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 27/04/2023 16:27 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 27/04/2023 10:10 (SGT) Exact Location of Accident Tavistock Ave, Singapore Additional Location Information ALONG ANG MO KIO AVE 3 NEAR ESSO Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN4233C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **BAY KIAN HOCK** NRIC No SXXXX360E Email Address baykh123@gmail.com Mobile Phone No (Phone) +65-81126711 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra Variant AD 1.6 GLS AT Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/01024886

DRIVER

Name of Driver **BAY KIAN HOCK** NRIC No SXXXX360E Date Of Birth 29/04/1965 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? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	21/12/1982 40 YEARS AND 4 MONTHS Male (Phone) +65-81126711 - baykh123@gmail.com APT BLK 614 CHOA CHU KANG STREET 62 #04-239 - 680614 Yes - 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	- - -
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 Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO THE POLICE REPORT STATEMENT. REPORT NO.	T/20230427/7041
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	
DETAILS OF OTHER	VEHICLE PROPERTY 1

QX1206P

Accident report SA10234R0005

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-
to or accorde (mercaning zinter)	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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,

Any false reporting may be referred to the Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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.

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.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan 4: SLN 4233C В

EFER	TO THE	POLICE	REPORT	STATEMENT. REPORT NO. T/20230427/7041
		, , , , , ,	7.507.7.1	SITURIENT REPORT NO. 1/20120424/ 4047
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	bus			At
	IN	7		Il Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personn

vJun2022



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/01024886

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

1) Vehicle Registration No. : SLN4233C

Chassis No.

: KMHD841CMHU333460
2) Name of Policy Holder : Kian Hock, Bay

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act : 03/05/2022 00:00
4) Date/Time of Expiry of Insurance

: 02/05/2023 23:59

Persons or Classes of Persons Entitled to Drive
 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, 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 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

Own Damage Excess : S\$ 800.00

Windscreen Excess : S\$ 100.00

Choice of workshop : DirectAsia approved workshops

Finance company / Hire Purchase

Main driver : Klan Hock, Bay

Ref	Named Driver
Named driver (1)	Ngiap Hong, Tan
Named driver (2)	Jin Wee, Bay
Named driver (3)	Jia Wei, Bay

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.

Company Registration, 200822511G



















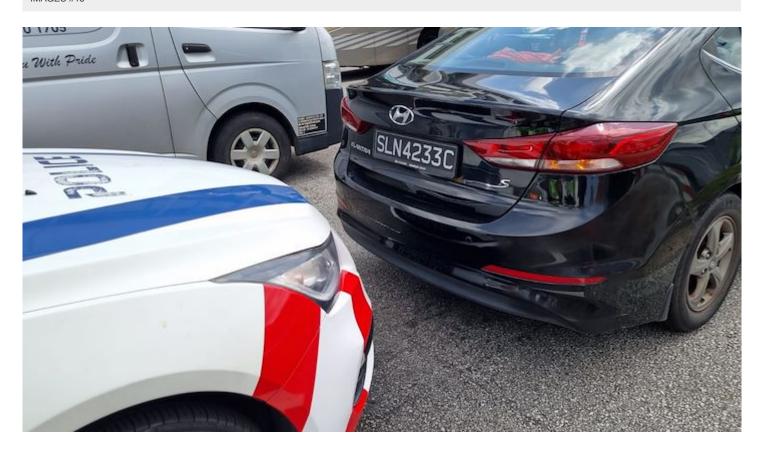
















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230427/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2023 15:45			Vide Report No.: Station Diary			
Informa	nt's Partice	ulars				
	Informant: N HOCK		Address: 614 CHOA CHU KANG STREET 62 #04-239 SINGAPO 680614			
ID Type / ID No.:			Contact No.:			
NRIC NO / S1729360E			Home/Office: Mobile: 81126711			
Nationality:			Email:			
SINGAPORE CITIZEN			BAYKH123@GMAIL.COM			
Sex: Age: Date of Birth: Male 57 29/04/1965			Type of Informant: Driver			
Race:			Language:			
Chinese			English			
Occupation:			Driving Licence Informati	on:		
Retiree			Class:	Date of Expiry:		

Policial minor	mation of the Acciden	t		
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 27/04/2023 10:10	Type of Location T-Junction
Location: TAVISTOCK	AVENUE			
		Road Surface:		
Clear Traffic Flow:		Dry Traffic Control:		Traffic Volume:
Weather: Clear Traffic Flow: Dual Carriage	e Way	Dry	rking	Traffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLN4233C	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Black		0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLN4233C	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01024886/01	03/05/2022	02/05/2024		





2023042777041

2 of 3 Report No. T/20230427/7041

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No					
No. of Pedestriar	is Injured: NIL	Use of Pe	of Pedestrian Crossing: NA			
Driver			***			
Name	BAY KIAN HOCK			ID No.		S1729360E
Related Vehicle	SLN4233C (Car)			Contac	t No.	81126711
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL	Date	1	NIL		
No. of Days granted Medical Leave NIL			Degree o	f	NIL	

Brief Details.

My car was heading to Serangoon area and stopped at the traffic light junction along Ang Mo kio Ave 3, diagonally near Esso petrol kiosk. There were few cars stopped infront of me. I was waiting for the traffic light to turn green when I heard a lot bang and my car shaked. Shocked and stunned, I realised a police patrol car QX1206P had collided from the rear. The traffic police later arrived to control the situation.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230427/7041

CONTINUATION OF REPORT

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: 27/04/2023 15:45
Officer In Charge Of Case: TP / TPIB / MUHAMMAD ZICKIE BIN AHMAD SUYUTI Contact No.: 65476225	Classification Of Case:
NP168	