

## 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 .....	12/07/2023 15:57 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	09/07/2023 19:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG TPE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJH5806Z
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD ZAIRULNIZAM BIN ZAINAL
NRIC No .....	S8722204G
Email Address .....	MUHAMMADZAIRULNIZAM87@GMAIL.COM
Mobile Phone No .....	(Phone) +65-86577954
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Corolla
Variant .....	AXIO 1.5X M
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 .....	1496

#### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number .....	MT/01070801/01

#### DRIVER

Name of Driver .....	MUHAMMAD ZAIRULNIZAM BIN ZAINAL
NRIC No .....	S8722204G
Date Of Birth .....	26/07/1987
Occupation .....	Indoor

Date Of Driving Pass .....	08/01/2013
Driving experience .....	10 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86577954
Alt. Phone Number .....	-
Email Address .....	MUHAMMADZAIRULNIZAM87@GMAIL.COM
Address .....	494G TAMPINES ST 45 #04-560
Address complement .....	-
Postcode .....	527494
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) .....	1
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC286G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-


Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	-



SKETCH PLAN

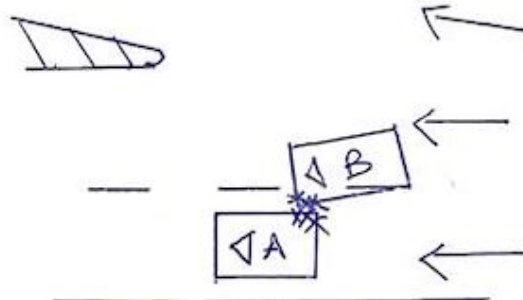
IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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  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  
 11/7/23  
 1558HK3  
 Sketch Plan

Driver's Signature (If driver is not the policyholder) : Date & Time

Witnessed by Reporting Centre Personnel



A: SH 5806 Z

B: SHC 286 G


TAMPINES AVE 7  
 100m

Describe Circumstances of the Accident.

\* please Refr To police Report.

Declaration

We declare the foregoing particulars are true in every respect.

  
 Driver's Signature / Date  
 Time: 11/7/23  
 15584/KS

Driver's Signature / Date (if not the person who signed)  
 Time:

Witness's Signature / Date  
 Personnel:































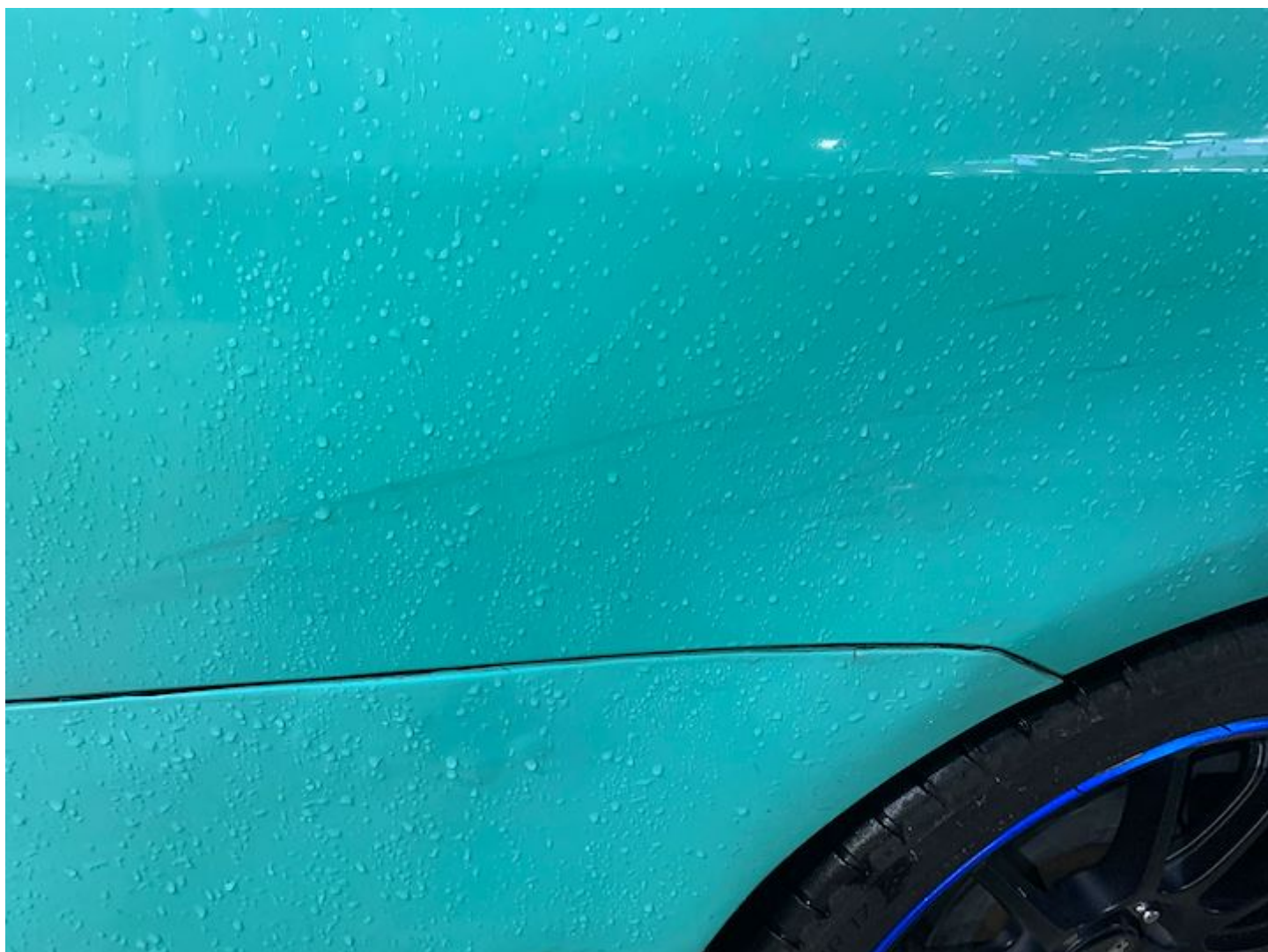




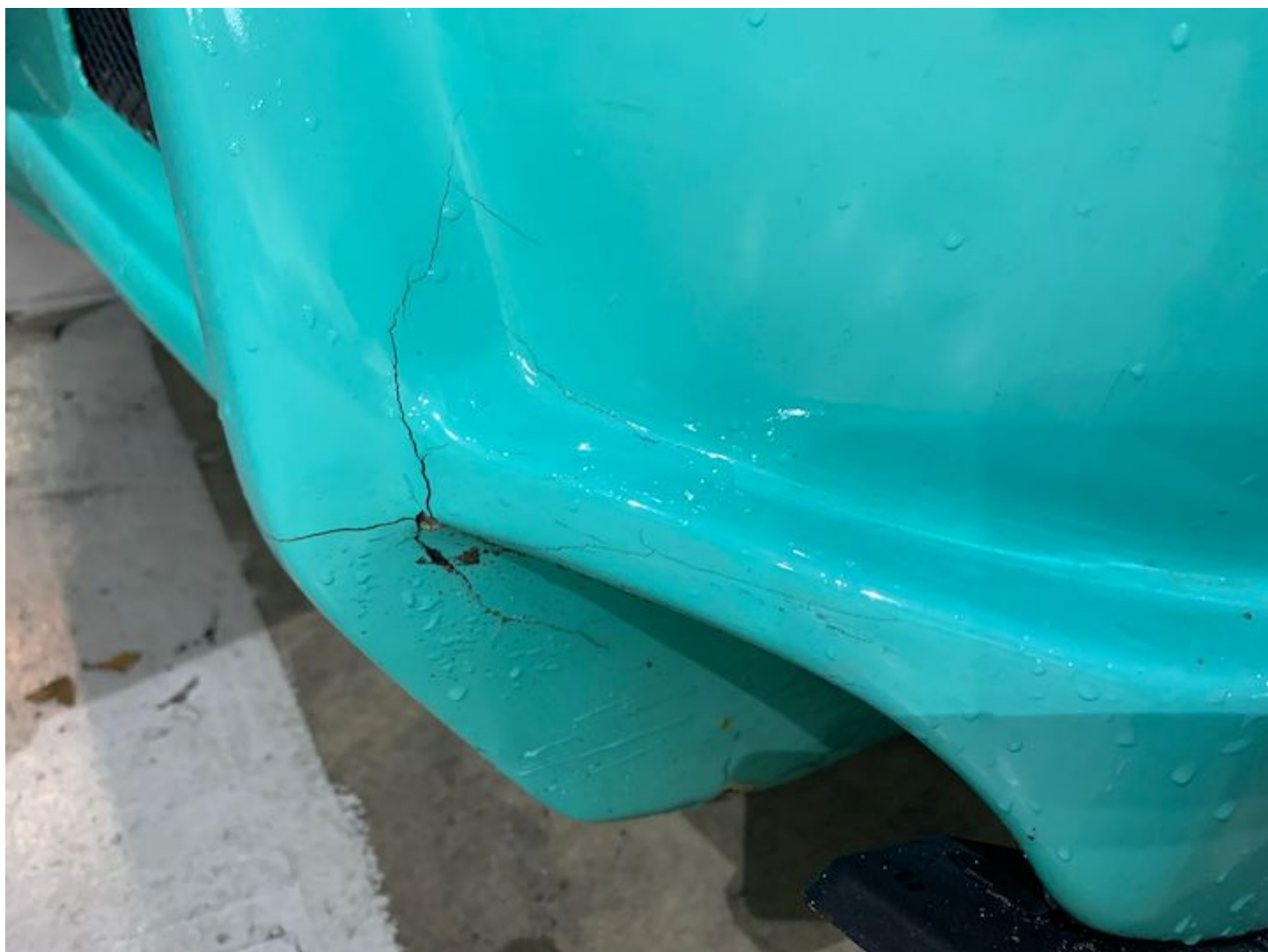


















**SINGAPORE  
POLICE FORCE**



T/20230711/7062

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

1 of 3

Report No. T/20230711/7062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/07/2023 16:25		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: MUHAMMAD ZAIRULNIZAM BIN ZAINAL		Address: 494G TAMPINES STREET 45 #04-560 SINGAPORE 527494		
ID Type / ID No.: NRIC NO / S8722204G		Contact No.: Home/Office: Mobile: 86577954		
Nationality: SINGAPORE CITIZEN		Email: MUHAMMADZAIRULNIZAM87@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 26/07/1987	Type of Informant: Driver	
Race: Malay		Language: English		
Occupation: Bus driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2023 19:45	Type of Location: Straight Road
Location:  TAMPINES STREET 34				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC286G	Car	HYUNDAI	IONIQ	Yellow	Slightly Damaged	3
SJH5806Z	Car	TOYOTA	COROLLA AXIO 1.5X M	Black	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20230711/7062

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

Report No. T/20230711/7062

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH5806Z	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01070801	14/08/2022	13/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD ZAIRULNIZAM BIN ZAINAL	ID No.	S8722204G
Related Vehicle	SJH5806Z (Car)	Contact No.	86577954
Hospital/Clinic	LILY AW PASIR RIS FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	10/07/2023	Date	10/07/2023
No. of Days granted Medical Leave	02	Degree of	Slight

## Brief Details.

I WAS DRIVING HOME ALONG TAMPINE AVE 7 EXIT FROM TPE. AS I WAS NEAR THE END OF EXIT, A TAXI BEARING (SHC286G) SUDDENLY CAME INTO MY LANE AND HIT MY VEHICLE REAR RIGHT SIDE. THE TAXI DRIVER WAS CHANGING LANE FROM THE SAME LANE AS ME AND TRY TO CAME BACK TO MY LANE AND HIT MY VEHICLE. AFTER HE COLLIDED INTO MY VEHICLE REAR. WE STOPPED A BIT FURTHER DOWN THE ROAD AND DISCUSS ABOUT THE COLLISION, BUT THE TAXI UNCLE CLAIMED THAT THERE'S NOT MUCH DAMAGE AND DROVE OFF. IN HIS TAXI, THERES STILL PASSENGERS BUT I CANT CONFIRM HOW MANY OF THEM. AFTER WE LEAVING THE SCENE, I FELT PAIN ON MY NECK AND BACK. I VISITED MY COMPANY DOCTOR FOR CHECK UP.



**SINGAPORE  
POLICE FORCE**



T/20230711/7062

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

3 of 3

Report No. T/20230711/7062

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

Signature Of Informant:

The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
11/07/2023 16:25

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.

<b>Certificate No.</b>	: MT/01070801/01
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SJH5806Z
<b>Chassis No.</b>	: NZE1416089260
<b>2) Name of Policy Holder</b>	: MUHAMMAD ZAIRULNIZAM BIN ZAINAL
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 14/08/2023 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 13/08/2024 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(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.	
<b>6) Limitations as to use*</b>	
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.	
<b>Sum Insured</b>	: Market Value
<b>Own Damage Excess</b>	: S\$ 800.00
<b>Windscreen Excess</b>	: S\$ 100.00
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	: Dickson Capital Pte Ltd
<b>Main driver</b>	: MUHAMMAD ZAIRULNIZAM BIN ZAINAL
<b>Named driver</b>	: None
<b>Important Note:</b> 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).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on: 11/07/2023

  
 Underwriting Manager

Direct Asia Insurance (Singapore) Pte Ltd  
 20 Anson Road #08-01 Twenty Anson Singapore 079912  
 www.DirectAsia.com

Company Registration: 200822611G

M-Q-001