

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 Submission	15/05/2023 18:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/05/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAYA LEBAR WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF95R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOO MEI CHEN, STEPHANIE
NRIC No	S8204812Z
Email Address	TDQ.STEPH@GMAIL.COM
Mobile Phone No	(Phone) +65-97611635
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	SIENTA STANDARD (AUTO)
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	1496

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V0118182

DRIVER

Name of Driver	CHOO MEI CHEN, STEPHANIE
NRIC No	S8204812Z
Date Of Birth	09/02/1982
Occupation	Indoor

Date Of Driving Pass	08/09/2003
Driving experience	19 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97611635
Alt. Phone Number	-
Email Address	TDQ.STEPH@GMAIL.COM
Address	BLK 8 ENG KONG TERRACE - SINGAPORE 598980
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

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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
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
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED POLICE REPORT

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	SLK8259T
Vehicle Manufacturer	-
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)	-

SKETCH PLAN

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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

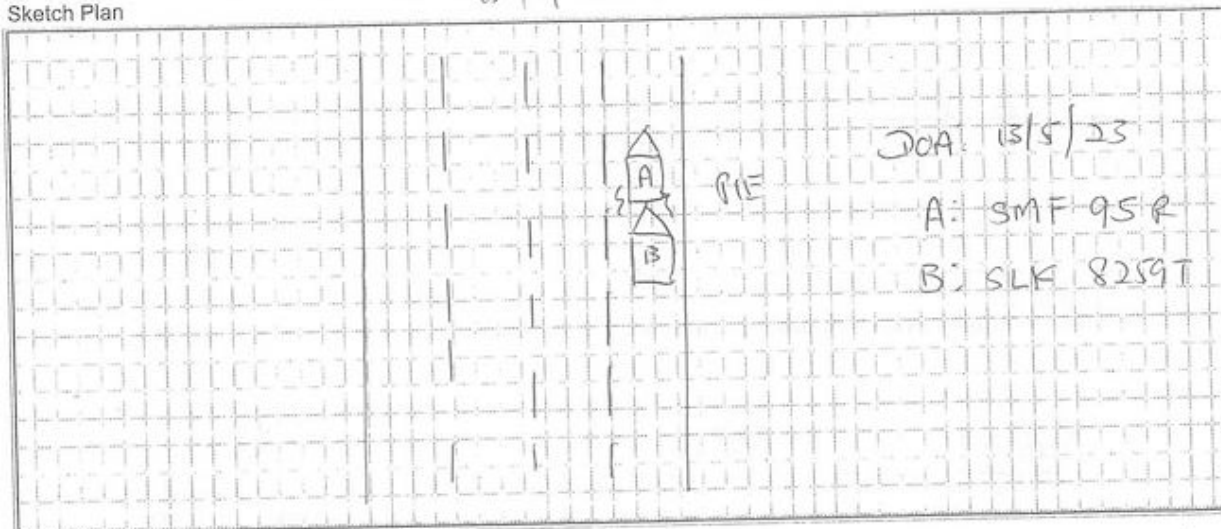
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time
15/5/2023


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

Sketch Plan



DOA: 15/5/23

A: SMF 95R

B: SLK 8259T

Describe Circumstance of the Accident

Refer to Police Report

Declaration

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


Policyholder's Signature

Policyholder's Signature / Date & Time

Driver's Signature (if different from above)

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

15/5/2023



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































**SINGAPORE
POLICE FORCE**



T/20230513/7043

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

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Report No. T/20230513/7043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2023 16:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHOO MEI CHEN, STEPHANIE			Address: 8 ENG KONG TERRACE SINGAPORE 598980		
ID Type / ID No.: NRIC NO / S8204812Z			Contact No.: Home/Office: Mobile: 97611635		
Nationality: SINGAPORE CITIZEN			Email: TDQ.STEPH@GMAIL.COM		
Sex: Female	Age: 41	Date of Birth: 09/02/1982	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Business development manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2023 13:30	Type of Location: Expressway
Location: PAYA LEBAR WAY				
Weather: Sunny		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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMF95R	Car	TOYOTA	SIENTA STANDARD (AUTO)	Grey		2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF95R	OVERSEAS ASSURANCE CORPORATION LIMITED	V0118182	14/09/2021	13/09/2023



**SINGAPORE
POLICE FORCE**



T/20230513/7043

2 of 3

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

Report No. T/20230513/7043

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOO MEI CHEN, STEPHANIE	ID No.	S8204812Z
Related Vehicle	SMF95R (Car)	Contact No.	97611635
Hospital/Clinic	TOH YI MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	13/05/2023	Date	13/05/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling on PIE towards tuas before exit 12 (after Paya Lebar) when the accident occurred. There was a build up of cars on the first lane and I realised that the red car (SNA9740S) in front of me came to a near stop so I immediately stepped on my brakes and managed to stop in time and did not hit the car in front of me. The white car behind (SLK8259T) did not manage to stop in time and his front collided into my rear.



**SINGAPORE
POLICE FORCE**

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



T/20230513/7043

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Report No. T/20230513/7043

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

NP168

Signature Of Informant:

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

Date/Time:
13/05/2023 16:41

Classification Of Case: