

# 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 .....        | 04/09/2024 17:44 (SGT)                |
| Reported by .....                     | Actual Driver                         |
| Date of Accident .....                | 02/09/2024 09:50 (SGT)                |
| Exact Location of Accident .....      | Singapore                             |
| Additional Location Information ..... | PIE Towards Changi Near Kim Keat Link |
| Country/State of Loss .....           | Singapore                             |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBL9664M |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                         |
|--------------------------------|-------------------------|
| Is company? .....              | Yes                     |
| Name Of Registered Owner ..... | AMMEL TECHNOLOGY        |
| Company Reg No .....           | 53260491A               |
| Email Address .....            | tslautogarage@gmail.com |
| Mobile Phone No .....          | (Phone) +65-87821850    |
| Alternative Phone No .....     | -                       |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | HIACE 2.0 DX 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 .....   | Commercial vehicle        |
| Transmission .....   | Auto                      |
| CC .....   | 1998                      |
| Vehicle Fuel .....   | -                         |
| First Registration Date .....  | -                         |
| Chassis no .....   | -                         |
| Effective Date/Time of Ownership .....   | -                         |

### INSURANCE COMPANY

|   |   |
|---|---|
| Name of Insurance Company .....         | Great Eastern General Insurance Limited |
| Policy Number / Cover Note Number ..... | 2024-V5017437-VCV                       |

### DRIVER

|  |                                  |
|--|----------------------------------|
| Name of Driver .....   | Lim Hong Melvin                  |
| NRIC No .....  | S8222565Z                        |
| Date Of Birth .....  | 13/07/1982                       |
| Occupation .....   | Outdoor                          |
| Driving Pass Date .....  | 16/11/2015                       |
| Driving License Pass Class .....                                   | 3                                |
| Driving License Validity .....                                     | Valid                            |
| Driving experience .....   | 8 YEARS AND 10 MONTHS            |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-87821850             |
| Alt. Phone Number .....  | -                                |
| Email Address .....  | tslautogarage@gmail.com          |
| Address .....  | 43 Striling Road #01-476 S141043 |
| Address complement .....   | -                                |
| Postcode .....   | -                                |
| Is the driver the policyholder? .....                              | No                               |
| If No, Relationship of the Driver with the Insured .....           | Owner                            |
| 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) .....   | 1   |
| 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 .....   | -   |

#### 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 to attached

#### 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 .....             | GBE8826G           |
| 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) .....     | -                  |

## INJURED PERSONS DETAILS

### INJURED 1

|   |                 |
|---|-----------------|
| Name of injured person .....                              | Lim Hong Melvin |
| Gender .....  | -               |
| Phone No .....  | -               |
| Address .....   | -               |
| Address Complement .....                                  | -               |
| Post Code .....   | -               |
| Approximate Age Years Old .....                           | -               |
| Injuries Sustained .....                                  | 4 Days MC       |
| Injured person in which vehicle? .....                    | GBL9664M        |
| Were seat belts worn? .....                               | Yes             |
| Was this injured conveyed to hospital by ambulance? ..... | No              |

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.



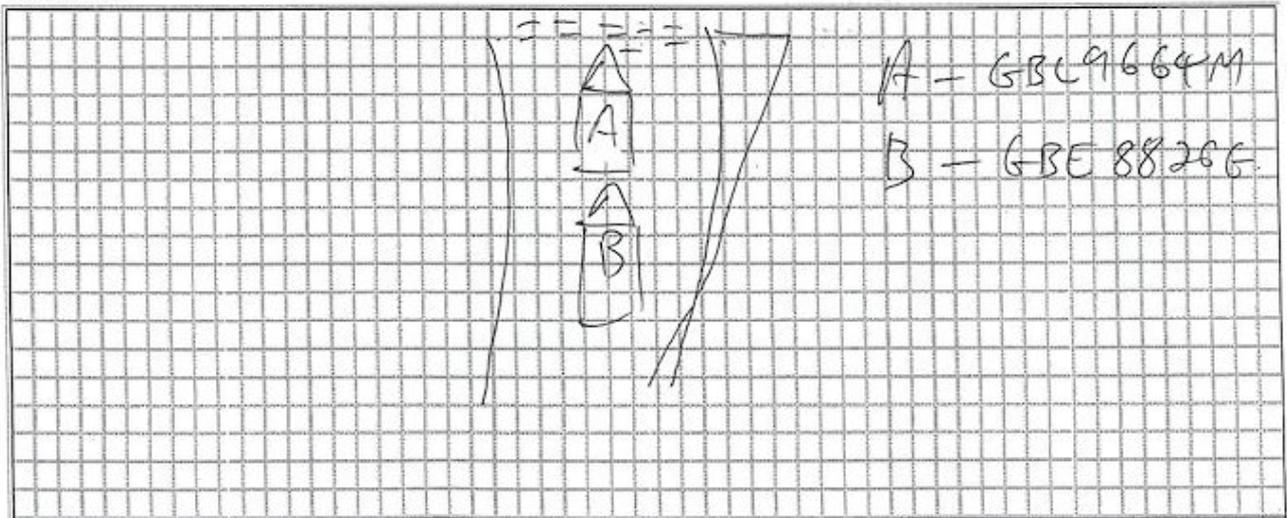
1430 hrs.  
4/1/2024.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Jun2022

Describe Circumstance of the Accident

At a filter lane on the PIE towards Changi ~~Exit~~<sup>Exit</sup> near Kim Keat Lnk, I was at the give way line waiting to merge when GBE8826G collided into the rear of my vehicle.

Declaration

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



1430 hrs  
4/9/2024.

Policyholder's Signature / Date & Time

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

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



















TORING PTE LTD  8869 3466 / 8314 6959







**SINGAPORE  
POLICE FORCE**



T/20240905/7007

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

2 of 3  
Report No. T/20240905/7007

CONTINUATION OF REPORT

| Driver                                 |                              |                  |   |
|--|------------------------------|------------------|---|
| Name                                   | LIM HONG, MELVIN             |                  | ID No. S8222565Z  |
| Related Vehicle                        | (van)                        |                  | Contact No. 86870048  |
| Hospital/Clinic                        | NATIONAL UNIVERSITY HOSPITAL |                  | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL |
| Date Treatment                         | 05/09/2024                   | Date Discharge   | 05/09/2024  |
| No. of Days granted Medical Leave (MC) | 04                           | Degree of Injury | Slight  |

**Brief Details.**

On the above time and date i was driving my van barring plate number (GBL9664M) when i was about to exit PIE to Kim Keat link i had stop at the giveaway line a vehicle van (GBE8826G) was exiting and hit the back of my van. The driver of van (GBE8826G) subsequently got out of the van and check on me we also exchange our particulars. I recieved 4 days of mc from NUH due to a neck injury.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 – 17:00  
UDN: 565550206 / GST Reg. No.: M600017755

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SK0N2494000H Vehicle Registration No: G8E 8826G

Name (as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Accident : \_\_\_\_\_ Time of Accident : \_\_\_\_\_

Place of Accident : \_\_\_\_\_

Insurance Company: \_\_\_\_\_

(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:

Amend Add Advice report  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Signature]  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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



## 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) Act Rules, 1996 Edition (Singapore)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaysia)  
 Road Transport Act 1987 (of Malaysia)  
 Road Transport Act (Amendment) Act 2019 (of Malaysia)

Policy No. : 2024-V5017437-VCV  
 Product Type : Commercial Vehicle  
 Cover : Comprehensive Any Workshop  
 Name of Insured : AMMEL TECHNOLOGY  
 Period of Insurance : From 23/08/2024 to 22/08/2025 (both dates inclusive)

### Risk Number 001

Vehicle Registration : GBL9664M  
 Vehicle Make & Model : TOYOTA HIACE 2.0 DX AUTO  
 Hire Purchase : UNITED OVERSEAS BANK LTD

### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the Policyholder's order or with their permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation 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 regulations 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

- (1) Use in connection with the Policyholder's Business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic and pleasure purposes.

The policy does not cover :-

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

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