

## 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 .....	23/03/2023 17:35 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	23/03/2023 13:43 (SGT)
Exact Location of Accident .....	Upper Serangoon Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJX6875H
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LOO POH YEAT
NRIC No .....	S2594885H
Email Address .....	OLIVER.LAI@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98431870
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Sylphy
Variant .....	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
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 .....	1498

#### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number .....	MT/00991926

#### DRIVER

Name of Driver .....	LAI WO HING ALBERT
NRIC No .....	S2594884Z
Date Of Birth .....	24/02/1947
Occupation .....	Indoor

Date Of Driving Pass .....	30/07/1991
Driving experience .....	31 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90051723
Alt. Phone Number .....	-
Email Address .....	OLIVER.LAI@GMAIL.COM
Address .....	231 HOUGANG ST 21
Address complement .....	#13-322
Postcode .....	530231
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 - Cross Junction
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) .....	3
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 .....	LOO POH YEAT
Gender .....	Female

#### PASSENGER 2

Name .....	ISAAC LAI
Gender .....	Male

#### 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

PLS REFER TO THE SKETCH PLAN BY DRIVER

#### 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 .....	XE6603K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	YANG XIAOHONG
Passport No/FIN .....	G8184809U
Contact Number .....	(Phone) +65-91596398
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLANIMPORTANT NOTICE

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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:

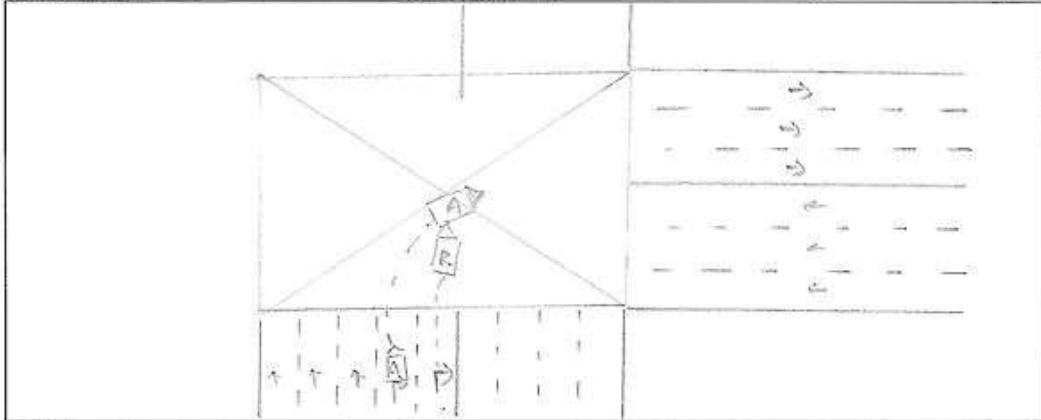
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

Date of accident: 23/2/23 Time: 1:43 pm Location: upper serangoon rd.  
 My Vehicle A: SJX6875H Vehicle B: XE6603K Vehicle C: —  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The traffic light has turn green, I start to turn right. In the middle of turning, this heavy vehicle ram onto the right hind side of my car, I think the heavy vehicle is going at a fast speed while turning, because after the impact, it keeps on pushing my car for a short time before managing to stop. My car is on the lane 2, the heavy vehicle is on lane 1 when trying to turn. The accident occurred on the Junction of upper serangoon road and Tampines road, at 1:43pm, 23/03/2023.

\* Claim Third Party.

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

Remarks : Please forward a copy of my efile accident report to :

My workshop :  
 Email address :  
 & myself :  
 Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/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:

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

Ah Lim Motor Company

AH LIM MOTOR COMPANY



































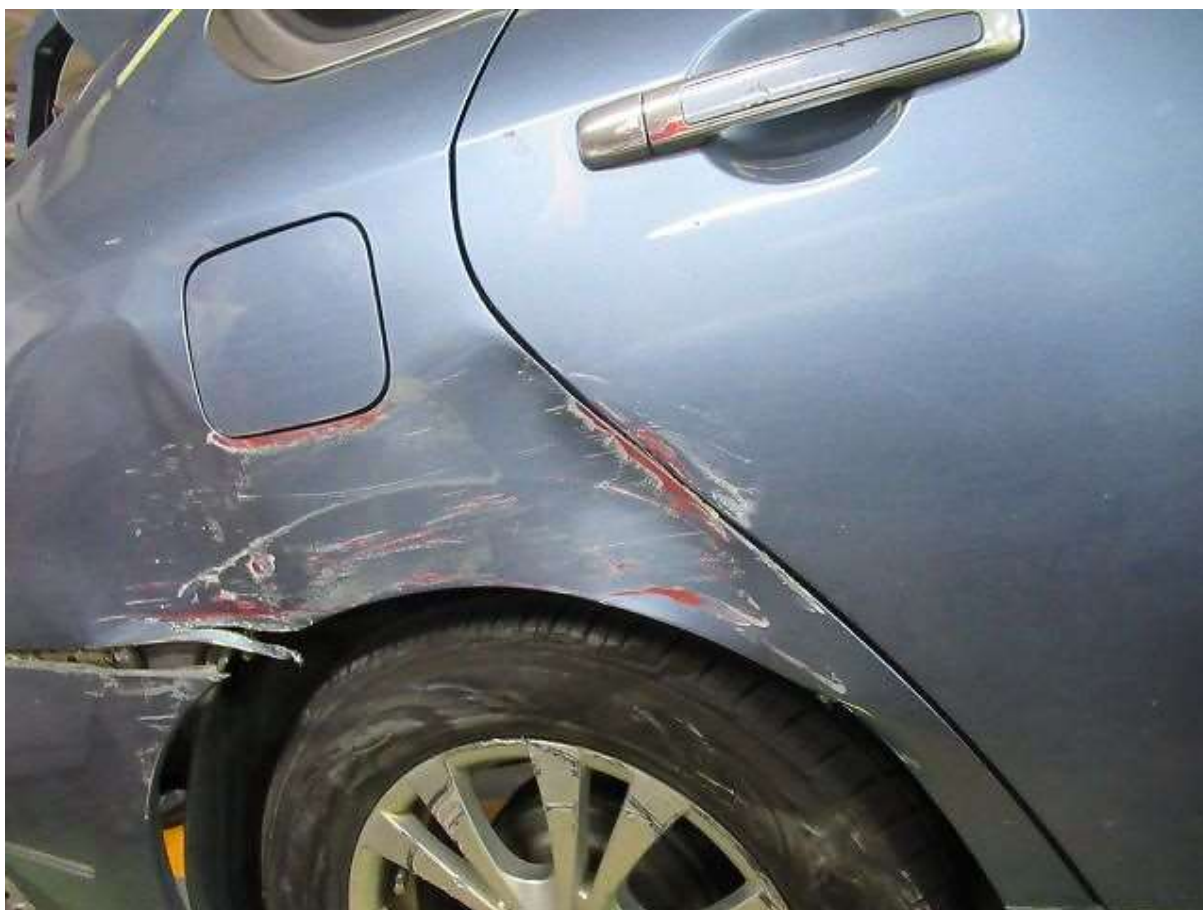
































Breakdown SG: 65321818  
 Hotline: Oversea: +65 6603 3699



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

LOO Poh Yeat

Date : 08/11/2022

231 HOUGANG STREET 21  
 13-322  
 Singapore 530231

Dear Poh Yeat,

**Renewal notice for your Motor Car policy (MT/00991926)**

Thank you for giving DirectAsia the opportunity to take care of the insurance needs for your vehicle.

We are pleased to inform you that your current policy is on auto-renewal mode. There is no action required by you and we will renew your policy as per details below with successful premium deduction and continue your coverage seamlessly with DirectAsia's car insurance.

**Renewal details:**

Period of Insurance	:	01/01/2023 to 31/12/2023
Vehicle Number	:	SIX6875H
Plan Type	:	Comprehensive
Driver Plan	:	Value Plus Plan (i.e. anyone 30 years old or above and with at least 2 years' experience can drive your car without being named)
No Claim Discount	:	60%
Policy Excess	:	S\$ 800.00
Vehicle Usage	:	Private Use
Other Discount Applicable	:	Offence Free
Optional Benefit Included	:	24-hour Breakdown Assistance

**Total Premium Payable : S\$664.90 (Inclusive of GST)**

**Important:** Your policy is on monthly instalment payment which is inclusive of 7% GST if you pay your premium to renew your policy before 1 January 2023 and the upcoming increase in GST to 8% from 1 January 2023 will not affect the remaining monthly instalment payments deducted. If you pay your premium to renew your policy on or after 1 January 2023, your instalment premium will be recalculated according to the prevailing rate of 8% GST.

**CONTINUE TO RENEW AND ENJOY THESE SERVICES FROM US!**

Company Registration: 200822611G

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