# **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 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.

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   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 05/07/2024 18:39 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 05/07/2024 09:00 (SGT) Exact Location of Accident Singapore Additional Location Information **HUME AVENUE** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMX1405D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **DU JINGYAO** NRIC No S8677322H Email Address dujingyao@hotmail.com Mobile Phone No (Phone) +65-83887667 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Volvo Model Xc40 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

Private use

No - Claiming third party

Private car Auto 1969

**INSURANCE COMPANY** 

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P11012160R00

DRIVER

Name of Driver **DU JINGYAO** NRIC No S8677322H Date Of Birth 06/02/1986 Occupation Indoor

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	20/01/2012 12 YEARS AND 6 MONTHS Female (Phone) +65-83887667 - dujingyao@hotmail.com 27 HUME AVENUE #03-02 598731 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
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 Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACH POLICE REPORT NO. T/20240705/7088 DI	D. 05/07/2024
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLB4461Z

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	DU JINGYAO
Gender	-
Phone No	(Phone) +65-83887667
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST- 3 DAYS MC
Injured person in which vehicle?	SMX1405D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

Insurer: Budget
Direct
Vehicle: SMX/40xD

#### MPORTANT NOTICE

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- t. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 1. The leave and acceptance of this Formby insurance companies is not an admission of policy lability on the part of the insurance companies.
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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 aforesold.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Vistirance 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 "Porsonal 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 law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

- (i) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (M) administering my claims (including the mailing of correspondence, statements, involces, 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 packagos); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with ny claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' tawyers/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 GW, to their third party service providers or agents (including their law yers flaw firms), which may be sited outside of Singapore, for one or more of the above Furposes.

#### Sketch Plan

4 STRUPS

A: SMX 1405 D

B: SLB 4461 Z

HUME AVENUE

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyhelder) / Dute 8. Timo

Witnessed by Reporting Personnol.

ANTIMIMOTORCOMPANY

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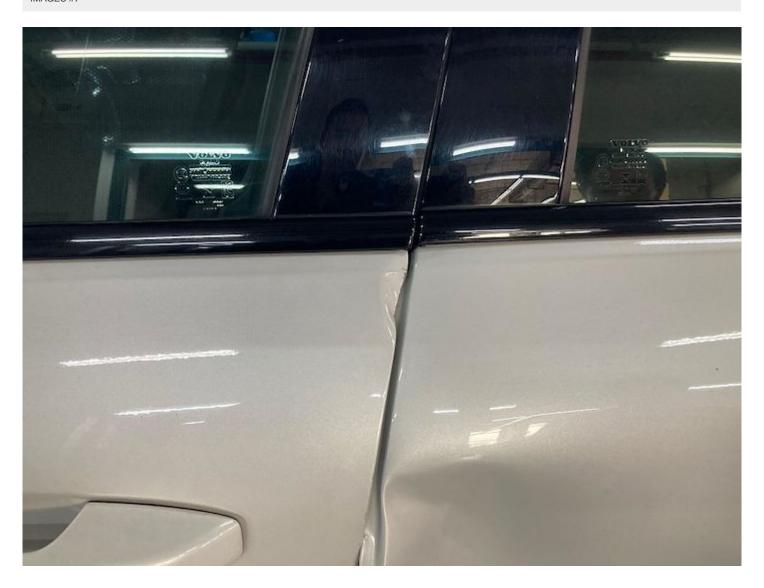


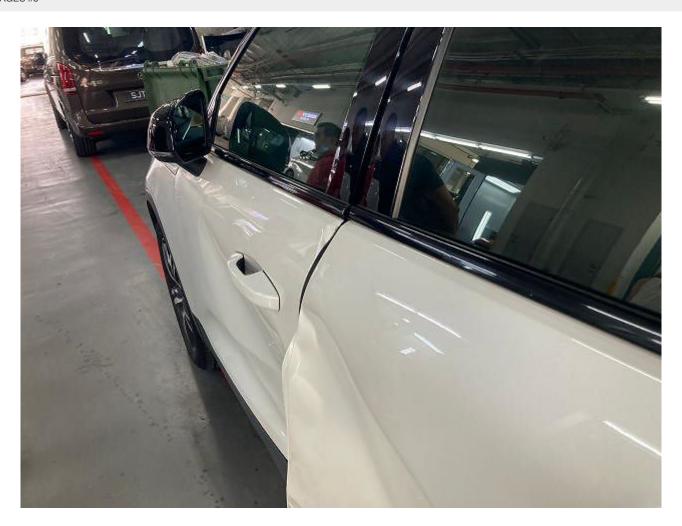




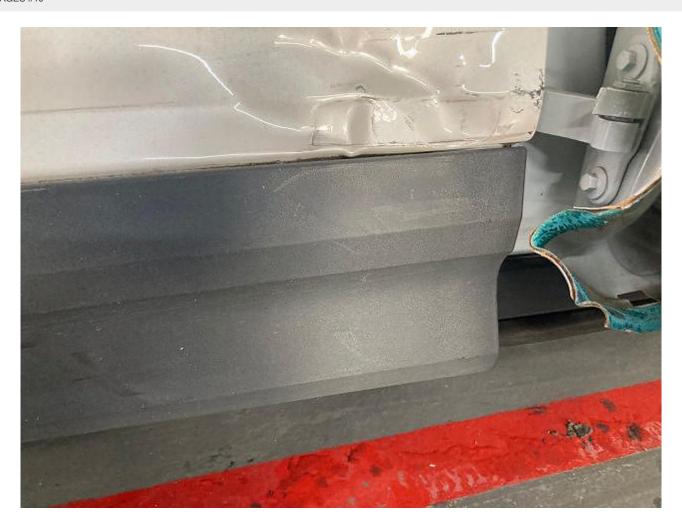




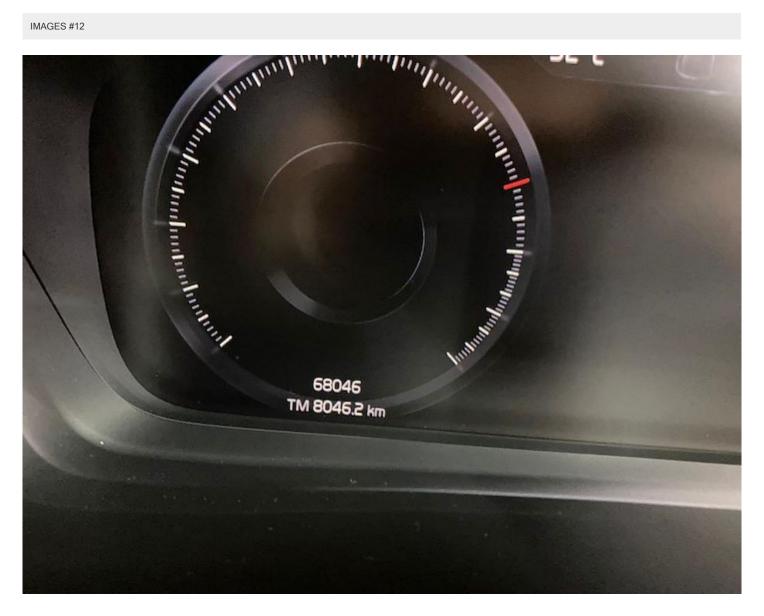




























T/20240705/7088

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240705/7088

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2024 16:30		Vide Report No.:	Station Dia	ry No.:				
Informant'	s Particular	S			- j/. =			
Name of Informant: DU JINGYAO			Address: 27 HUME AVENUE #03-0	2 SINGAPORE 598731	GAPORE 598731			
ID Type / ID No.: NRIC NO / S8677322H		Contact No.: Home/Office:	Mobile: 83887667	Mobile: 83887667				
Nationality: SINGAPORE CITIZEN		N	Email: DUJINGYAO@HOTMAIL.	сом				
Sex:         Age:         Date of Birth:           Female         38         06/02/1986		Type of Informant: Driver						
Race: Chinese			Language: English					
Occupation: Engineer		Driving Licence Informatio Class:	n; Date of Expiry:					

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2024 09:00	Type of Location T-Junction
Location: HUME AVENUE Weather:		Road Surface:		
		Dec		
Clear		Dry		
Clear Traffic Flow: Two Way		Traffic Control: Not Controlled	121.332	ffic Volume: derate

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB4461Z	Motor car	The state of the s				0
SMX1405D	Motor car	VOLVO	XC40 T4 R- DESIGN	White		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SMX1405D	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P11012160R00	28/12/2023	27/12/2024	



T/20240705/7088

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 2 of 3 Report No. T/20240705/7088

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Person	Involved			4.37		
Any Pedestrian In	volved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver		A Fire	ALEXAGERATION	LE TON	A THE STATE OF	
Name	DU JINGYAO			ID No		S8677322H
Related Vehicle	SMX1405D (Motor car)		Conta	ct No.	83887667	
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Di		Date Disch	arge	NIL	
No. of Days grant	ed Medical Leave (MC)	03	Degree of	Injury	Slight	

#### Brief Details.

On 05/07/2024 at around 0900Hrs. I was driving vehicle bearing carplate number SMX 1405 D along Hume Avenue. As my vehicle was stationary along the stated location. Out of sudden, i felt a huge impact coming from the Left side of my vehicle, after the impact vehicle bearing carplate number SLB 4461 Z reverse and pull the left rear passenger door off.

After the collision, i felt unwell and visited Silver Cross Medical and was 3days MC.



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



3 of 3 Report No. T/20240705/7088

CONTINUATION OF REPORT

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: 05/07/2024 16:30
Officer In Charge Of Case: TP / AEIT / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:
NP168	

It pays to choose



# Certificate of Insurance

Comprehensive Car Policy Policy Number: P11012160R00

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

#### Certificate Number P11012160R00 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number

SMX1405D

Chassis Number

LYVXZAKADML474681

) Effective Date / Time of Commencement of Insurance for the Purpose of the Act 28/12/2023 (00:00)

3) Date / Time of Expiry of Insurance

27/12/2024 (23:59)

4) Excess

S\$ 0.00

(i) Policy (ii) Windscreen

S\$ 100.00

5) Policyholder

Du Jingyao

6) Persons or Classes of Persons Entitled to Drive\*

Drivers named as a Main / Named Driver in this Certificate of Insurance only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth

Du Jingyao(06/02/1986)

Named Driver(s) / Date of Birth

: Meng Wei (28/10/1984)

7) Limitation as to use\*

Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.

8) Finance Company

NA

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on 24/06/2024 Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance

Simon Birch

Chief Executive Officer

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance** 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg