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 Authorised 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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 13/12/2021 13:05 (SGT) Date of Accident 11/12/2021 10:50 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS CITY BEFORE LORNIE ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SI F435K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner THYE WEI JEAN KAREN NRIC No. S8970197Z Email Address KARENTHYE@GMAIL.COM Mobile Phone No (Phone) +65-82001892 Alternative Phone No (Home) +65-82001892

VEHICLE PARTICULARS

Manufacturer

Model 218i 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 1500

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited Type of Coverage Comprehensive Fleet Policy Policy Number 2020-V0114991-VDP Cover Note Number

DRIVER

Name of Driver THYE WEI JEAN KAREN NRIC No. S8970197Z

Date Of Birth	18/05/1989
Occupation	Indoor
Date Of Driving Pass	26/12/2007
Driving experience	14 YEARS
Gender	Female
Mobile Number	(Phone) +65-82001892
Alt. Phone Number	(Home) +65-82001892
Email Address	KARENTHYE@GMAIL.COM
Address	BLK 627 BEDOK RESERVOIR RD #07-1612
Address complement	-
Postcode	-
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
Tiodd Guildec	Ыу
OTHER INFORMATION	
OTHER IN ORINATION	
Was any faraign vahials involved in the assidant?	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	No Var
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
Soliciting/orienting decident cidinis desistance:	140
DETAILS OF POLICE ACTION	
DETAILED OF T OCIOE ACTION	
Was the accident reported to the police?	No.
Was notice of intended Prosecution given?	No
If yes, against whom?	No
ii yes, agaiiist wiloiii!	-
OLDOU MOTANIOSO OF A COLDENT	
CIRCUMSTANCES OF ACCIDENT	
REFER STATEMENT ATTACHED	
ATTACHMENT(C)	
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No No
rido aloro dily dadio rocoldod:	INO
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	EP6688H
Vehicle Manufacturer	-
Vehicle Model	

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Private car

Name of Driver

Contact Number 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	THYE WEI JEAN KAREN
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

1 MAS DE	PILLING	ALONG	PIE -	TOWARDS	6177	REFORE	LAPALLE
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lare the foregoing parti	ulars are true	in every respect.					
2	f	\sim				NOTOR WO	
Z 13/12/2005	1 (J 1111	1,=				(2)
der's Signature / Date &	Driver's	Signature (If driver	is not the no	icuholder) / D-t-	140	790	/
*	& Time	1. 011401	- nor me po	-cyriolder) / Date	Witnesse Personne	d by Reporting (Zentre .

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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
- Any false reporting may be referred to the Police for investigation.
- 6. The 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, 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) w ho 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, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (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 maiting 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
- (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 haurers' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

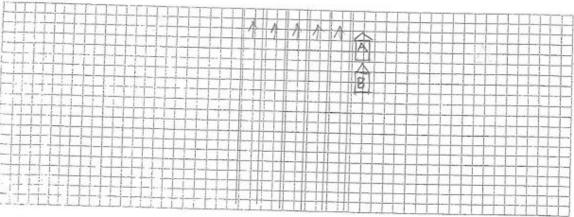
Policyholder's

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

202

Witnessed by Reporting Centre

Sketch Plan



EP 6688H

















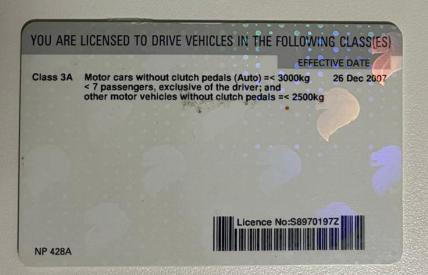
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20211213/7060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2021 22:25		de:	Vide Report No.: T/20211213/7059		Station Diary No.:
Informant's	s Particul	ars			
Name of In		RFN	Address: 627 BEDOK RESERVOIR RO	AD #07-161:	2 SINGAPORE
470627				2 0 11 10 11 12	
ID Type / ID No.: Contact No.:					
NRIC NO / S8970197Z			Home/Office: Mobile: 82001892		
Nationality: SINGAPOF		N	Email: KARENTHYE@GMAIL.COM		
Sex: Female	Age: 32	Date of Birth: 18/05/1989	Type of Informant: Driver		
Race: Chinese			Language: English	Institution /	School Name:
Occupation Other admi	nistrative a		Driving Licence Information: Class: 3A	Date of Ex	piry: 26/12/2007

General Information of the Accident						
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2021 10:45	5	Type of Location: Expressway	
Location:						
PAN ISLAND EXI	PRESSWAY					
Weather:	Ro	ad Surface:		Road	d Speed Limit:	
Clear	Dry	/		80 K	m/h	
Traffic Flow: Traffic Control: Traffic Volume: Moderate						
Type of Collision: Between Moving Vehicles - Head To Rear Anyone conveyed by ambulance: No						

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
EP6688H	Car	MERCEDES BENZ		Maroon	Slightly Damaged	0
SLE435K	Car	BMW	218I COUPE AT HID ABS NAV SR	White	Slightly Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211213/7060

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLE435K	OVERSEAS ASSURANCE	V0114991	15/12/2020	14/12/2022	
	CORPORATION LIMITED				

Details of Perso	Details of Person Involved						
Any Pedestrian Involved: No							
No. of Pedestrians Injured: NIL Use of Pedestrian Crossing: NA							
Driver							
Name	THYE WEI JEAN KAREN			ID No	-	S8970197Z	
Related Vehicle	SLE435K (Car)			Conta	ct No.	82001892	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: 3A Date of Expiry: 26/12/2007	
Date	12/12/2021	Date		12/12	2/2021		
No. of Days gran	ted Medical Leave	05	Degree of		Sligh	i	

Brief Details.

At around 10:45am on 11 Dec 2021, i was driving my vehicle (Car License No. SLE435K) along the 1st lane at PIE near Lornie exit towards city area, i noticed the vehicle in front of me came to a complete halt suddenly and i reacted accordingly. However, the vehicle (Car License No. EP6688H) behind me could not react in time and collided into the back of my vehicle.

For Customer Service please visit 1 Pickering Street #01-01 Great Eastern Centre Tel: +65 6248 2888 Fax: +65 6327 3080

Certificate of Insurance



ORIGINAL

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 (Cap.189 of the Revised Edition) (Singapore)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1996 Edition (Singapore)
Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaya)
Road Transport Act 1987 (of Malaysia)
Road Transport (Amendment) Act 2019 (of Malaysia)

FORM MX1

Policy No. : 2020-V0114991-VDP

Risk# : 0001 Cover : Comprehensive Policy Type : Drive And Save Plus

DESCRIPTION OF VEHICLES:

Vehicle Registration : SLE435K

Vehicle Make & Model : BMW 218I COUPE AT HID ABS NAV SR

Name of Insured : THYE WEI JEAN KAREN

Period of Insurance: 15-12-2020 (0000HRS) to 14-12-2021

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

(a) The Policyholder.

The Policyholder may also drive a motor car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.

(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; i) 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; (ii) any other person who has been given permission to drive the vehicle prior to the death & such permission had not be 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

1 to

Authorised Signature

GPCSLKG

10-12-2020





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20211213/7060

CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able to	o provide	sketch

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: 13/12/2021 22:25
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892

Tel No:1800-3910000

Report No. E/20211213/7013

Date/Time Report Made	Vide Repo	ort No.	Station Diary No.				
13/12/2021 11:28							
Name Of Informant	Address						
THYE WEI JEAN KAREN	APT BLK 627 BEDOK RESERVOIR ROAD #07-1612						
	SINGAPO	RE 47062	27				
ID Type / ID No.	Contact N	lo.					
NRIC NO / S8970197Z	Home/Off	ice:	Mobile:				
	82001892						
Nationality	Email Add	dress					
SINGAPORE CITIZEN	KARENTI	<u> HYE@GM</u>	AIL.COM				
Occupation	Sex	Age	Date of Birth	Race			
Other business services and administration	Female	32	18/05/1989	Chinese			
managers nec							
Institution/School Name	Language)					
	English						
Date/Time Of Incident	Location Of Incident						
11/12/2021 10:40 - 11/12/2021 10:50	Road accident near Lornie Road exit at PIE						
Brief details.							

At around 10:45am on 11 Dec 2021, i was driving along the 1st lane at PIE near Lornie towards city area. While on the road, the car in front of me slow down/stop suddenly as the traffic slow down. I managed to e-brake successfully however the car behind me did not manage to stop in time and collided into the back

of my car. Our Vehicle details as following.

My Vehicle: SLE435K

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: 13/12/2021 11:28
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20211213/7013

The car behind: EP6688H

Subjects Involved			
Victim			
Person Name	THYE WEI JEAN KAREN		
ID Type	NRIC NO	ID No	S8970197Z
Gender	Female	Age	32
Race	Chinese	Language	English
Occupation	Other business services and	Address Type	-
	administration managers nec		
Address	APT BLK 627 BEDOK	Mobile No	82001892
	RESERVOIR ROAD #07-1612		
	SINGAPORE 470627		
Is Informant A	Yes		
Victim?			
Person Name	THYE WEI JEAN KAREN (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2021 11:28
Officer In-Charge Of Case:	Classification Of Case: