

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 | 31/10/2023 16:33 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 27/10/2023 07:30 (SGT) |
| Exact Location of Accident | TPE, Singapore |
| Additional Location Information | ALONG TPE TOWARDS CHANGI (BEFORE THE EXIT 5 OF TAMPINES AVE 10) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMM5278K |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---------------------------|
| Is company? | No |
| Name Of Registered Owner | YAW CHEE KONG CHRISTOPHER |
| NRIC No | S7320831I |
| Email Address | YAOZG@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-83836751 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Shuttle |
| 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? | 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/00939972/02 |

DRIVER

| | |
|----------------------|---------------------------|
| Name of Driver | YAW CHEE KONG CHRISTOPHER |
| NRIC No | S7320831I |
| Date Of Birth | 13/06/1973 |

| | |
|--|--------------------------------------|
| Occupation | Indoor |
| Driving Pass Date | 22/04/1996 |
| Driving experience | 27 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83836751 |
| Alt. Phone Number | - |
| Email Address | YAOZG@HOTMAIL.COM |
| Address | APT BLK 339 HOUGANG AVENUE 7 #04-425 |
| Address complement | - |
| Postcode | 530339 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | Yes |
| Number of vehicles involved in the accident | 4 |
| 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) | 3 |
| 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 | - |

FOREIGN VEHICLE 1

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | JWH372 |
| Vehicle Category | Private car |

PASSENGER 1

| | |
|--------------|------|
| Name | NA |
| Gender | Male |

PASSENGER 2

| | |
|--------------|--------|
| Name | NA |
| Gender | Female |

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 POLICE REPORT

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 JWH372
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE5443Y
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMT4175T
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 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 | - |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | JWH372 |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

Describe Circumstance of the Accident

Refer to police report T/20031627/7082

Declaration

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


31/10/2023

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

IMPORTANT NOTICE

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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.

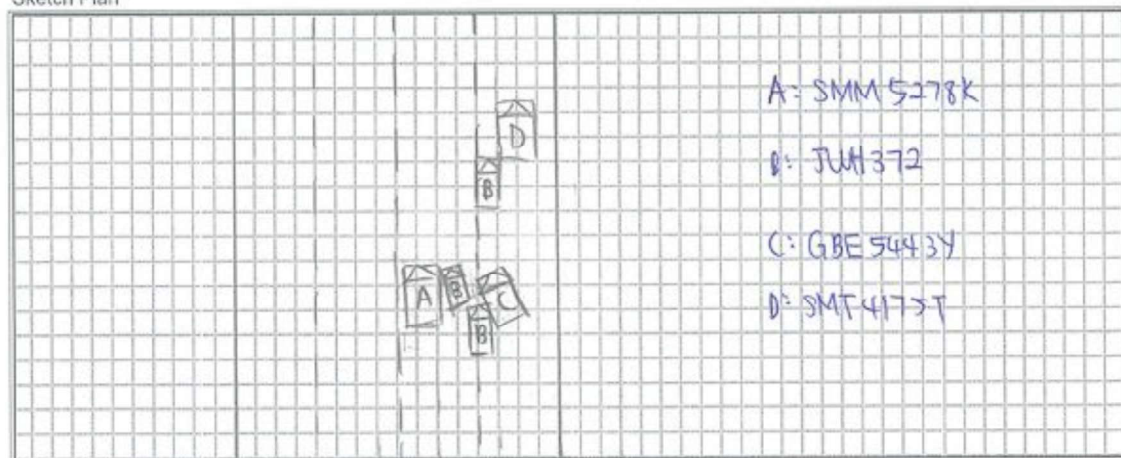

31/00/2023

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



The sketch plan is a grid-based diagram showing the positions of vehicles involved in an accident. The vehicles are represented by small rectangles with labels A, B, C, and D. Vehicle A is at the top, B is below it, C is to the left of B, and D is to the right of B. The license plate numbers are written to the right of the grid:

- A: SMM 5278K
- B: JWH 372
- C: GBE 5443Y
- D: SMT 4173T

v.Jun2022

**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/00939972/02 |
| Type of Coverage / Driver Plan | : Low Mileage Car Comprehensive (Value Plan) |
| 1) Vehicle Registration No. | : SMM5278K |
| Chassis No. | : GP72010632 |
| 2) Name of Policy Holder | : YAW CHEE KONG CHRISTOPHER |
| 3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : 02/07/2023 00:00 |
| 4) Date/Time of Expiry of Insurance | : 01/07/2024 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\$ 600.00 |
| Windscreen Excess | : S\$ 100.00 |
| Low Mileage Excess | : S\$ 5,000.00 |
| (If you exceed permitted allowance of 8,000KM per year) | |
| Choice of workshop | : DirectAsia approved workshops |
| Finance company / Hire Purchase | : Sing Investments & Finance Limited |
| Main driver | : YAW CHEE KONG CHRISTOPHER |
| Named driver | : None |
| Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered. | |

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).

Issued on: 02/06/2023

Direct Asia Insurance (Singapore) Pte. Ltd.


Underwriting Manager

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

Company Registration: 200822611G



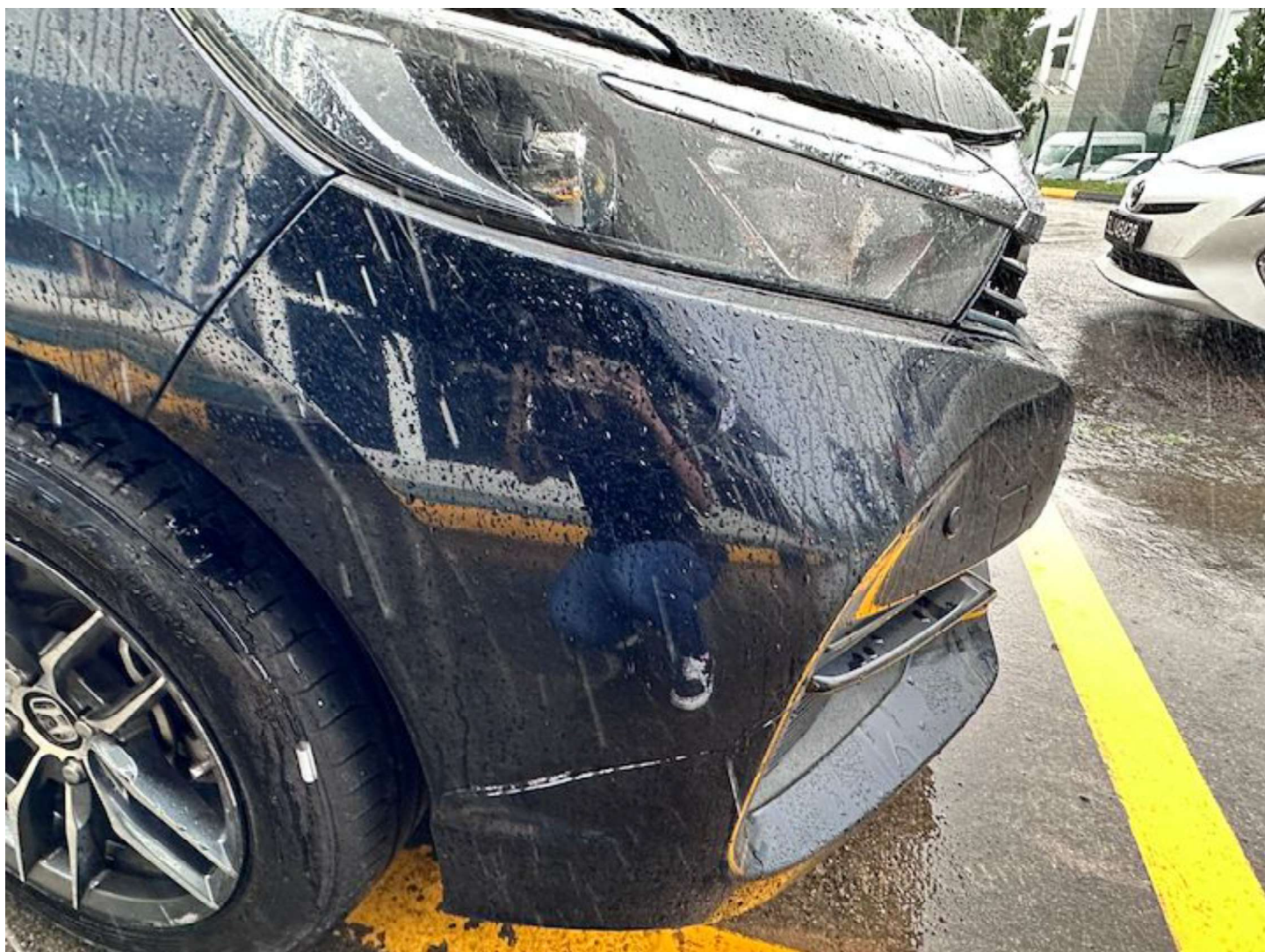




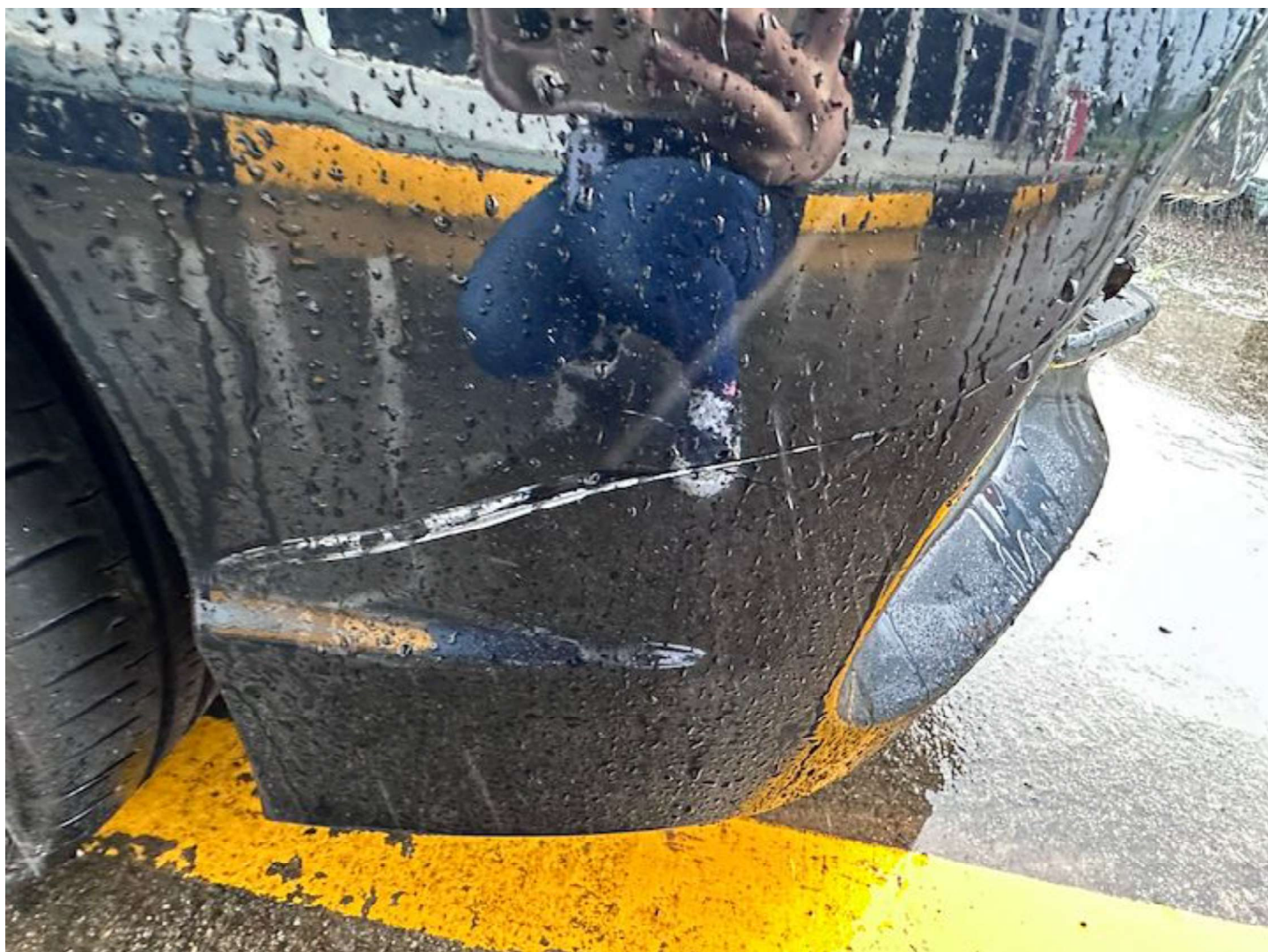






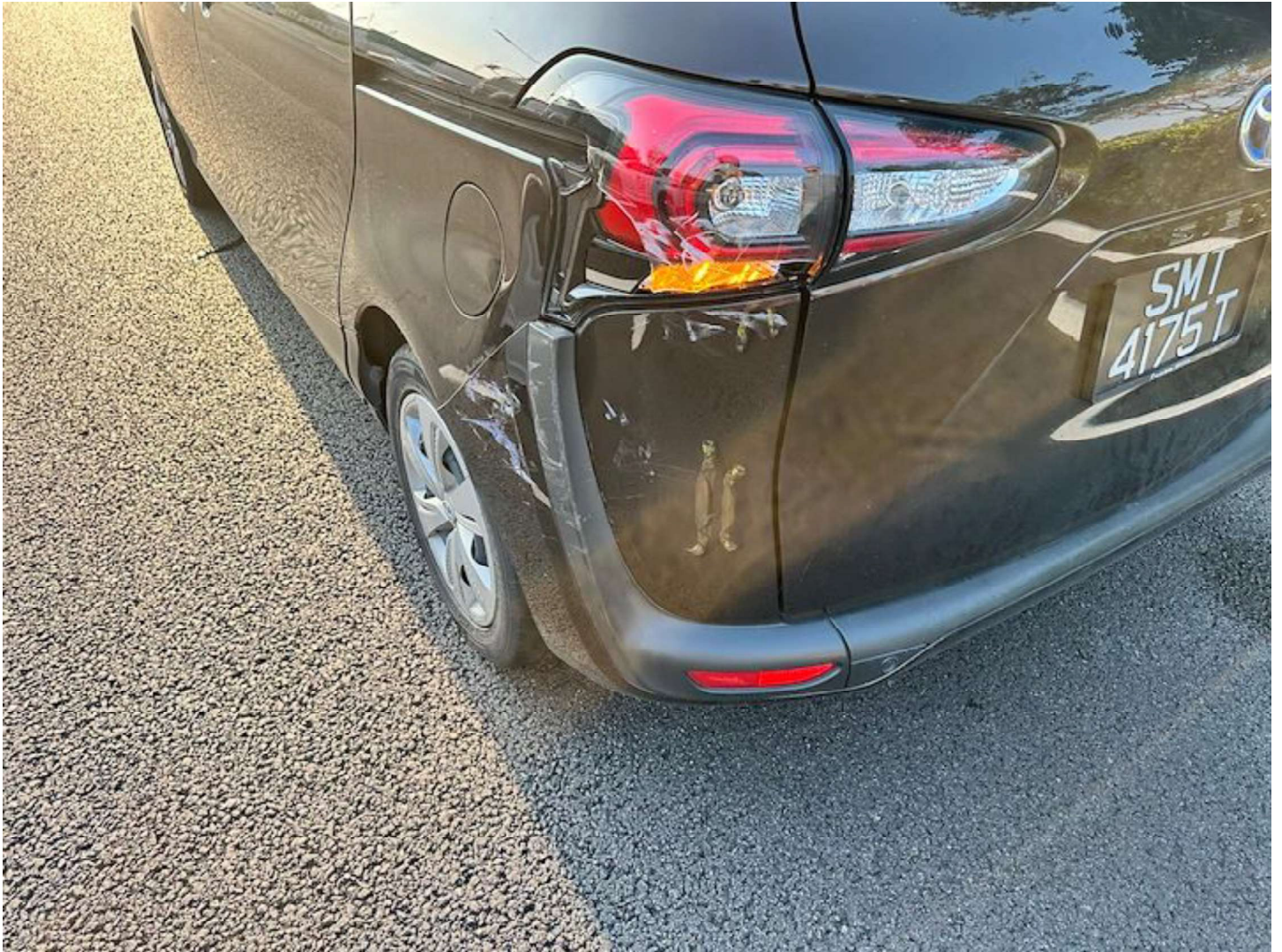


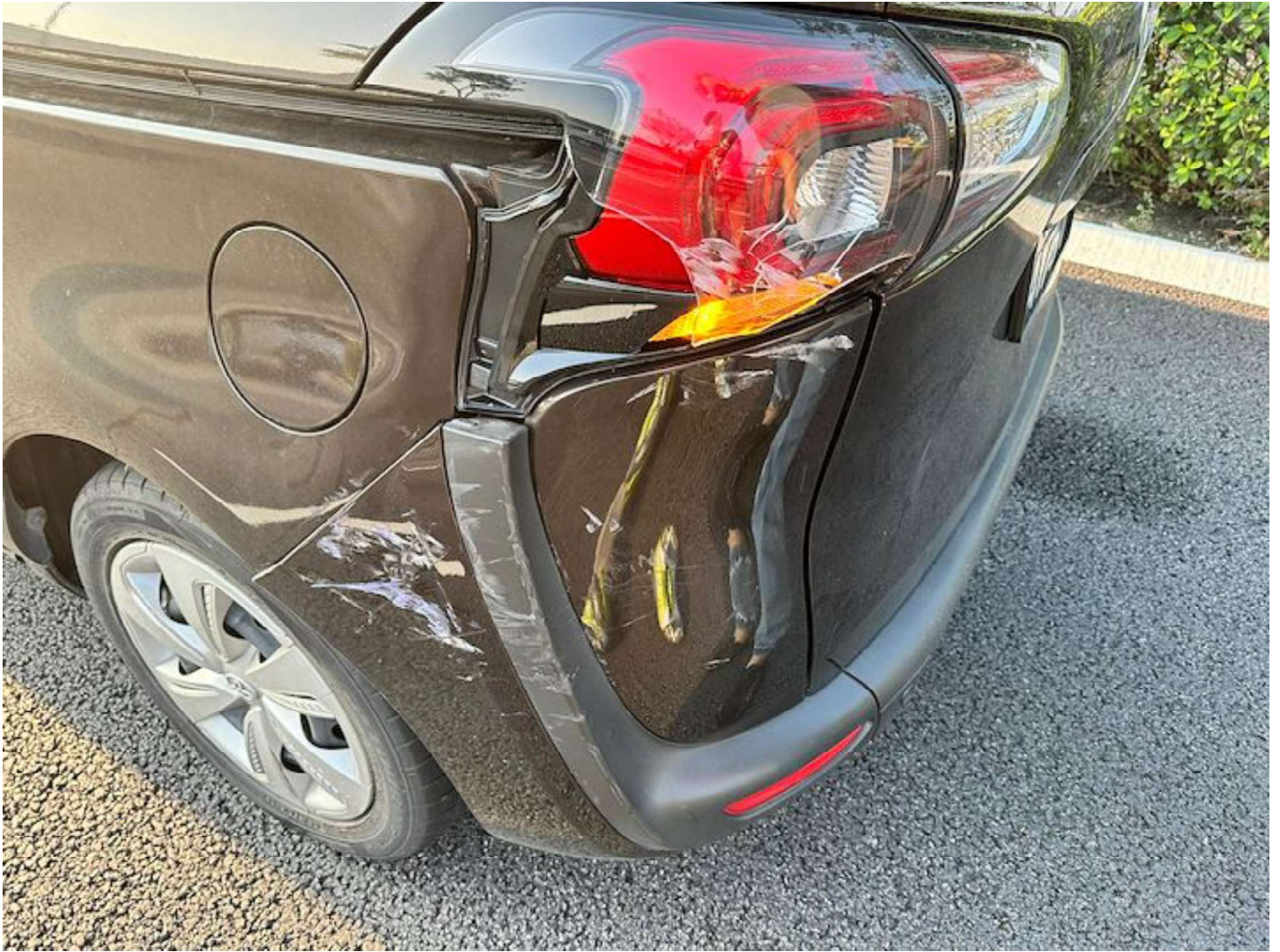




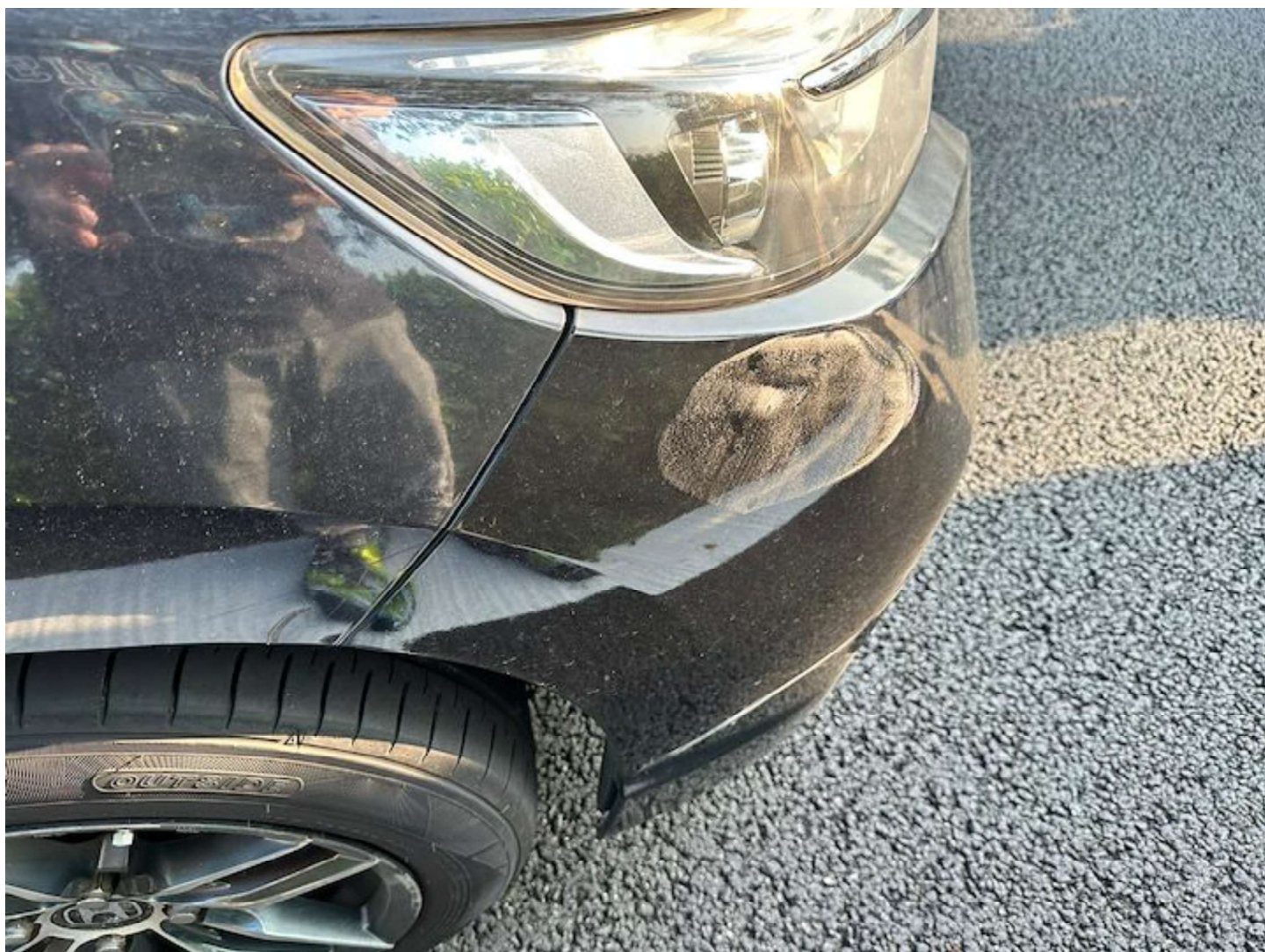




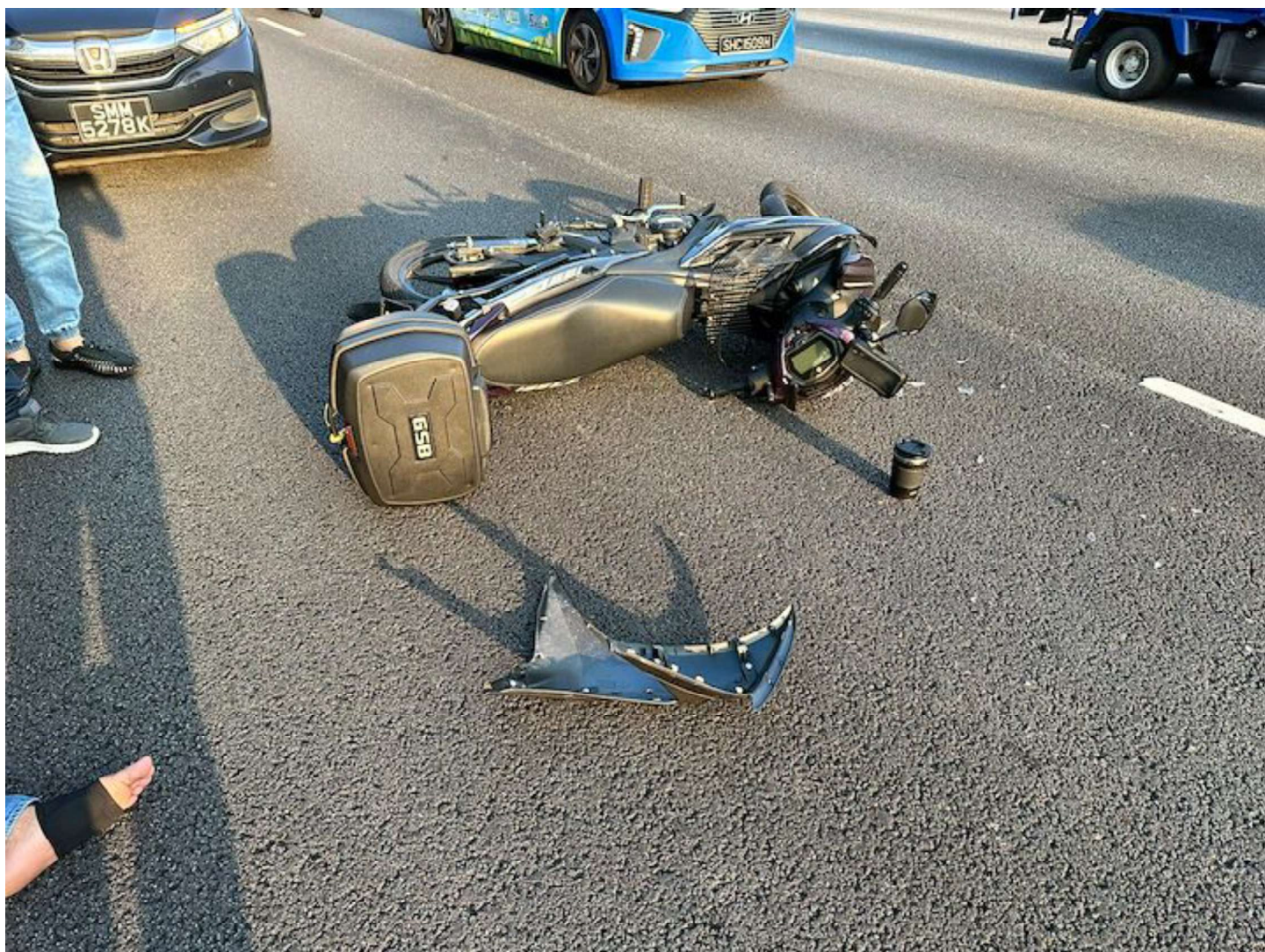


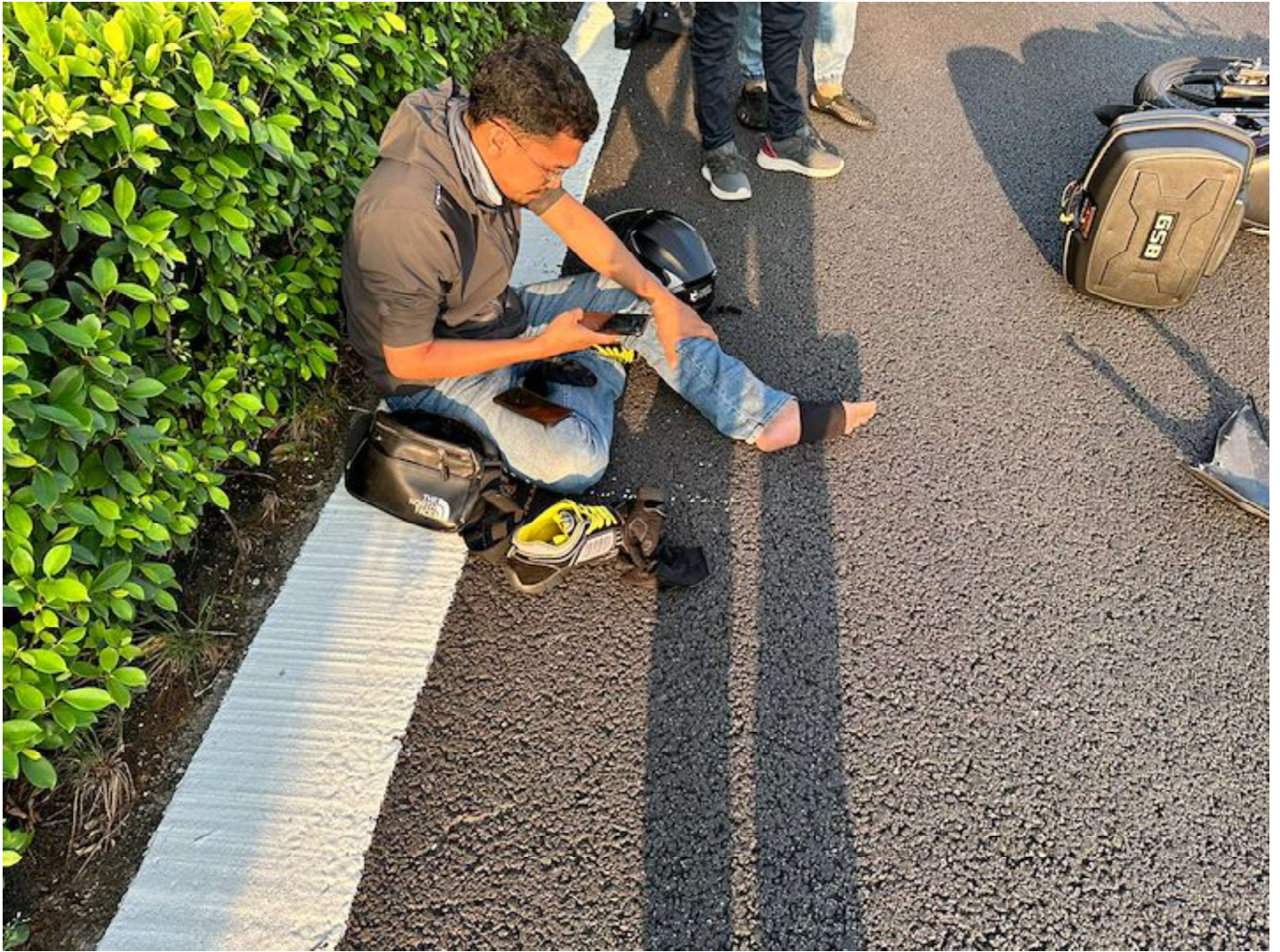


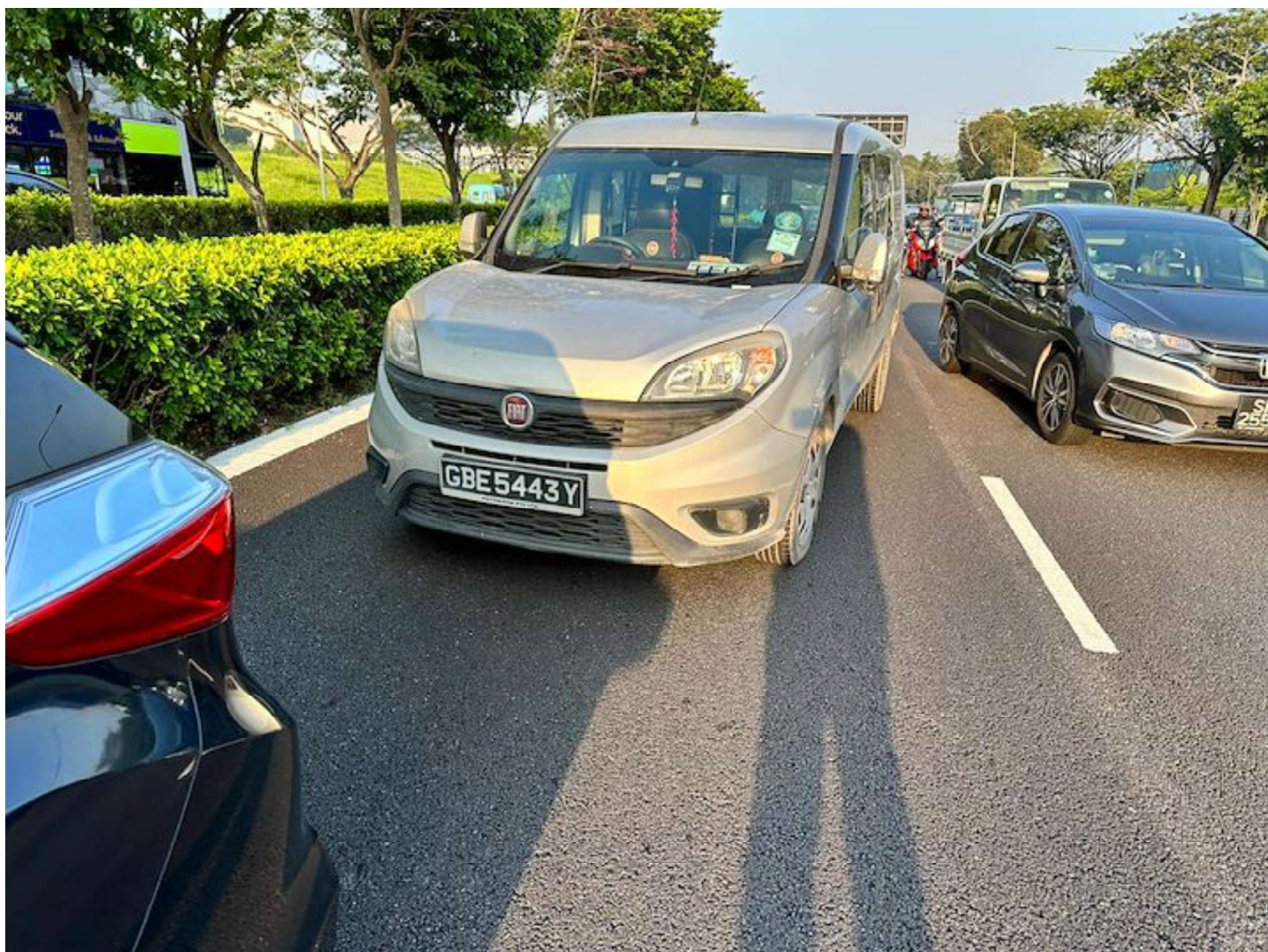




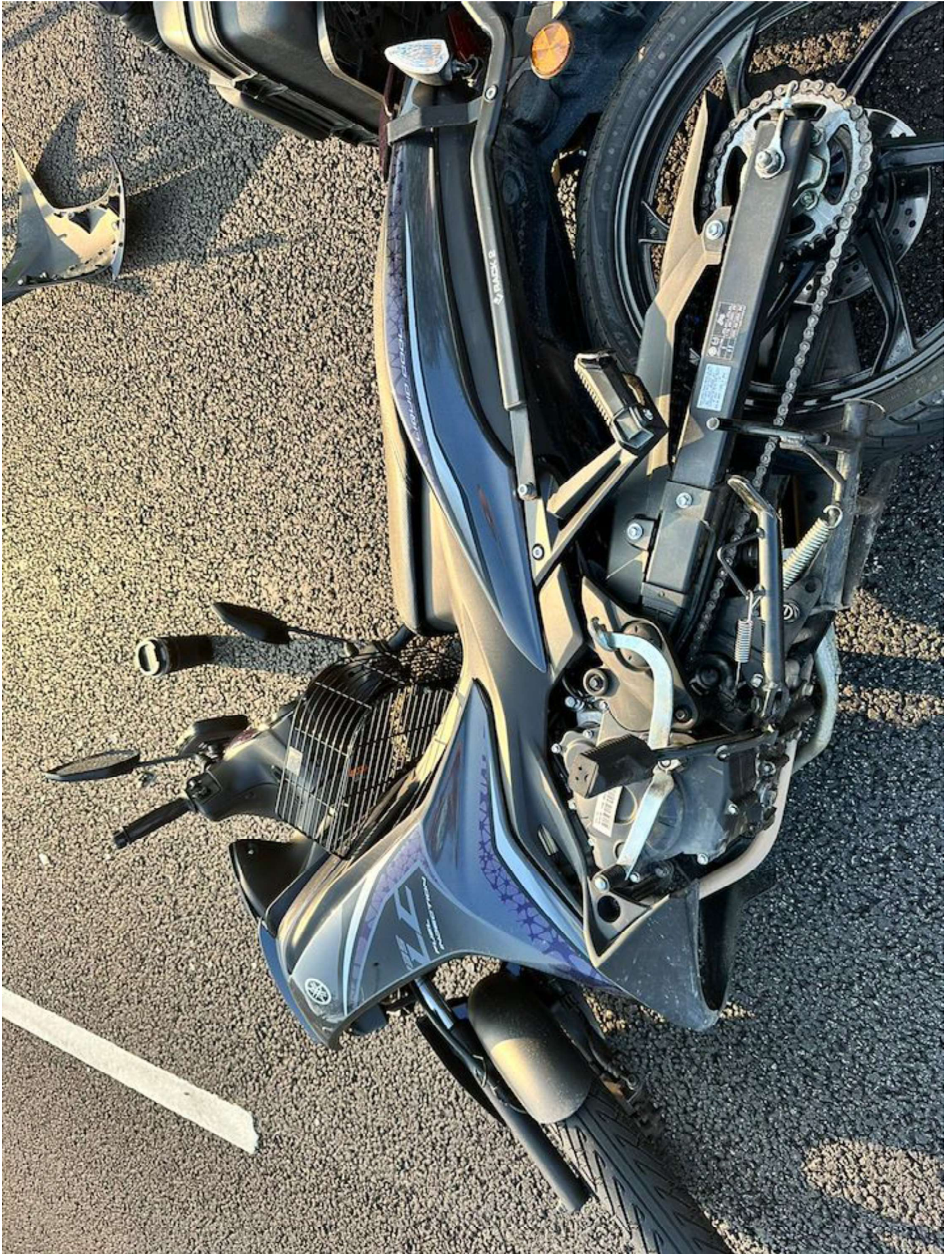




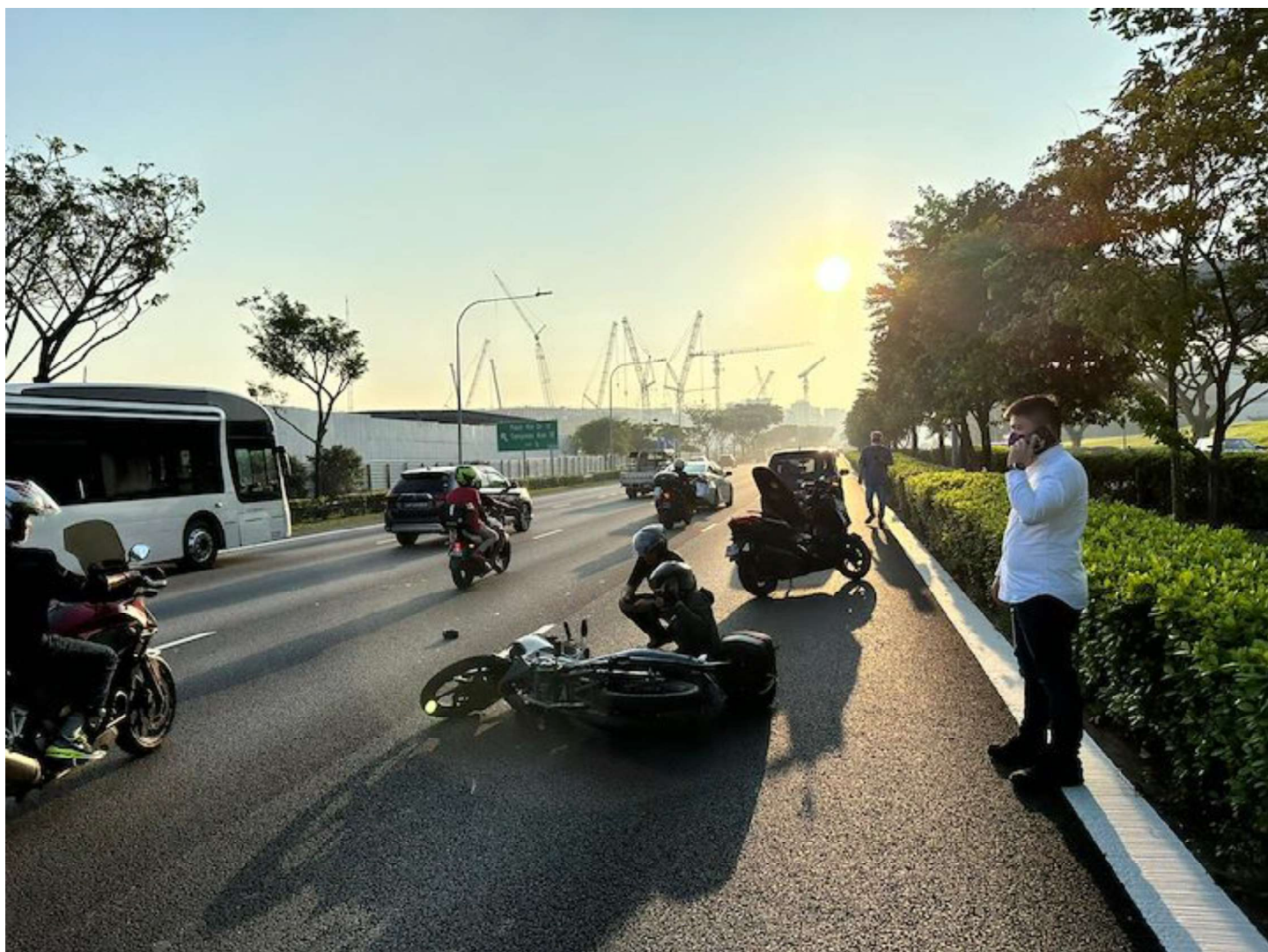


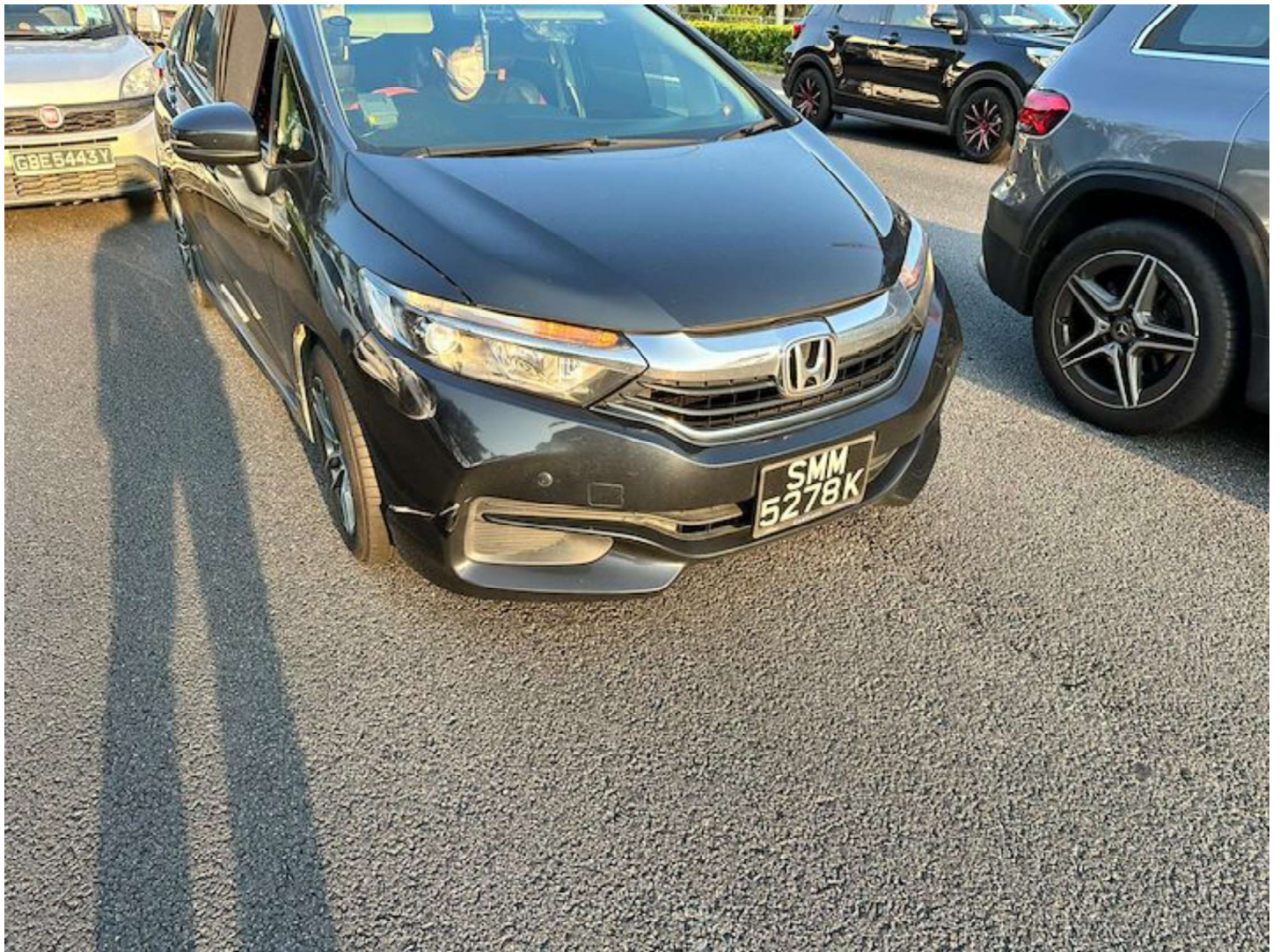


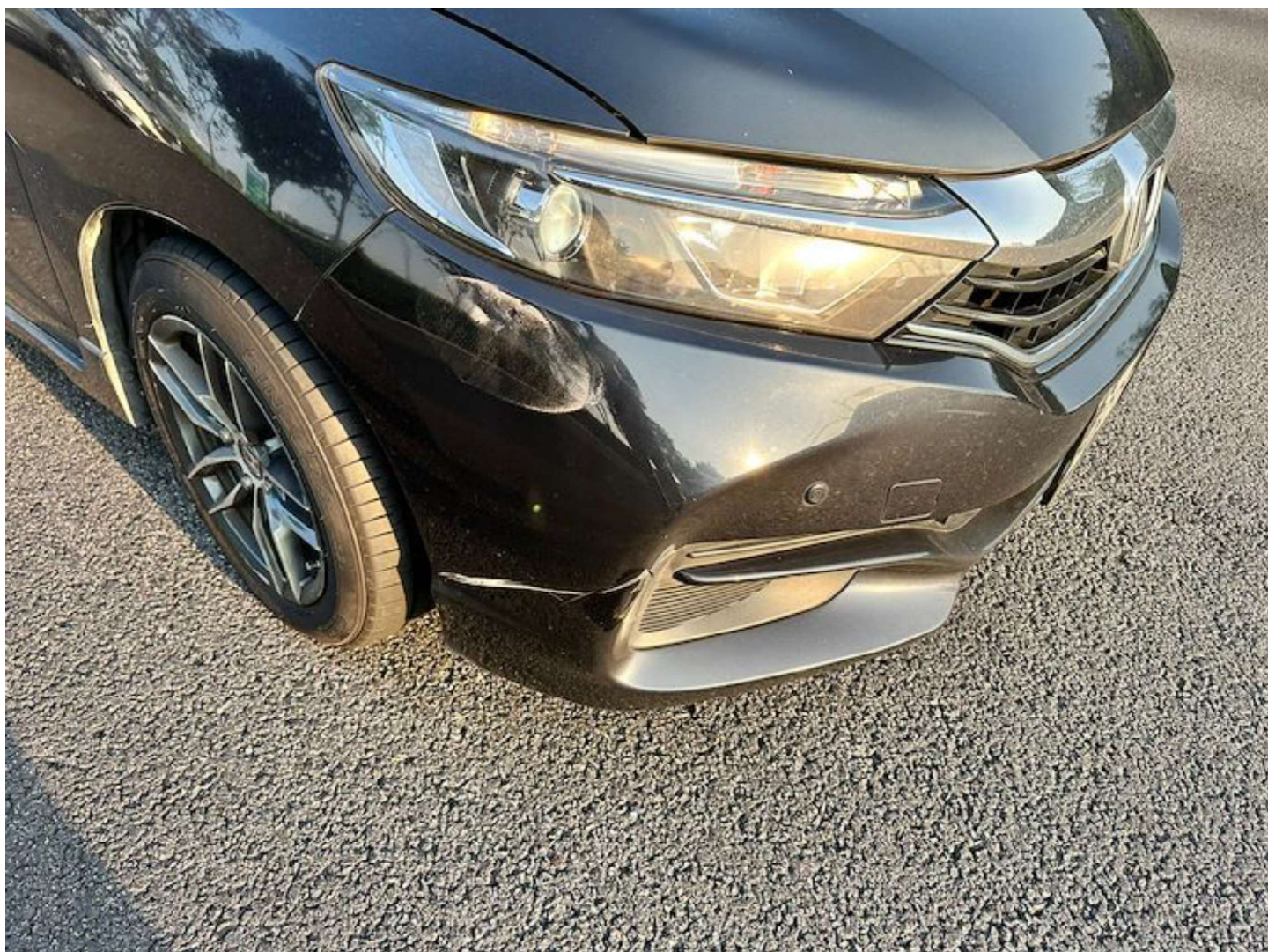








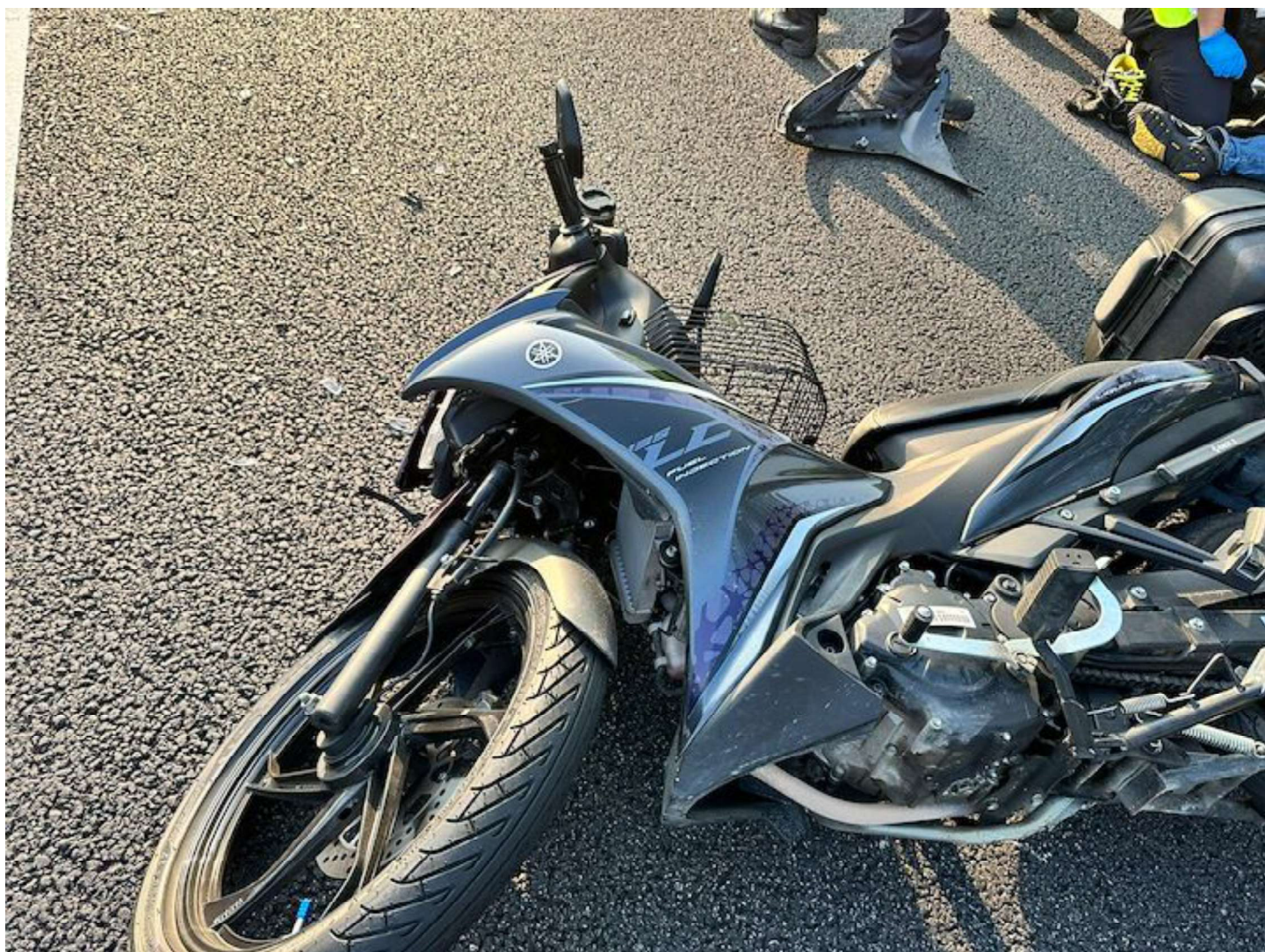














**SINGAPORE
POLICE FORCE**



T/20231027/7082

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

4 of 4

Report No. T/20231027/7082

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NUR HAFIZAH BINTE NORIZAN
Contact No.: 96189347

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

Date/Time:
27/10/2023 21:01

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20231027/7082

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

3 of 4

Report No. T/20231027/7082

CONTINUATION OF REPORT

6.Damage to my car: The front right corner is damaged.

7.Actions taken I immediately called for medical assistance, and the injured motorcyclist was sent to the hospital. I also contacted the Police for assistance.

I have provided my car cam SD card to the police. It is my own belief that the van driver's failure to check for oncoming traffic while changing lanes and the speed of the motorcycle were the critical factors in causing the accident.

I am willing to cooperate fully with the Traffic Police in providing any additional information or statements if required for the investigation.



**SINGAPORE
POLICE FORCE**



T/20231027/7082

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

2 of 4

Report No. T/20231027/7082

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Vehicle Owner | | | |
| Name | YAW CHEE KONG CHRISTOPHER | ID No. | S7320831I |
| Related Vehicle | JWH372 (Motorcycle) | Contact No. | 83836751 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |

Brief Details.

I am writing to report a traffic accident this morning on 27th October 2023, at 7:30 am. The accident took place along Tampines Expressway TPE (PIE) 5.7km, Lamp pole 291, towards Changi Airport before Tampines Ave 10 exit. I was driving my car (Honda Shuttle), bearing registration number (SMM5278K), at the mentioned date and time.

The sequence of events leading to the accident is as follows:

1. Location: TPE (PIE) heading towards Changi Airport.
2. Weather Conditions: Clear with relatively good visibility.
3. Road Conditions: The road was dry, and traffic was heavy.

As I was traveling along the TPE (PIE) along lane 2, a motorcycle suddenly swerved into my lane from the split lane between lane 1 and lane 2. The motorcycle, JWH 372, collided with the right front corner of my car. The impact caused the motorcyclist to lose control and be thrown off his bike, subsequently landing on the road.

I managed to bring my car to a complete stop without causing any further collisions. The motorcyclist sustained injuries because of the accident and required immediate medical attention, I called the ambulance and police immediately. My car's front right corner was slightly damaged due to impact from the motorcycle.

The reason for the motorcyclist's sudden swerving into my lane was due to a van that was traveling in lane 1. The van, a (Fiat, silver colour), bearing registration number (GBE5443Y), was attempting to change lanes from lane 1 to lane 2 without conducting a proper check for oncoming traffic, including the speeding motorcycle.

I have provided the following details related to the accident:

1. My car's registration number: SMM5278K
2. Car make and Model: Honda Shuttle
3. Motorcycle's description: Johor motorcycle (JWH372)
4. Van's description: Fiat (GBE5443Y)
5. Details of injuries sustained by the motorcyclist: Some abrasion, some blood stains on clothes, and injured angle.



**SINGAPORE
POLICE FORCE**



T/20231027/7082

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

1 of 4

Report No. T/20231027/7082

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|-------------------------------------|---|--------------------|--|
| Date/Time Report Made: 27/10/2023 21:01 | | Vide Report No.: G/20231027/0053 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: YAW CHEE KONG CHRISTOPHER | | | Address: 339 HOUGANG AVENUE 7 #04-425 SINGAPORE 530339 | | |
| ID Type / ID No.: NRIC NO / S73208311 | | | Contact No.: Home/Office: Mobile: 83836751 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: YAOZG@HOTMAIL.COM | | |
| Sex: Male | Age: 50 | Date of Birth: 13/06/1973 | Type of Informant: Vehicle Owner | | |
| Race: Chinese | | | Language: English | | |
| Occupation: Real estate agent | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------------------|-----------------------|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 27/10/2023 07:30 | Type of Location: Straight Road |
| Location: PASIR RIS INDUSTRIAL DRIVE 1 | | | | |
| Weather: Sunny | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------------|--------|--------|--------|---------------------|-------|
| GBE5443Y | Van | FIAT | | Silver | Slightly Damaged | 0 |
| JWH372 | Motorcycle | | | Black | Slightly Damaged | 0 |
| SMT4175T | Car | TOYOTA | Sienta | Black | Slightly Damaged | 1 |