

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 08/05/2023 15:20 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 06/05/2023 17:58 (SGT)
Exact Location of Accident 210 Bukit Batok Street 21, Block 210, Singapore 650210
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY6079Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ASMADI BIN ABDUL RAHMAN
NRIC No S1546692H
Email Address bsss.siss@gmail.com
Mobile Phone No (Phone) +65-92729165
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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 1197

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number MT/01053839

DRIVER

Name of Driver ASMADI BIN ABDUL RAHMAN
NRIC No S1546692H
Date Of Birth 04/11/1962
Occupation Indoor

| | |
|--|----------------------------|
| Date Of Driving Pass | 07/03/2006 |
| Driving experience | 17 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92729165 |
| Alt. Phone Number | - |
| Email Address | bsss.siss@gmail.com |
| Address | 842H TAMPINES ST 82 #02-82 |
| Address complement | - |
| Postcode | - |
| 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 - Change/cross lane |
| 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) | 4 |
| 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 | NIL |
| Gender | Female |

PASSENGER 2

| | |
|--------------|------|
| Name | NIL |
| Gender | Male |

PASSENGER 3

| | |
|--------------|--------|
| Name | NIL |
| Gender | Female |

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

REFER SKETCH.

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 | YP5349G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Goods vehicle |
| Name of Driver | WANG HAIJUN |
| Work Permit No | G2659538Q |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |



**direct
asia**
INSURANCE COMPANY

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/01053839 |
| Type of Coverage / Driver Plan | : Car Comprehensive (Value Plan) |
| 1) Vehicle Registration No. | : SMY6079Z |
| Chassis No. | : 52NFEA11U1915749 |
| 2) Name of Policy Holder | : Asmadi Bin Abdul Rahman |
| 3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : 07/07/2022 00:00 |
| 4) Date/Time of Expiry of Insurance | : 06/07/2023 23:59 |
| 5) Persons or Classes of Persons Entitled to Drive | |
| (a) 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. 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\$ 0.00 |
| Windscreen Excess | : S\$ 100.00 |
| Choice of workshop | : DirectAsia approved workshops |
| Finance company / Hire Purchase | : |
| Main driver | : Asmadi Bin Abdul Rahman |
| Named driver | : None |

Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver. Unnamed drivers will not be covered.

Describe Circumstance of the Accident
I was about driving out from the car park at
Buk 210 Bukit Batok St 21. A Lorry YP 51349G.
Reverse out and knock on my car SMy 6079Z
on left rear portion.

Declaration

I/We declare the foregoing particulars are true in every respect.



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

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

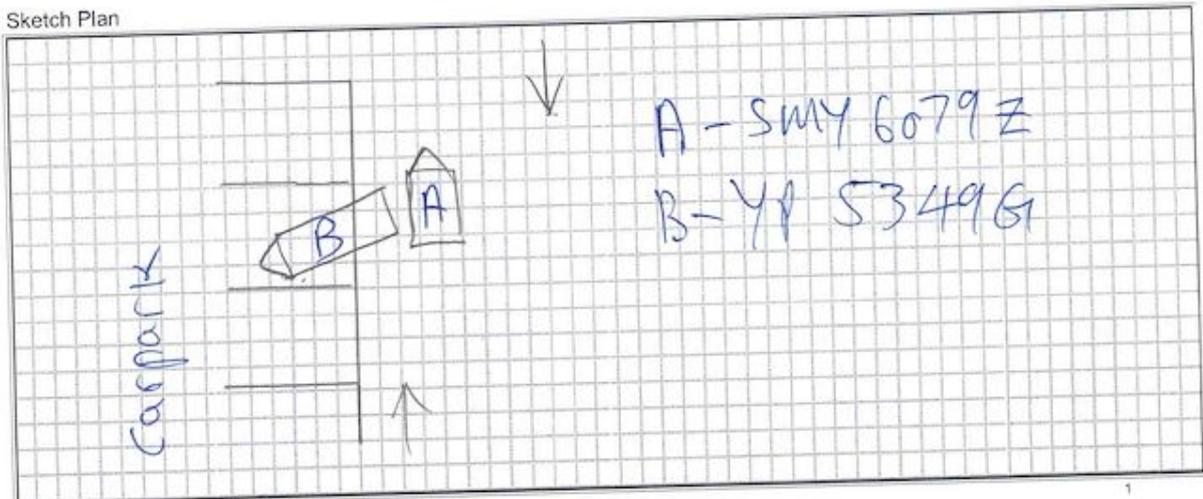
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



vJun2022









