

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	11/10/2024 14:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/10/2024 07:15 (SGT)
Exact Location of Accident	Phoenix Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6666B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Wang Li
Passport No/FIN	G4038406K
Email Address	rebecca201932@gmail.com
Mobile Phone No	(Phone) +65-93821421
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	7-SEATER 2.5S C-PKG CVT
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	2493
Vehicle Fuel	Petrol
First Registration Date	26/11/2024
Chassis no	AGH300366692
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	Cui Xiaoqi
NRIC No	S8777302G
Date Of Birth	17/01/1987
Occupation	Indoor
Driving Pass Date	24/01/2017
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	7 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93821421
Alt. Phone Number	-
Email Address	rebecca201932@gmail.com
Address	331B Anchorvale Street #08-557
Address complement	-
Postcode	542331
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	-

PASSENGER 1

Name	Shawn
Gender	Male

PASSENGER 2

Name	Ruby
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report No. T/20241011/2023 and Sketch Plan.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident Video footage with workshop , Poon Siang Seow.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP2281L
Vehicle Manufacturer JAC
Vehicle Model HFC1048K 2.8MT
Vehicle Variant -
Vehicle Colour -
Vehicle Category Goods vehicle
Name of Driver Selvaraj Guhan
Passport No/FIN M4369708T
Contact Number (Phone) +65-93611127
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 Cui Xiaoqi
Gender Female
Phone No (Phone) +65-93821421
Address 331B Anchorvale Street #08-557
Address Complement -
Post Code 542331
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMP6666B
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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:

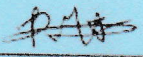
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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

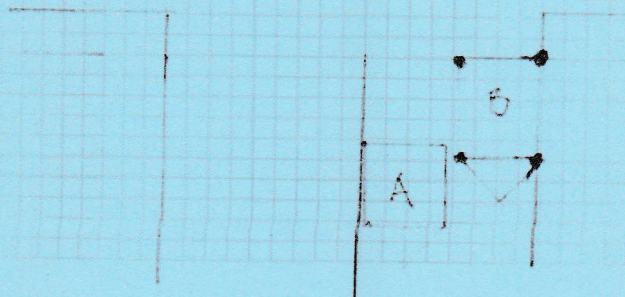
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time 11/10/2024


Driver's Signature (If driver is not the policyholder) / Date
& Time 11/10/2024

Deborah Lai 
Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to Police report as Attached.

Declaration

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

Policyholder's Signature / Date &
Time 11 OCT 2024

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

Deborah Lai *Mai*
 Witnessed by Reporting Centre
 Personnel



**SINGAPORE
POLICE FORCE**



T/20241011/2023

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20241011/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2024 12:13		Vide Report No.:		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: CUI XIAOQI			Address: 331B ANCHORVALE STREET #08-557 SINGAPORE 542331		
ID Type / ID No.: NRIC NO / S8777302G			Contact No.: Home/Office: Mobile: 93821421		
Nationality: CHINESE			Email:		
Sex: Female	Age: 37	Date of Birth: 17/01/1987	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/10/2024 07:15	Type of Location: Straight Road
Location: PHOENIX AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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 Passenger
SMP6666B	Motor car	TOYOTA	ALPHARD 7-SEATER 2.5S C-PKG CVT	White		2
YP2281L	Lorry	JAC	HFC1048K 2.8 MT	White		0



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20241011/2023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CUI XIAOQI	ID No.	S8777302G
Related Vehicle	SMP6666B (Motor car)	Contact No.	93821421
Hospital/Clinic	IRENE CHUA CLINIC FOR WOMEN	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	11/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of	NIL
Driver			
Name	SELVARAJ GUHAN	ID No.	M4369708T
Related Vehicle	YP2281L (Lorry)	Contact No.	93611127
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

11/10/24 at about 0718hrs. I was driving SMP6666B along 91 Phoenix Avenue. Subsequently, one vehicle (YP2281L) was parked along the roadside with hazard light on. As such, I overtook the vehicle. After overtaking, the vehicle suddenly moved and collided onto the back left of my vehicle causing scratches, left rear light shattered and rear glass scratched. I then alighted from the vehicle and exchanged particulars with the other driver. After the accident, i don't feel well as such i went to Irene Chau Clinic and received 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20241011/2023

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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20241011/2023

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 2 SHAWN KOH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SUPT (1A) CHUA SOON KEONG
Contact No.: 65476030

Signature Of Informant:

Date/Time:
11/10/2024 12:13

Classification Of Case: