# **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.

- 4. The issue and acceptance of this is form by instrained 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 17:11 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 22/03/2023 18:00 (SGT) Exact Location of Accident Singapore Additional Location Information **BUANGKOK GREEN** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SJQ9561E** INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUHAMMAD ARIFF BILLAH BIN ARSHAD NRIC No SXXXX941B Email Address ARIFF.BILLAH.ARSHAD@GMAIL.COM Mobile Phone No (Phone) +65-94557951 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model LANCER 1.6 GLX 5MT AIRBAG 2WD 4DR 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 Manual CC 1584

**INSURANCE COMPANY** 

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/00926120/01

DRIVER

Name of Driver MUHAMMAD ARIFF BILLAH BIN ARSHAD NRIC No SXXXX941B Date Of Birth 16/03/1990 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder?	27/09/2008 14 YEARS AND 6 MONTHS Male (Phone) +65-94557951 - ARIFF.BILLAH.ARSHAD@GMAIL.COM BLK 570 HOUGANG STREET 51 #04-105 - 530570 Yes
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?  Vehicle Registration Number of Other Vehicle Owned by Driver	- No -
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement  PASSENGER 1  Name  Gender  PASSENGER 2  Name  Gender	- -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Hougang Neighbourhood Police Centre (Phone) +65-18004890999 (Fax) +65-63128989 60 Hougang Ave 9 Singapore 538775 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.  ATTACHMENT(S)	

Yes Yes

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

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SMA1634E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

ETCH PLAN		DO Location: SMA 1624 E	Vohislo C
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#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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:

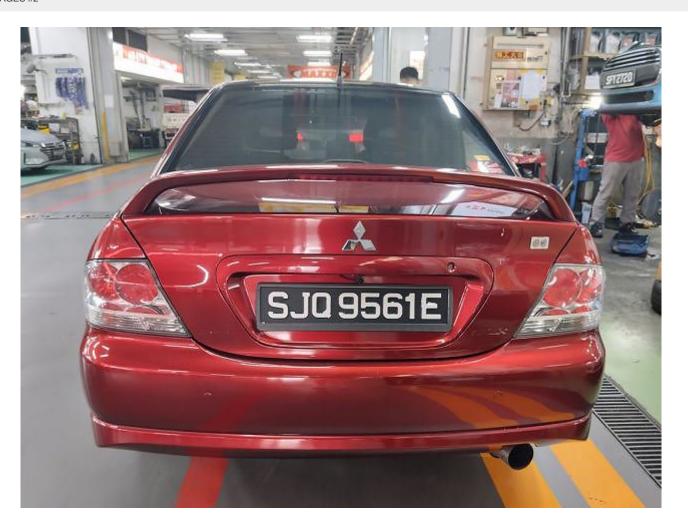
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

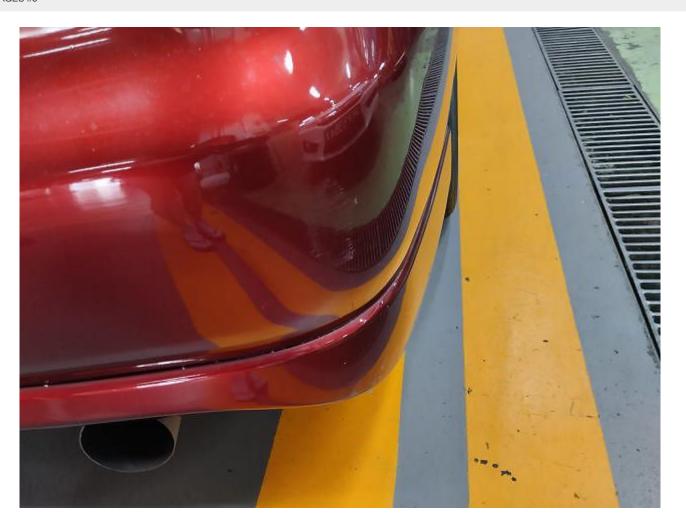
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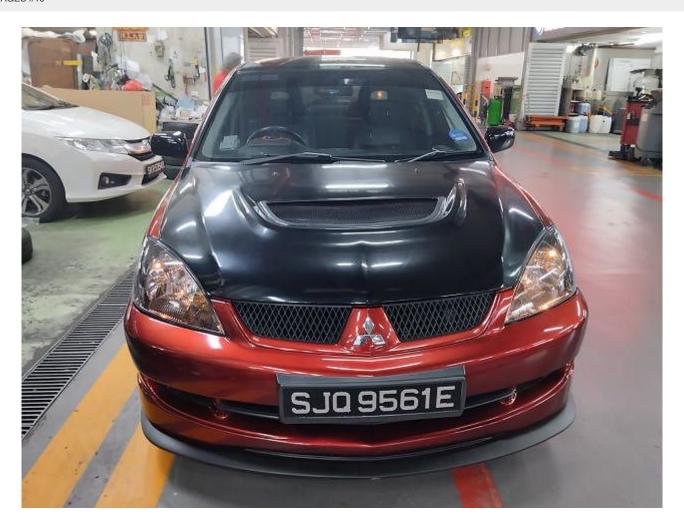
















Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

1 of 4 Report No. T/20230323/2001

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2023 00:04			Vide Report No.:	Station Diary No.: 2		
Informa	nt's Partice	ulars				
		F BILLAH BIN	Address: APT BLK 570 HOUGANG STREET 51 #04-105 SINGAPORE 530570			
The second second	ID Type / ID No.: NRIC NO / S9008941B		Contact No.: Home/Office: Mobile: 94557951			
	ORE CITIZ	ΈN	Email:			
Sex: Age: Date of Birth: Male 33 16/03/1990		Type of Informant: Driver				
Race: Boyanese			Language:			
Occupation: CASE MANAGER		Driving Licence Informati Class: 2B,2A,2,3	on: Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/03/2023 18:00	Type of Location: T-Junction
Location: BUANGKOK Weather:	GREEN	Road Surface:		
Clear		Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	Traffic Control: Traffic Light - Working	
Type of Collis Between Mov	iion: ring Vehicles - Side Sw	vipe - Same Direction		Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJQ9561E	Car	MITSUBISHI	LANCER 1.6 GLX 5MT AIRBAG 2WD 4DR	Red	Totally Damaged	2
SMA1634E	Car	TOYOTA				0
	1					

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





24720000-0048

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

Report No. T/20230323/2001

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ9561E	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00926120/01	01/06/2021	31/05/2023

	n Involved					
Any Pedestrian Ir						
No. of Pedestrian	s Injured: NIL		Use of Ped	destrian	Cross	ing: NA
Passenger						
Name	YASMIN TALIA BIN ARIFF BILLAH	TE MUHA	MMAD	ID No.		NIL
Related Vehicle	SJQ9561E (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	ed Medical Leave	NIL	Degree of		NIL	
Driver						
Name	MUHAMMAD ARIFF BILLAH BIN ARSHAD			ID No.		S9008941B
Related Vehicle	SJQ9561E (Car)			Conta	ct No.	94557951
Hospital/Clinic	NIL			Class Drivin Licena Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	· · · · · · · · · · · · · · · · · · ·
	ted Medical Leave	NIL	Degree of		NIL	
Passenger			1 - 3 - 3		4.0	
Name	SITI NURHUDAH B	INTE ABD	UL BASID	ID No		NIL
Related Vehicle	SJQ9561E (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	NATION AND ADDRESS OF THE PARTY	NIL	
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T/20230323/2001

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

3 of 4 Report No. T/20230323/2001

## Brief Details.

On 22/03/2023 at about 1800hrs, I recalled driving my vehicle bearing plate no: SJQ9561E with my wife and daughter in it along Hougang Street 51 for the direction of Tampines Giant. When a traffic accident had took placed along Buangkok Green, directly infront of Pelangi Village Complex.

From my knowledge, I was making a right turn at a T-Junction of Hougang Street 51 for Buangkok Green. When one vehicle bearing plate no: SMA1634E, believed to be from a driving school, was seen making the said turn too just behind my vehicle. Shortly after, the said vehicle was seen trying to filter/squeeze into the right most lane. While doing so, the said vehicle had collided into the rear right side of my vehicle. Instead of stopping the vehicle, the said person then hurriedly sped off. I wish to state that, I have since tried to locate/catchup with the said vehicle involved, but I eventually lost sight of it due to the heavy traffic. Nevertheless, I had since stopped my vehicle in making a check. From the best of my knowledge, no government property was damage, nobody was injured. However, the rear right side of my vehicle did sustain some scratches, dents and paint being peeled off.

I wish to state that my vehicle does have an in car camera as such the whole incident is recorded. I'm willing to provide the necessary video to the TP if needed for any police investigations.

I'm lodging this police report for my encounter.





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

4 of 4 Report No. T/20230323/2001

CONTINUATION OF REPORT

Signature of Officer Recording The Report:	Signature Of Informant:
SGT 3 LUM HOW MUN	Did Billion
Signature Of Interpreter: Not applicable	Date/Time: 23/03/2023 00:04
Officer In Charge Of Case: TP / HRT / SR STAFF SGT RASHIDAH BINTE AZMAN Contact No.: 65476902	Classification Of Case:
NP168	



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/00926120/01

Type of Coverage / Driver Plan : Car Third-Party Fire and Theft (Value Plus Plan)

1) Vehicle Registration No. : SJQ9561E

Chassis No. : JMYSNCS3A9U004607

Name of Policy Holder : MUHAMMAD ARIFF BILLAH BIN ARSHAD.

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 01/06/2022 00:00

4) Date/Time of Expiry of Insurance : 31/05/2023 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. 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 hailing 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

Windscreen Excess : Not Applicable

Choice of workshop : DirectAsia approved workshops

Finance company / Hire Purchase

Main driver : MUHAMMAD ARIFF BILLAH BIN ARSHAD,

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 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: 06/05/2022

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 Company Registration 2008225110