

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 First Submission	09/09/2024 15:08 (SGT)
Reported by	Actual Driver
Date of Accident	07/09/2024 17:48 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	ALONG PUE TOWARDS CHANGI BEFORE EUNOS EXIT
Country/State of Loss	SINGAPORE
	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5449U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	XIANG YANXIA
NRIC No	S8467261J
Email Address	YANXIA.XIANG921@GMAIL.COM
Mobile Phone No	(Phone) +65-97210867
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Rx400h
Variant	TOYOTA / LEXUS RX400H HYBRID
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	3311
Vehicle Fuel	-
First Registration Date	-
Chassis no	JTJHW31U602858434
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00875011/03

DRIVER

Name of Driver	XING YUCAI
NRIC No	S7956226B
Date Of Birth	24/04/1979
Occupation	Indoor
Driving Pass Date	14/07/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96366567
Alt. Phone Number	-
Email Address	MILAOSHU530@HOTMAIL.COM
Address	BLK 3 LORONG 42 GEYLANG 06-11 SINGAPORE 398026
Address complement	-
Postcode	398026
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBW5406K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
Name of Driver -
NRIC No S9608572I
Contact Number (Phone) +65-87503502
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLH9800P
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver MR TING
Contact Number (Phone) +65-98150399
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 -
Gender Male
Phone No (Phone) +65-87503502
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? FBW5406K
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

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.

Handwritten signature of Policyholder

Policyholder's Signature / Date & Time

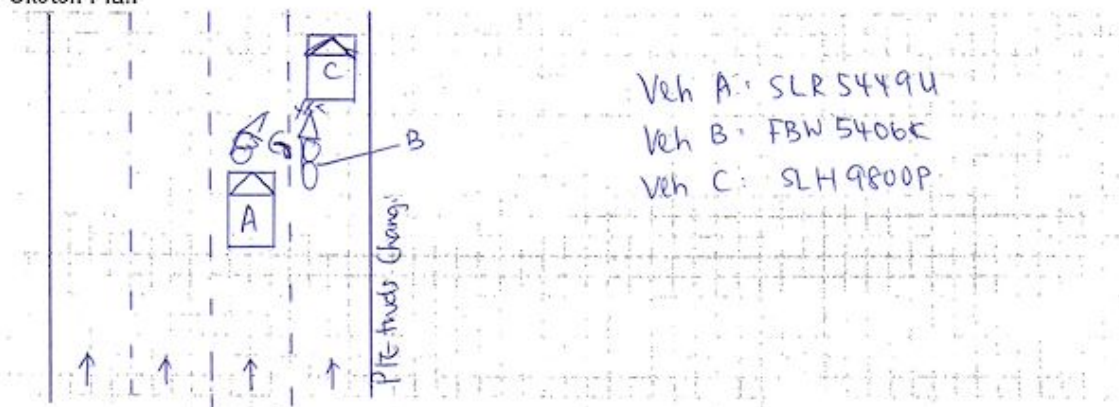
Handwritten signature of Driver

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

Handwritten signature of Witness

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


Refer to police report


Report No: T/2024 0909 / 7018

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel





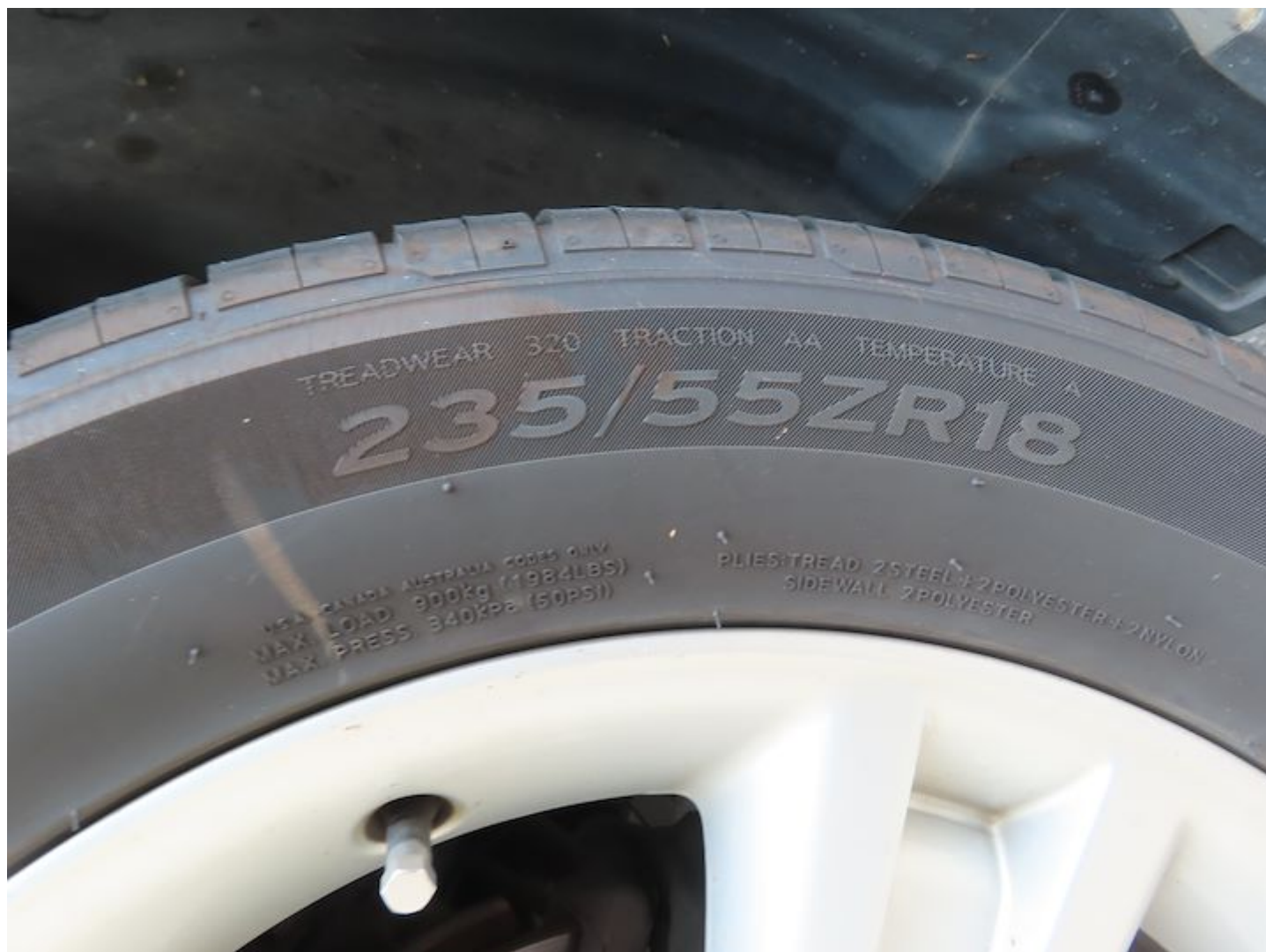
























SINGAPORE POLICE FORCE

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



T/20240909/7018

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Report No. T/20240909/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2024 11:03		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: XING YUCAI		Address:		
ID Type / ID No.: NRIC NO / S7956226B		Contact No.: Home/Office:		Mobile: 96366567
Nationality: CHINESE		Email: YUCAI.XING@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 24/04/1979	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: AIRCON COMPANY DIRECTOR		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/09/2024 17:45	Type of Location: Straight Road	
Location: UBI AVENUE 1				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBW5406K	Motorcycle	YAMAHA		Red		0
SLH9800P	Motor car	KIA				0
SLR5449U	Motor car	LEXUS	RX400H		Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLR5449U	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00875011/03		



**SINGAPORE
POLICE FORCE**



T/20240909/7018

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

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Report No. T/20240909/7018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Unknown Rider	ID No.	S9608572I
Related Vehicle	FBW5406K (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	XING YUCAI	ID No.	S7956226B
Related Vehicle	SLR5449U (Motor car)	Contact No.	96366567
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

ON ABOVE DATE & TIME, I WAS DRIVING MY VEHICLE A (SLR5449U) TRAVELING ALONG PIE TOWARDS CHANGI ON LANE 2 OF A 4 LANES, EXPRESSWAY. SOMEWHERE BEFORE EUNOS LINK EXIT, VEHICLE B (FBW5406K) WHICH FROM LANE 1 FAILED TO STOP AND COLLIDED ONTO THE REAR PORTION OF VEHICLE C (SLH9800P). AFTER THE COLLISION, THE RIDER OF VEHICLE B FALL TO MY LANE AND HIT ONTO THE FRONT PORTION OF MY VEHICLE.

**SINGAPORE
POLICE FORCE**

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



T/20240909/7018

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Report No. T/20240909/7018

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YAP ENG SIANG
Contact No.: 96324893

NP168

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

Date/Time:
09/09/2024 11:03

Classification Of Case: