

## 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? .....	No

#### 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

vJun2022

11 Oct 2022  
1330

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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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.

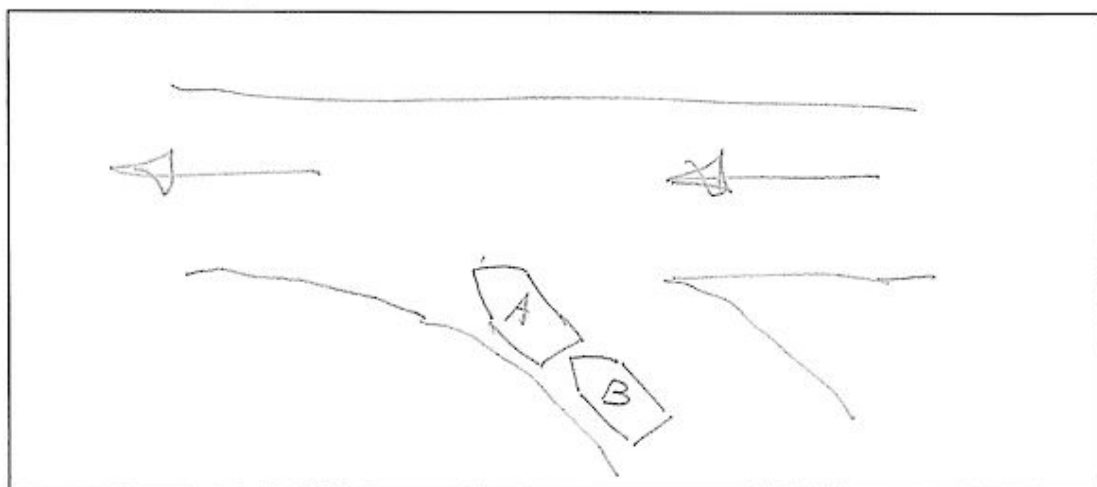
Policyholder's Signature / Date & Time

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

































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## 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

x

Serving Agent

CONSUME

R

JOURNEYS

PTE LTD

[Collapse All](#)

### Coverage Details

Product Name

Singtel Car Protect

Plan Name

Third Party Only

### Vehicle Information

Vehicle Make and Model

HONGICV-HONDA - CIVIC

Engine Cc

1998.0

Year of Manufacture

2008

Body Type

-

Registration No.

SJJ2078S

Engine No.

K20Z23501988

Chassis No.

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) (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.[Back to top](#) 

### Contact us

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