

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	26/12/2024 10:14 (SGT)
Reported by	Actual Driver
Date of Accident	25/12/2024 12:30 (SGT)
Exact Location of Accident	Central Expw., Singapore
Additional Location Information	CENTRAL EXPRESSWAY (CITY) BEF ANG MO KIO AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS7687T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOO ZHAN RUI
NRIC No	SXXXX286H
Email Address	c.zhanrui@gmail.com
Mobile Phone No	(Phone) +65-90034156
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	HYBRID 2.5 ASCENT CVT
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2487
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTNB23HKX03055818
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MPCM000397_1

DRIVER

Name of Driver	CHOO LI YING
NRIC No	SXXXX089Z
Date Of Birth	31/05/1995
Occupation	Indoor
Driving Pass Date	30/01/2014
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91859562
Alt. Phone Number	-
Email Address	liyingchoo@gmail.com
Address	111 SARACA ROAD
Address complement	-
Postcode	805699
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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 - Change/cross lane
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?	Yes
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	BASIL LEE
Gender	Male

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

ON THE 25/12/2024 AT AROUND 1230 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SMS7687T) ALONG CENTRAL EXPRESSWAY TOWARDS CITY. I WAS EN-ROUTE FROM YIO CHU KANG HEADED TOWARDS GREENWOOD PLACE FOR PERSONAL REASONS. AS I WAS TRAVELLING ALONG LANE 3, I NOTICED VEHICLE B BEARING REGISTRATION NUMBER (SJW7773S) SWERVING INTO MY LANE AND SUDDENLY BRAKING ABRUPTLY. UPON NOTICING THAT, I ATTEMPTED TO SWERVE TO THE LEFT AND BRAKE TO AVOID COLLISION. HOWEVER, I DID NOT MANAGED TO DO IT IN TIME AND VEHICLE B COLLIDED LEFT REAR ONTO FRONTAL RIGHT OF MY VEHICLE. DAMAGES WERE FOUND ON THE FRONTAL RIGHT PORTION OF VEHICLE A AND LEFT REAR PORTION OF VEHICLE B. DRIVER OF VEHICLE B SUSTAINED WHIPLASH FROM THE COLLISION.

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 SJW7773S
Vehicle Manufacturer Toyota
Vehicle Model VOXY HYBRID 7-SEATER 1.8V CVT
Vehicle Variant -
Vehicle Colour White
Vehicle Category Private car
Name of Driver IRENE CHUA
NRIC No SXXXX154Z
Contact Number (Phone) +65-81557773
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage LEFT HAND SIDE
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person IRENE CHUA
Gender Female
Phone No (Phone) +65-81557773
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained WHIPLASH
Injured person in which vehicle? SJW7773S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

WITNESS DETAILS

WITNESS 1

Name MR BASIL LEE
Phone (Phone) +65-97716330
Email basil.lee2@gmail.com

SKETCH PLAN**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.



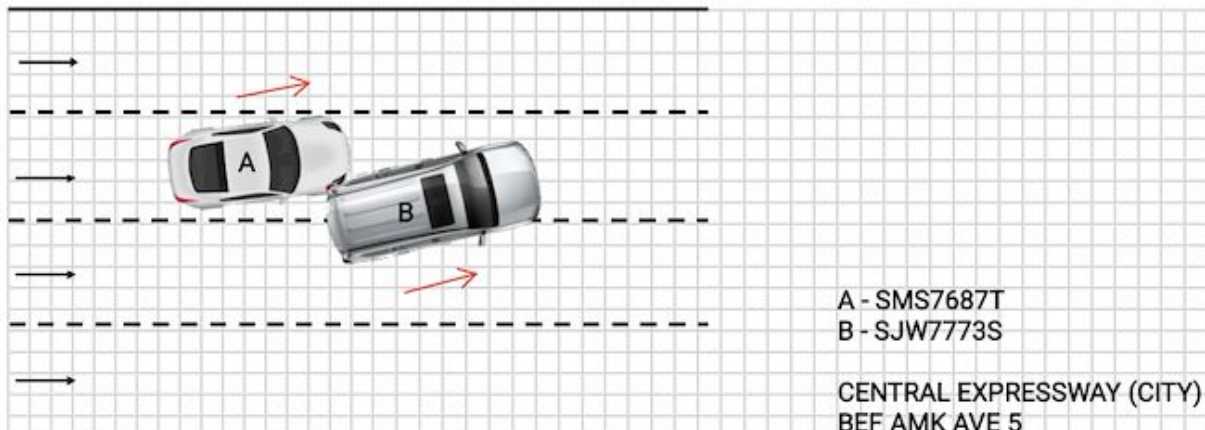
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

25/12/2024 - 1700 HRS

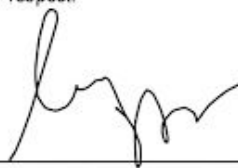


Describe Circumstances of the Accident

ON THE 25/12/2024 AT AROUND 1230 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SMS7687T) ALONG CENTRAL EXPRESSWAY TOWARDS CITY. I WAS EN-ROUTE FROM YIO CHU KANG HEADED TOWARDS GREENWOOD PLACE FOR PERSONAL REASONS. AS I WAS TRAVELLING ALONG LANE 3, I NOTICED VEHICLE B BEARING REGISTRATION NUMBER (SJW7773S) SWERVING INTO MY LANE AND SUDDENLY BRAKING ABRUPTLY. UPON NOTICING THAT, I ATTEMPTED TO SWERVE TO THE LEFT AND BRAKE TO AVOID COLLISION. HOWEVER, I DID NOT MANAGED TO DO IT IN TIME AND VEHICLE B COLLIDED LEFT REAR ONTO FRONTAL RIGHT OF MY VEHICLE. DAMAGES WERE FOUND ON THE FRONTAL RIGHT PORTION OF VEHICLE A AND LEFT REAR PORTION OF VEHICLE B. DRIVER OF VEHICLE B SUSTAINED WHIPLASH FROM THE COLLISION.

Declaration

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



Policyholder's Signature / Date & Time

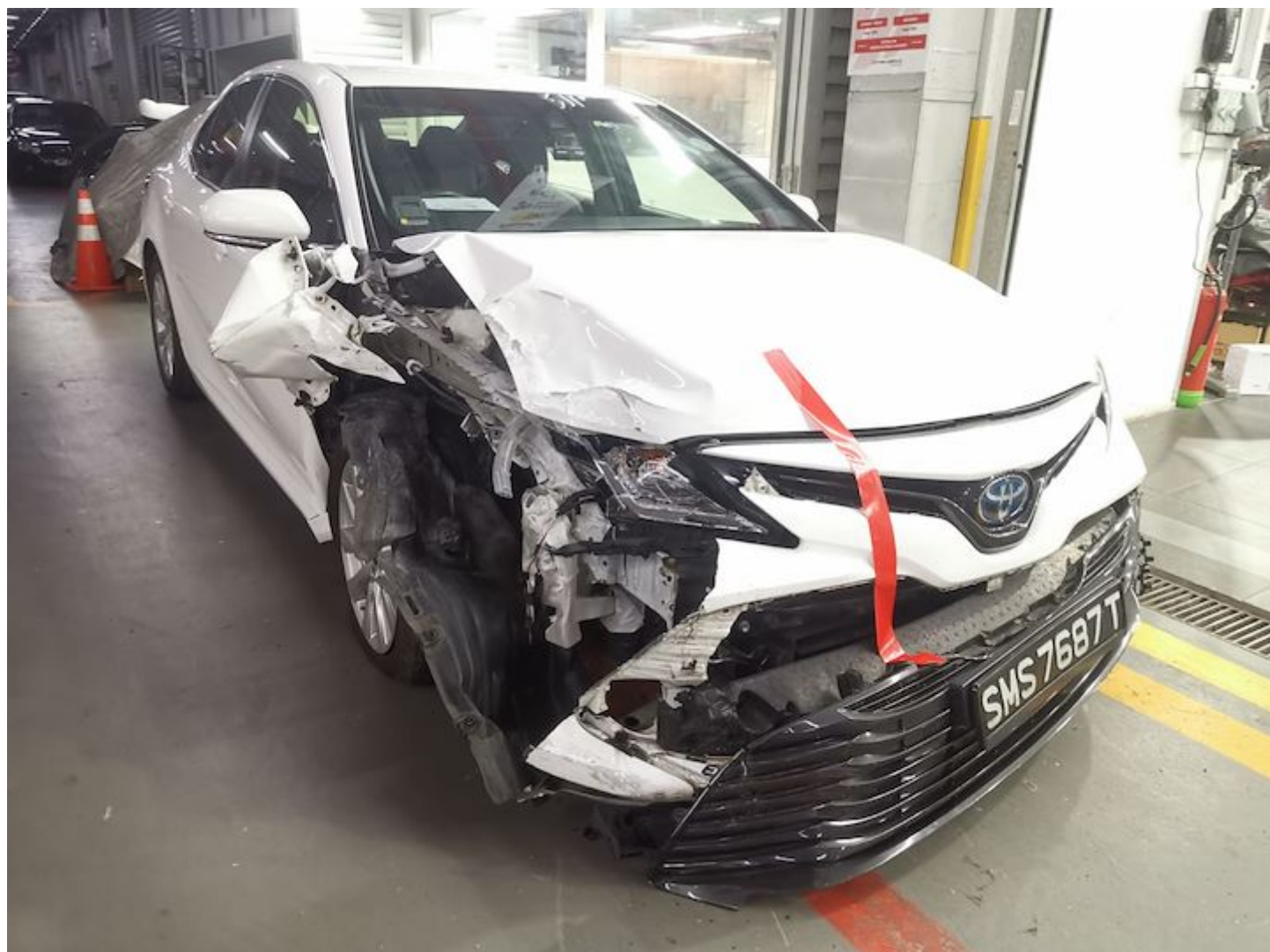
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel





























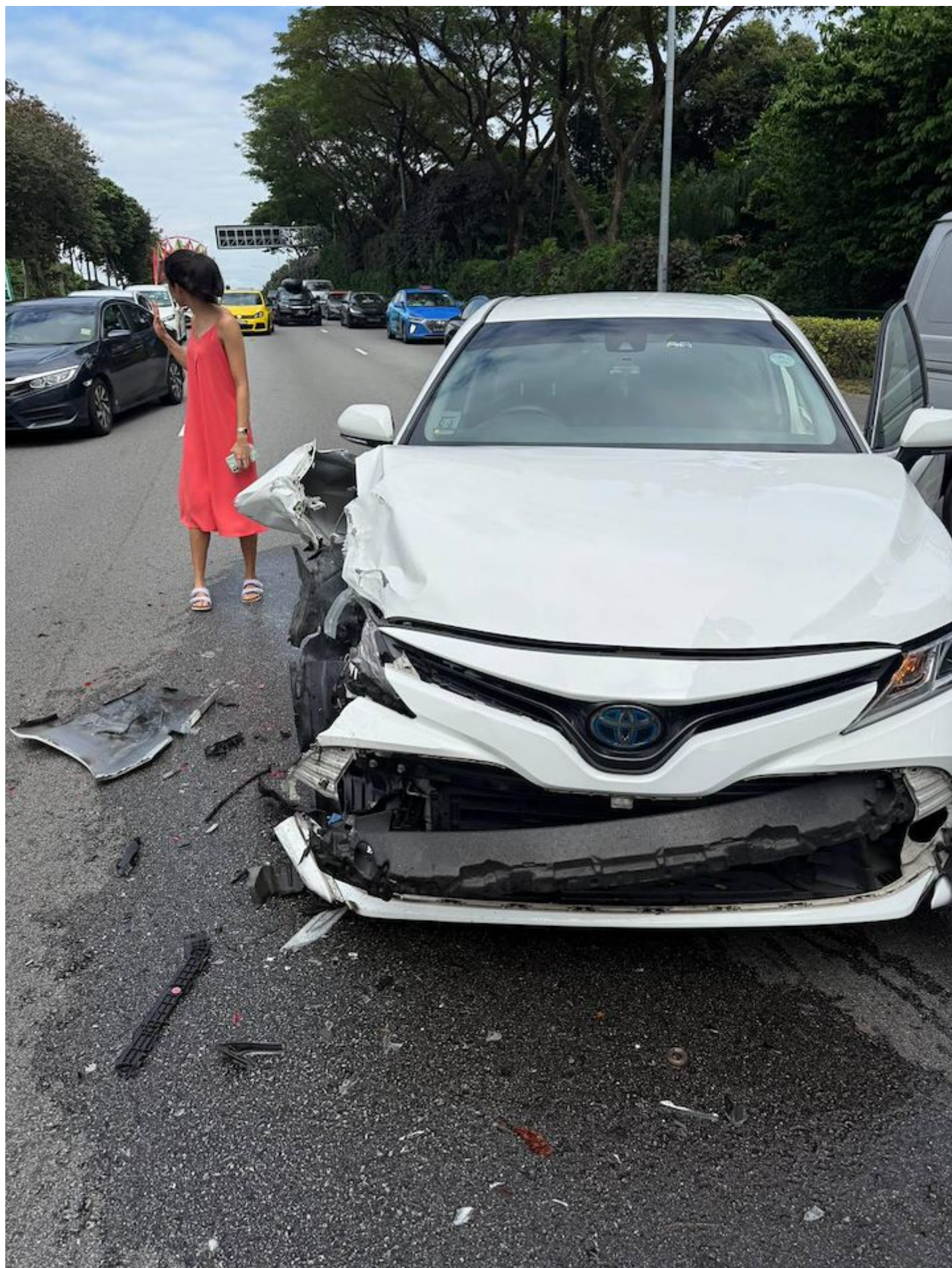


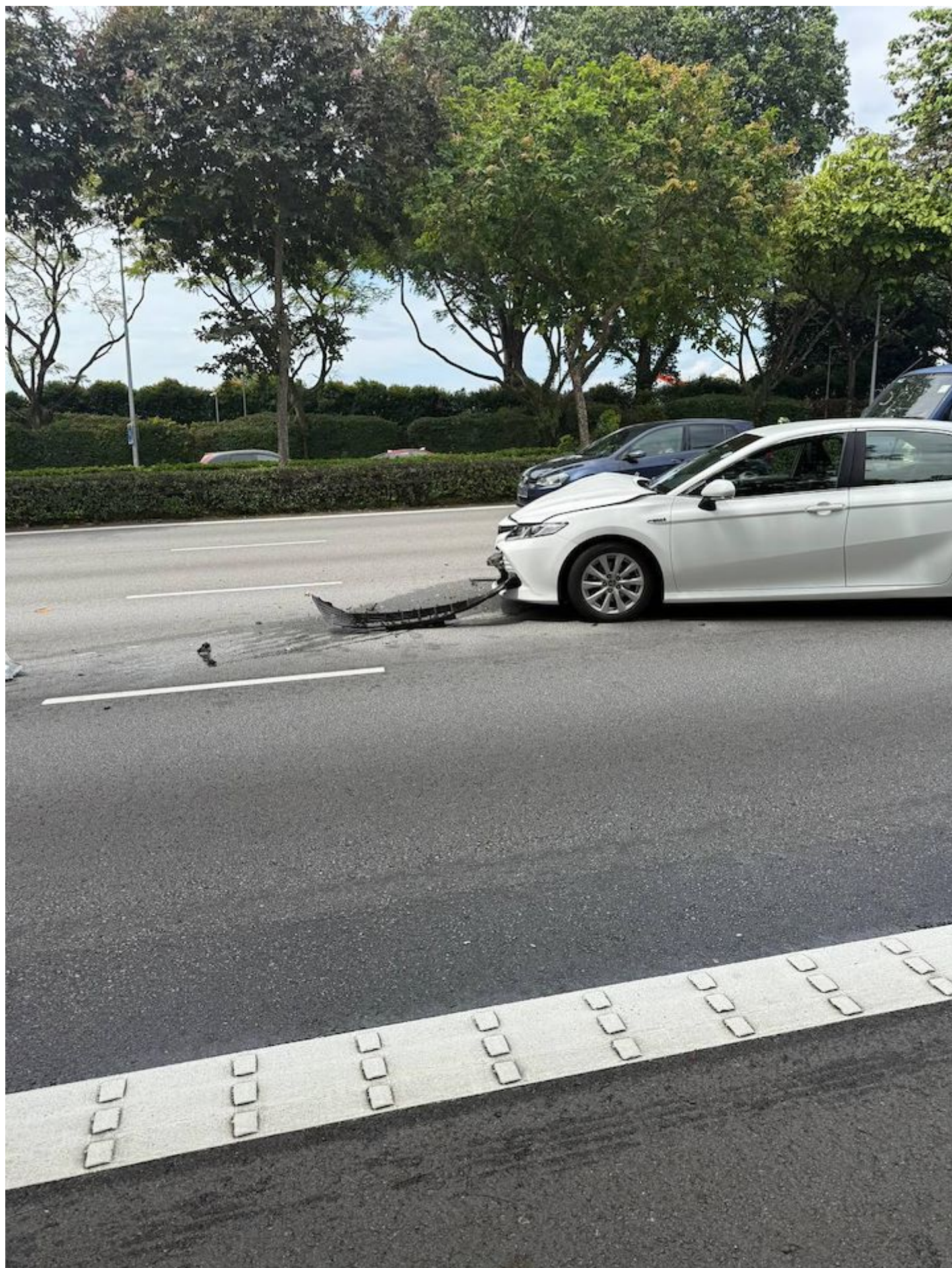




















**SINGAPORE
POLICE FORCE**



T/20241226/7004

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

1 of 3

Report No. T/20241226/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2024 01:34		Vide Report No.: F/20241225/0172		Station Diary No.:
Informant's Particulars				
Name of Informant: Choo Li Ying		Address: 111 Saraca Road SINGAPORE 805699		
ID Type / ID No.: NRIC NO / S9523089Z		Contact No.: Home/Office: Mobile: 91859562		
Nationality: SINGAPORE CITIZEN		Email: liyingchoo@gmail.com		
Sex: Female	Age: 29	Date of Birth: 31/05/1995	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Training and staff development professional		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: 25/12/2024 12:30	Type of Location: CTE between Yio Chu Kang and Ang Mo Kio Avenue 5
Location: POLLEN PLACE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMS7687T	Motor car	TOYOTA	Camry	White	Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMS7687T		JTNB23HKX0305581 8	25/12/2024	12/03/2025



**SINGAPORE
POLICE FORCE**



T/20241226/7004

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

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Report No. T/20241226/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOO LI YING	ID No.	S9523089Z
Related Vehicle	SMS7687T (Motor car)	Contact No.	91859562
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	IRENE CHUA	ID No.	S7610154Z
Related Vehicle	NIL	Contact No.	81557773
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/12/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

Brief Details.

I was driving on CTE towards the city, headed towards Greenwood Place for personal reasons. I entered CTE from Yio Chu Kang exit and was traveling on lane 3. I noticed vehicle SJW7773S swerving into my lane and suddenly braking with half of her car in my lane. I attempted to brake and swerving to the left slightly to avoid collision. However, I did not manage to do it in time and vehicle SJW7773S collided left rear onto the frontal right of my vehicle. Driver of vehicle SJW7773S sustained whiplash from the collision.



**SINGAPORE
POLICE FORCE**

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



T/20241226/7004

3 of 3

Report No. T/20241226/7004

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ABDUL RAHIM BIN SALIM
Contact No.: 65476904

NP168

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

Date/Time:
26/12/2024 01:34

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G24CP000L Vehicle Registration No: SMS7687T
 Name (as shown in NRIC): CHOO ZHAN RUI NRIC/FIN/Passport No: SXXXX286H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 25/12/2024 Time of Accident: 12:30
 Place of Accident: Central Expw.,
 Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACHED POLICE REPORT

UPDATE CLAIM STATUS

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 26.12.2024

