

# 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	28/06/2024 17:20 (SGT)
Reported by	Actual Driver
Date of Accident	28/06/2024 11:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLAYMORE RD & CLAYMORE HILL CORNER
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU4363Z
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHU YUAN HWA
NRIC No	SXXXX593I
Email Address	JOANNEZHU001@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96362226
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xe
Variant	2.0 I4P TSS
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	1999

### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01216361/01

### DRIVER

Name of Driver	ZHU YAN
NRIC No	SXXXX478Z
Date Of Birth	06/04/1973
Occupation	Indoor



Driving Pass Date	13/02/2006
Driving experience	18 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94893068
Alt. Phone Number	-
Email Address	JOANNEZHU001@HOTMAIL.COM
Address	28B, JLN LEMPENG, #31-17, THE TRILING
Address complement	-
Postcode	128809
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Head to Rear
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)	2
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	ROGER
Gender	Male

#### 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

PLEASE REFER TO STATEMENT.

#### 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	SME4089M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



# Accident Toolkit

## Sketch plan

Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.

SLU43632 (reg)  
Driver's vehicles just passed the give way sign at claymore Road, then it was hit by the vehicle coming from the back.

claymore Hill

SHAA Centre

Give way

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.

Vehicle A

SLU43632

Vehicle B

SME4089M

Call us direct

Customer Care

6665 5555

Claims Support 24/7 Hotline

6532 1818

or visit [www.directasia.co.uk](http://www.directasia.co.uk)

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