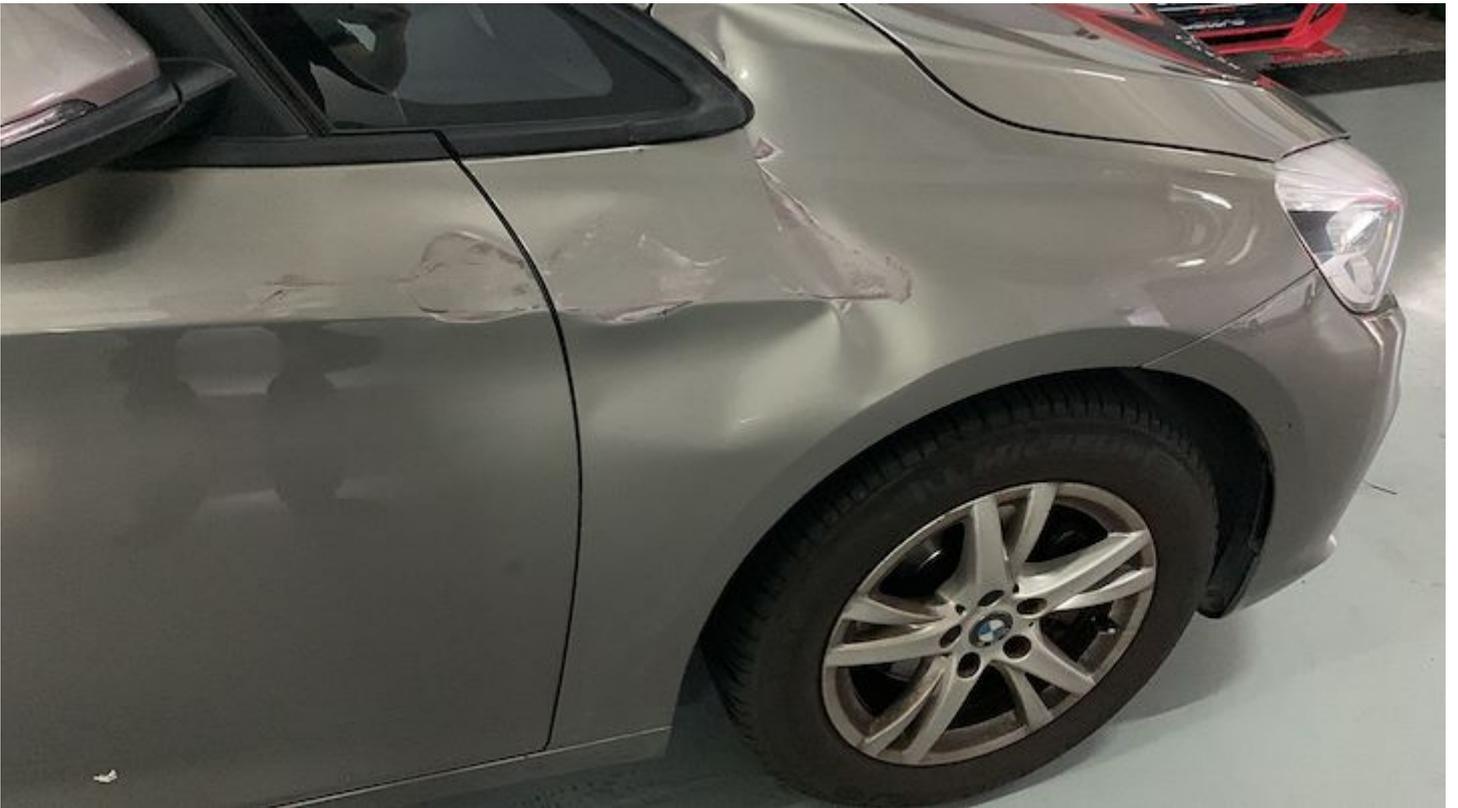






















Accident Toolkit

Exchange of particulars

Other vehicle/Driver details

X

1. Vehicle No.:	SHE 834 E
2. Car Make/Model/Type/Colour:	TOYOTA PRIUS
3. Driver Name:	CHOO KOK FYE
4. NRIC/Passport/Other ID No.:	S 7504543C
5. Driver Licence No.:	
6. Tel No.:	87477447
7. Address:	
8. Insurance Company Name/Policy No.:	MS FIRSTCAPITAL

Other vehicle/Driver details

1. Vehicle No.:	
2. Car Make/Model/Type/Colour:	
3. Driver Name:	
4. NRIC/Passport/Other ID No.:	
5. Driver Licence No.:	
6. Tel No.:	
7. Address:	
8. Insurance Company Name/Policy No.:	

Witness details

1. Name:	
2. NRIC/Passport/Other ID No.:	
3. Tel No.:	
4. Address:	
5. Witness Type:	
Own passenger ()	Pedestrian ()
Other passenger ()	Others () (Please specify)



Call us direct

Customer Care
6665 5555

Claims Support 24/7 Hotline
6532 1818

+65 6603 3699 (from overseas)



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/01161292
Type of Coverage / Driver Plan	:	Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	:	SLA2298Y
Chassis No.	:	WBA2B32050V259861
2) Name of Policy Holder	:	YEO JINGGUANG MATTHEW
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	25/02/2023 00:00
4) Date/Time of Expiry of Insurance	:	24/02/2024 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. 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\$ 900.00
Windscreen Excess	:	S\$ 100.00
Choice of workshop	:	DirectAsia approved workshops VAG / OPTIMA WORKS.
Finance company / Hire Purchase	:	
Main driver	:	YEO JINGGUANG MATTHEW
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 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: 31/01/2023

Direct Asia Insurance (Singapore) Pte. Ltd.


 Underwriting Manager

JAY TAN_SM

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