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 10/10/2024 17:28 (SGT) Reported by **Actual Driver** Date of Accident 10/10/2024 14:30 (SGT) Exact Location of Accident Near 607A Bukit Timah Rd, Singapore 269709 Additional Location Information ALONG BUKIT TIMAH ROAD NEAR CORONATION SHOPPING **PLAZA** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SNG7164L

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHOO SIK HOE NRIC No SXXXX546G Email Address SIKHOE.CHOO@GMAIL.COM Mobile Phone No (Phone) +65-97719108 Alternative Phone No

VEHICLE PARTICULARS

Model Corolla Variant **ALTIS** 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 1598 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited Policy Number / Cover Note Number V5028780

DRIVER

Name of Driver **CHOO YUEN HAN** NRIC No. SXXXX791D Date Of Birth 25/07/1994 Occupation Indoor Driving Pass Date 12/07/2013 Driving License Pass Class Driving License Validity Driving experience 11 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-98312290 Alt. Phone Number Email Address YUEN.HAN@YAHOO.COM.SG Address BLK 551 JURONG WEST STREET 42 07-243 SINGAPORE 640551 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **RACHEL** Gender Female PASSENGER 2 Name JAN Gender Female PASSENGER 3 Name **WEN HUI** 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

10 Ubi Avenue 3 Singapore 408865

Police Station Address

Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT T/20241010/7063

ATTACHMENT(S)

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	YQ8893B
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)	-

SKETCH PLAN

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.
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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:

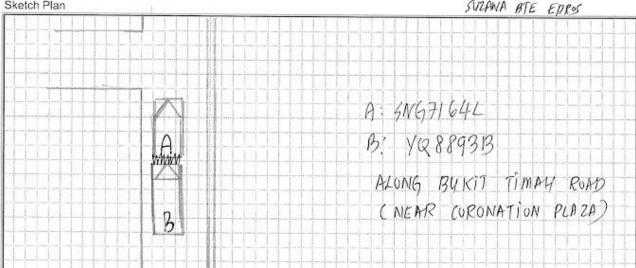
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Witnessed by Reporting Clark Personnel
(Name as in NRIC/ID card)

SVZANA BTE EPROS



Caro	6	2.2-	050 Oc	1	_
EFER	70	POLICE	REPORT	1/2024 1010 /7063	
					9
					_

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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID gard)
SYZAWA BIE EDROS

2























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241010/7063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2024 15:06		Vide Report No.:	Station Diary No.:			
informant's	s Particular	8				
Name of Informant: CHOO YUEN HAN			Address: 551 JURONG WEST STREET 42 #07-243 SINGAPORE 640551			
ID Type / ID No.: NRIC NO / S9427791D Nationality: SINGAPORE CITIZEN		Contact No.: Home/Office: Mobile: 98312290				
		Email: YUEN.HAN@YAHOO.COM.SG				
Sex: Age: Date of Birth: Female 30 25/07/1994		Type of Informant: Driver				
Race: Chinese		Language: English				
Occupation: Other government associate professionals			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2024 14:30	Type of Location Straight Road
Location:				
BUKIT TIMAH RO	AD			
Weather:		Road Surface:		
		Road Surface: Dry		
Clear		1.025.00	Tra	iffic Volume:
Weather: Clear Traffic Flow: One Way		Dry	1000	offic Volume:
Clear Traffic Flow: One Way Type of Collision:	/ehicles - Head To	Dry Traffic Control:	Mo	

Vehicle No.	Type	Make	144-11	To.	1.0	In the
venicle No.	Type	Make	Model	Color	Condition	No of Passenge
SNG7164L	Motor car	TOYOTA	Altis	Blue	Slightly Damaged	4
YQ8893B	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20241010/7063

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241010/7063

CONTINUATION OF REPORT

Passenger					100	
Name	Unknown Passenger			ID No.		NIL
Related Vehicle	SNG7164L (Motor car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	charge NIL		
No. of Days grante	ed Medical Leave (MC)	NIL	Degree of	Management of the Control of the Con		
Driver			AND RESERVED.			
Name	CHOO YUEN HAN			ID No		S9427791D
Related Vehicle	SNG7164L (Motor car)			Conta	ct No.	98312290
Hospital/Clinic	NIL			Class Driving Licent Expiry	9 ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			arge	NIL	
No. of Days grante	ed Medical Leave (MC)	NIL	Degree of	Injury	NIL	

Brief Details.

The lorry that hit the back of my car did not slow down in time when merging onto the main road. We exchanged contact number, and I have the lorry driver's license and vehicle plate number.



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



3 of 3 Report No. T/20241010/7063

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: 10/10/2024 15:06
Officer In Charge Of Case: TP / AEIT / PHNG KAR SOON Contact No.: 65476439	Classification Of Case:
This report is lodged at Bukit Timah NPC Kiosk 1	

NP168



CERTIFICATE OF INSURANCE

The Motor Policy to which this Certificate relates is issued in accordance with the provisions of the following Legislation: Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960.

Road Transport Act, 1987 (of Malaysia)

The Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaya)

Road Transport (Amendment) Act 2019 (of Malaysia)

Policy Number

Policyholder

....

V5028780

CHOO SIK HOE

Period of Insurance

29/08/2024 (0000HRS) to 28/08/2025

Product Name

Drive And Save Plus

Type of Cover

Comprehensive Any Workshop

Vehicle Registration Number

SNG7164L

Vehicle Make & Model

TOYOTA - COROLLA ALTIS

Chassis Number

MR2BE3BEX00019782

Hire Purchase

Not Applicable

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

- (a) The Policyholder only.
- (b) Any other person who is driving on the Policyholder's order or with his/her permission.
- (c) In the event of the death of the Policyholder;
 - Any member of the Policyholder's family, or a paid driver who has been driving the car during the lifetime of the Policyholder & permission to drive had not been withdrawn prior to the death of the Policyholder.
 - Any other person who has been given permission to drive the vehicle prior to the death & such permission had not been withdrawn by the Policyholder.
- 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 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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any other 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 (Chapter 189) and Section 95 of the Road Transport Act, 1987 (of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company

Khor Hock Seng Group CEO

Great Eastern General Insurance Limited [A wholly-owned subsidiary of Great Eastern Holdings Limited] | 1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659 | Company Registration No: 1920 00003W | T: +65 6248 2888 | F: +65 8536 2836 | greateasterngeneral.com

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Form MX1

