# 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
- 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 22/03/2023 14:48 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident .... 21/03/2023 16:28 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF BRADELL RD TURN TO BISHAN RD Country/State of Loss Singapore

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

SJZ7205A

INSURED/POLICYHOLDER

2497

Is company? No Name Of Registered Owner PHANG YUL CHER YEOW NRIC No S1740489Z Email Address YULPHANG@GMAIL.COM Mobile Phone No (Phone) +65-82368199 Alternative Phone No

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer **BMW** Model 523i 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 - Claiming third party vour vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/00987110/01

DRIVER

CC

Name of Driver PHANG YUL CHER YEOW NRIC No S1740489Z Date Of Birth 23/09/1966 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	15/09/1987 35 YEARS AND 6 MONTHS Male (Phone) +65-82368199 - YULPHANG@GMAIL.COM 7 PEMIMPIN DRIVE #10-04 - 576150 Yes - No
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	- - LEUNG FUNG MING HELEN
Gender	Female
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SLP4863Z Toyota Prius -

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	VELA YUDHAM SELVARAJI
NRIC No	S6900585C
Contact Number	(Phone) +65-96301543
Address	-
Address complement	BLK 682 HOUGANG AVE 4 #04-364
Postcode	53068
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN	
ESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT
1) 1/5/27	MATILLA DE L'ONI DONNELL
DINE ANI	MING BEND TRUM BRADEZZ
PNAN 7	TATING BEWD FROM BRADELL
MOVEM	TANT PATH C
- 10	
DIFF	SUBBEN IMPACT FROM
-) +/	RICHT OF VEHICLE
REAR	RICHT OF VEHICLE
15.71)	
- CLADATION	
CLARATION Ve declare the foregoing partic	culars are true in every respect.
	culars are true in every respect.
Ve declare the foregoing partic	culars are true in every respect.
Ve declare the foregoing partic	

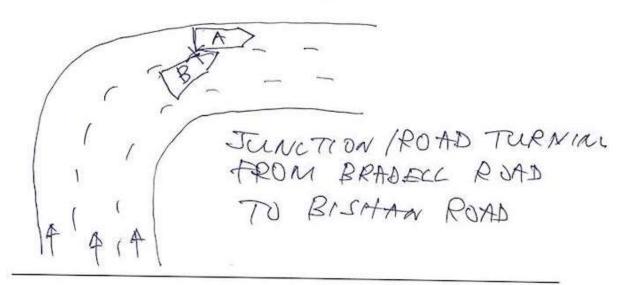
## **Accident Toolkit**

### Sketch plan

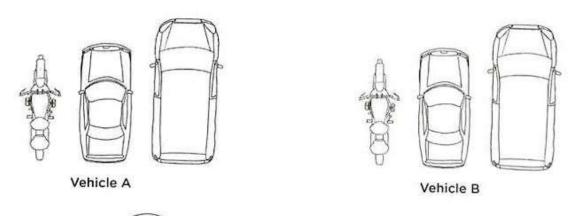
Sketch of accident scene:

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

+55 6603 3699 (from overcast)

#### 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 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.
- 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:
  - (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.

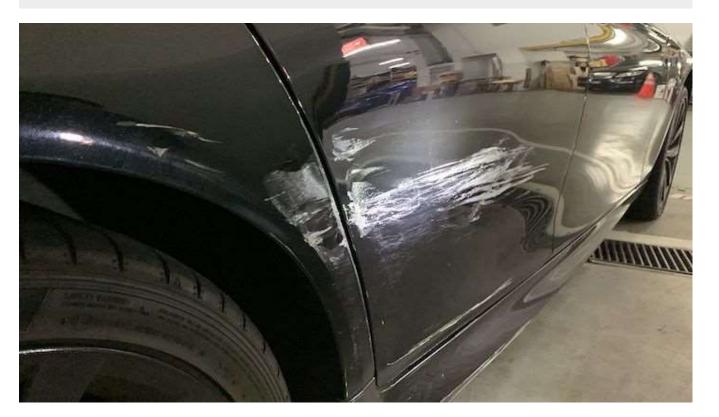
+ Policyholder's Signature + Date & Time: 22/03/200

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

GIARMC SketchPlanForm V3



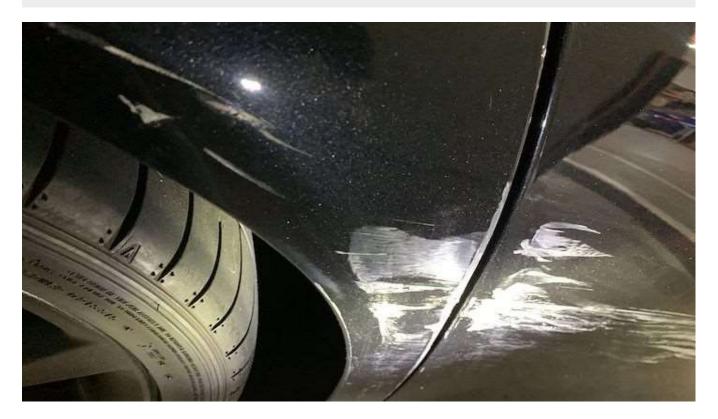




























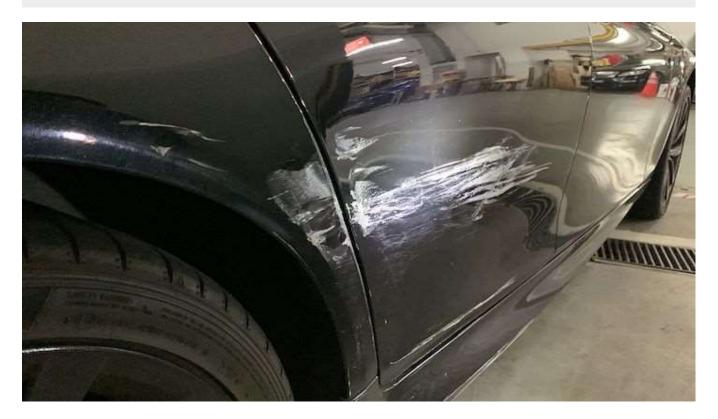




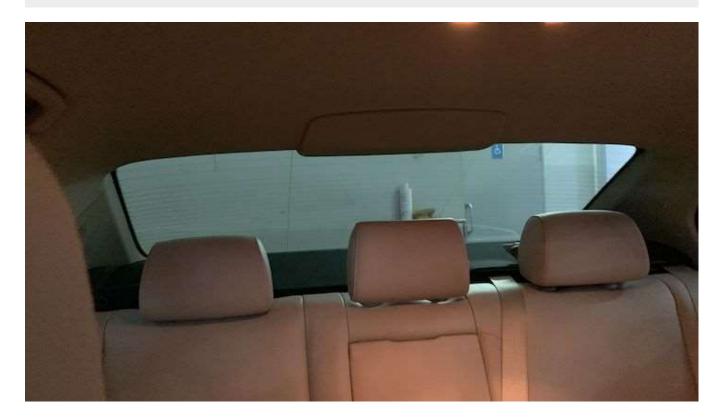




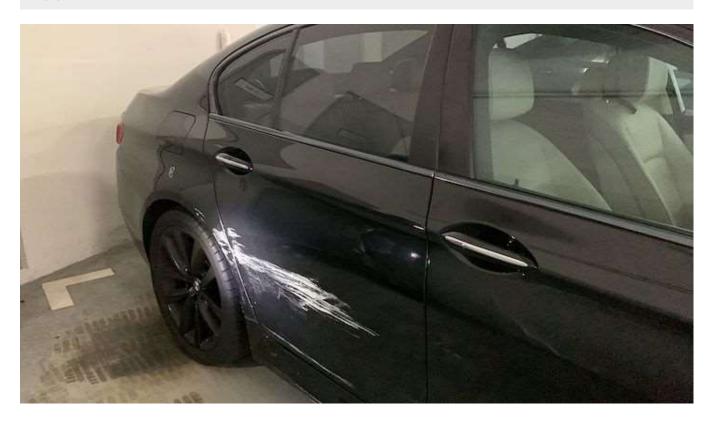
















## **Accident Toolkit**

## **Exchange of particulars**

Other vehicle/Driver details

1. Vehicle No.:	SLP 48632
2. Car Make/Model,	VType/Colour: TO YOTA PRIUS
3. Driver Name:	VELA YUDHAM SELVARAJI
4. NRIC/Passport/C	Other ID No.: \$ 6900 505 C
5. Driver Licence N	lo.:
6. Tel No.:	9630 1543
7. Address:	BLK 682 HOUGANG AVE 4 #04-364,53306.
8. Insurance Comp	pany Name/Policy No.:

#### 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 { } {Pedestrian } { }

direct asia •Insurance 12:13

Call us direct
Customer Care
6665 5555
Ctalms Support 24/7 Hotling
6532 1818

+65 6603 3699 (from oversess)



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/00987110/01

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

1) Vehicle Registration No. : SJZ7205A

Chassis No. : WBAFP32030C547358

2) Name of Policy Holder PHANG YUL CHER YEOW

3) Effective Date / Time of Commencement

4) Date/Time of Expiry of Insurance : 21/12/2023 23:59

5) Persons or Classes of Persons Entitled to Drive

of Insurance for the Purpose of the Act

(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

: 22/12/2022 00:00

The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.

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.

Market Value Sum Insured **Own Damage Excess** S\$ 300.00

Windscreen Excess S\$ 100.00 .

Choice of workshop DirectAsia approved workshops

Finance company / Hire Purchase

: Main driver : PHANG YUL CHER YEOW

Named driver

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: 16/11/2022 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