SD0A234H0001 / DE XING MOTOR PTE LTD ENTRY DATE & TIME: 17/04/2023 16:09 (SGT) SUBMITTED BY: AUNG WAI WAI VERSION: 1 (17/04/2023 16:09 (SGT))

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver
 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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information

Country/State of Loss

17/04/2023 16:09 (SGT) Both Policyholder and Actual Driver 14/04/2023 21:49 (SGT) 500 Old Choa Chu Kang Rd, Singapore 698924 ALONG OLD CHOA CHU KANG ROAD TOWARDS SUNGEI **TENGAH ROAD** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FR1632D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

MOHD ZAIN BIN MOHD SANI

SXXXX364A

MZMSANI@YAHOO.COM.SG (Phone) +65-90128977

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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? Vehicle Category Transmission

CC

Honda XR2503VJ

Private use

No - Claiming third party

Motorcycle Auto 249

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Direct Asia Insurance (Singapore) Pte Ltd MC/00473001/04

DRIVER

Name of Driver NRIC No Date Of Birth

MOHD ZAIN BIN MOHD SANI SXXXX364A 25/11/1964



Occupation Date Of Driving Pass

Driving experience Gender

Mobile Number

Alt. Phone Number

Email 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

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. Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

AS PER THE POLICE REPORT

ATTACHMENT(S)

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

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Indoor

#05-213

730849

Collision - U-Turn

Yes

No

Clear

Dry

No

Yes

Yes

Yes

1

No

Yes

No

Woodlands Division Headquarters

1 Woodlands St 12 Singapore 738622

(Phone) +65-18004660000

2

27/06/1988

34 YEARS AND 10 MONTHS

MZMSANI@YAHOO.COM.SG

BLK 849 WOODLANDS ST 82

(Phone) +65-90128977

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

SLU137L Kia



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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MOHD ZAIN BIN MOHD SANI

Gender Male

Phone No (Phone) +65-90128977

Address BLK 849 WOODLANDS ST 82

Address Complement #05-213
Post Code 730849

Approximate Age Years Old 58

Injuries Sustained SUFFERED HAND INJURY (SCAPHOID FRACTURE) AND LEFT

SIDE CHEST PAIN

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Pease report correctly the details of the accident to speed up the claims process
- 2 This Formmust be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the port of the insurance companies.
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- 6. 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.
- 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 aforesed.

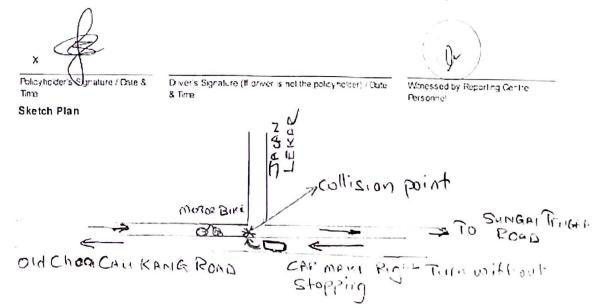
8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use idisclose 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 taw yers/law firms, the Monutary 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 depling with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers law yersilaw firms, mayfare 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 law yers/flaw Tirms), which irray be seed outside of Singapore, for one or more of the above Purposes.



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1 of 2

Report No. L/20230415/7022

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made 15/04/2023 11:52	Vide Report No.			Station Diary No.
Name Of Informant	Address			
MOHD ZAIN BIN MOHD SANI	849 WOODLANDS STREET 82 #05-213 SINGAPORE 730849			
ID Type / ID No. NRIC NO / \$1645364A	Contact Home/C	,	Mobile: 90128977	
Nationality SINGAPORE CITIZEN	Email Address mzmsani@yahoo.com.sq			
Occupation	Sex	Age	Date of Birth	Race
Chemical engineering technician (petroleum and natural gas)	Male	58	25/11/1964	Malay
Institution/School Name	Language English			
Date/Time Of Incident 14/04/2023 21:45 - 14/04/2023 21:50	Location Of Incident 849 WOODLANDS STREET 82 #05-213 SINGAPORE 730849			

Brief details.

On 14th April 2023, at about 9.49pm, I was riding home on my Motorcycle with Registration No. FR1632D along Old Chua Chu Kang Road heading towards Sungei Tengah Road. Suddenly, a Car, KIA make, with registration No. SLU137L collided into me while the car is making a right turn into Jalan Leker.

I suffered hand injury(Scaphoid fracture) & Left side chest pain and was sent to Ng Teng Fong Hospital

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: 15/04/2023 11:52		
Officer In-Charge Of Case:	Classification Of Case:		





2012

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230415/7022

via Ambulance.

The driver of the KIA suffered a shock and was conveyed to the hospital too.

Kindly refer to Report no. J/20230414/0111 for the rest of the details.

Suspect	The same of the sa				
Person Name	Unknown				
Gender	Male	Age	20-25		
Victim			Manager and the second of the second		
Person Name	MOHD ZAIN BIN MOHD SAN		1900a W Sanki and Sanki Sa		
ID Type	NRIC NO	ID No	S1645364A		
Gender	Male	Age	58		
Race	Malay	Language	English		
Occupation	Chemical engineering technician (petroleum and natural gas)	Address	849 WOODLANDS STREET 82 #05-213 SINGAPORE 730849		
Mobile No 90128977		Is Informant A Victim?	Yes		

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: 15/04/2023 11:52	
Officer In-Charge Of Case:	Classification OI Case:	
Officer In-Charge Of Case:	Classification Of Case:	

Here's a quick summary of your insurance:

Policy ID

: MC/00473001/04

Policyholder/

: MOHD ZAIN BIN MOHD SANI

Motorcyle Owner

Declared Main

: MOHD ZAIN BIN MOHD SANI

Driver

Vehicle

:FR1632D

Registration No.

Period of Insurance: 10/05/2022 to 09/05/2023

Vehicle Usage : Private Use

No Claim Discount: 30%

Policy Excess

: S\$ 600.00

Lastly, if any of your personal, vehicle or driver information has changed, please update us at 6665 5555 and our customer care specialists will assist you.

Thank you for choosing us!

From all of us at DirectAsia



REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD





MOHD ZAIN BIN MOHD SANI

NRIC NO. S1645364A



DATE OF BIRTH
25 NOV 1964

SEX MALE

NATIONALITY / CITIZENSHIP
SINGAPORE CITIZEN

DATE OF ISSUE 22 JAN 2020

ADDRESS 849 WOODLANDS STREET 82 #05-213 SINGAPORE 730849

DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO. S1645364A Ø

CLASS AND ISSUE DATE

2B • 27 JUN 1988

2A • 27 JUN 1988

2 • 27 JUN 1988

CERTIFICATE OF MERIT ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO. **000116127A**

Hide details

