

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	02/10/2024 10:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/10/2024 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LENTOR AVE / YCK RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2078S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM TEE YEOW
NRIC No	SXXXX135H
Email Address	ALLANLYNN2004@GMAIL.COM
Mobile Phone No	(Phone) +65-97881277
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CIVIC 2.0L A
Variant	-
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	1998
Vehicle Fuel	Petrol
First Registration Date	04/09/2008
Chassis no	JHMF26408S201998
Effective Date/Time of Ownership	30/04/2009 11:04 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5017936

DRIVER

Name of Driver	LIM TEE YEOW
NRIC No	SXXXX135H
Date Of Birth	04/09/1966
Occupation	Indoor
Driving Pass Date	09/11/1988
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	35 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97881277
Alt. Phone Number	-
Email Address	ALLANLYNN2004@GMAIL.COM
Address	BLK 568 CHOA CHU KANG STREET 52 11-158 SINGAPORE 680568
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF6390L
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	-

Describe Circumstance of the Accident

Date of Accident: 11 Oct 2022 Time: 0800 Location: Lentor Ave / Yck Rd

My Vehicle A: STJ 2078S Vehicle B: SNE 639DL Vehicle C: _____

I've stopped my car on side road to go to main road @ Yck.

Before I go off, my car was knocked by the vehicle B, from behind.

After that, he drove off.

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident Report to:

My Workshop: _____

Workshop Email Address: _____

☐ Note: Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

11 Oct 2022
1330

vJun2022

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

[Signature]

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

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. 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.
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.
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.

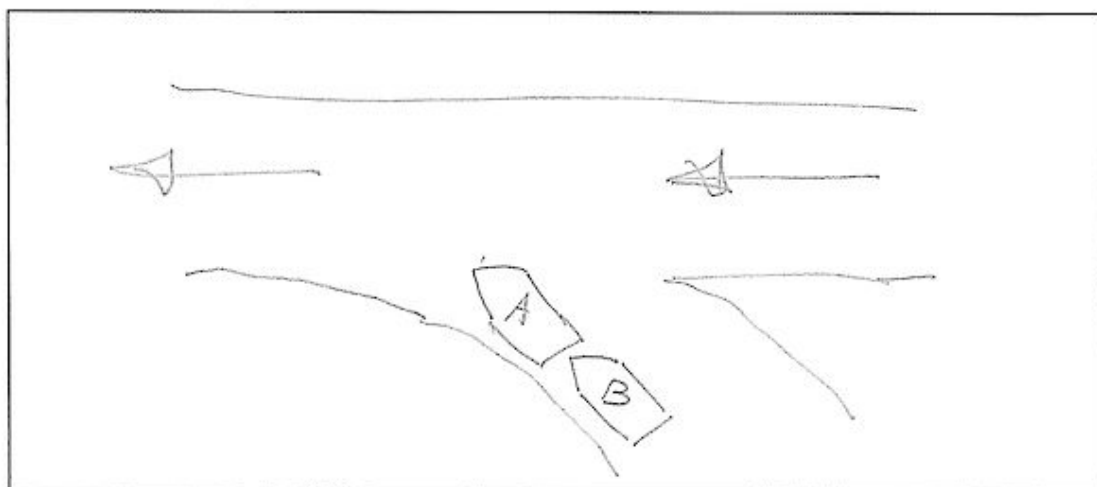
Policyholder's Signature / Date & Time

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

Witnessed by Recording Centre Personnel
(Name as in NRIC Card)

Sketch Plan

11/04/2024 1330

























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:

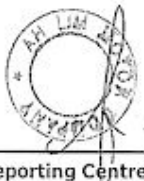
Original Report No: SA1C24A1M004 Vehicle Registration No: 8JJ2078S
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: allanlynn2008@gmail.com
 Date of Accident: 1/10/14 Time of Accident: 8:00
 Place of Accident: Lentor Ave / Yek Rd
 Insurance Company: GE

(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 video clip

 Policyholder / Driver's Signature
 Date:


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

Logout



Profile

Logout

Home

My Portfolio

My Document

My Service Request

My Claim

Buy

My Policy Details



Policy Type
Lifestyle Protection
(1)



V5017938
Singtel Car Protect

Policy Status
INFORCE

Commencement Date
04 Sep 2024

Coverage End Date
03 Sep 2025

Potential Lapse Date
-

Servicing Agent

CONSUME
R
JOURNEYS
PTE LTD



Collapse All

Coverage Details

Product Name	Plan Name
Singtel Car Protect	Third Party Only

Vehicle Information

Vehicle Make and Model	Engine Cc	Year of Manufacture	Body Type	Registration No.	Engine No.	Chassis No.
HONGICV-HONDA - CIVIC	1998.0	2008	-	SJJ2078S	K20Z23501988	JHMF026408S201988

Additional Information

NCD Protector / Loss of Use
No

Note: From Dec 2021, "No Claim Discount" and "Safe Driver Discount" will not be displayed.
If you have any query, please email to gicare-sg@greateasterngeneral.com (mailto:gicare-sg@greateasterngeneral.com).

While every effort is taken to ensure accuracy, some information may not be updated in real-time.
The information contained herein is to be used for reference purposes only.

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Contact us

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