

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
- 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.

 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 26/06/2024 13:05 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 25/06/2024 21:00 (SGT) Exact Location of Accident Near Opp Blk 258, Singapore Additional Location Information BUKIT BATOK EAST AVE 2 TOWARDS HILLVIEW AVENUE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SCN113Z

Manufacturer

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **LIM ENG TIAN** NRIC No S1283538H Email Address etlim@sagaragroup.com Mobile Phone No (Phone) +65-96755113 Alternative Phone No

VEHICLE PARTICULARS

Model E200 Variant Exact purpose for which vehicle was being used at time of 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 1991 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited Policy Number / Cover Note Number V5017264

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	LIM ENG TIAN \$1283538H 13/03/1958 Indoor 31/08/1979 3 Valid 44 YEARS AND 10 MONTHS Male (Phone) +65-96755113 - etlim@sagaragroup.com BLK 87 HILLVIEW AVENUE #04-09 - 669623 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 3 Yes Yes Yes 3 No
Name Gender	LIM LEH CHU Female
PASSENGER 2 Name Gender	LOH JIA LU Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Jurong East Neighbourhood Police Centre (Phone) +65-18008999999 (Fax) +65-66655791 No. 92 Boon Lay Way Singapore 609962 No

ATTACHMENT(S)

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

Reasons for not uploading a video of the accident SD CARD IS WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBM332A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH7993X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi 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 Gender	-
	-
Phone No	-
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	FBM332A
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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- 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.
- 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

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

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

(Name as in NRIC/ID card)

(Vanne # Te E dres

B: FBM 332A

Describe Circums	scribe Circumstance of the Accident				
Refer	To	Police	Report	1/20240625/2085	

Declaration

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

Policyholder's Signature / Date & Time

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

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

FULLANT GTE EDRIS













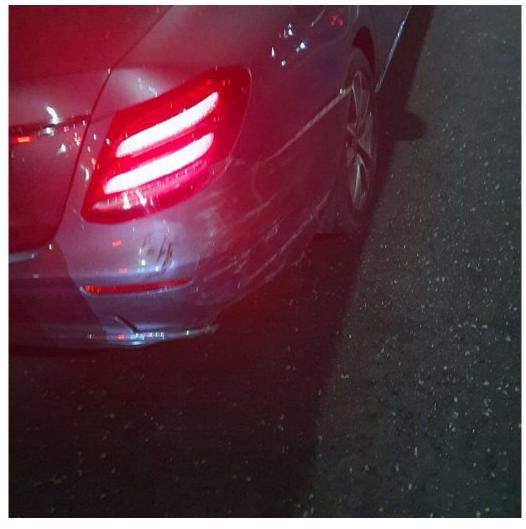


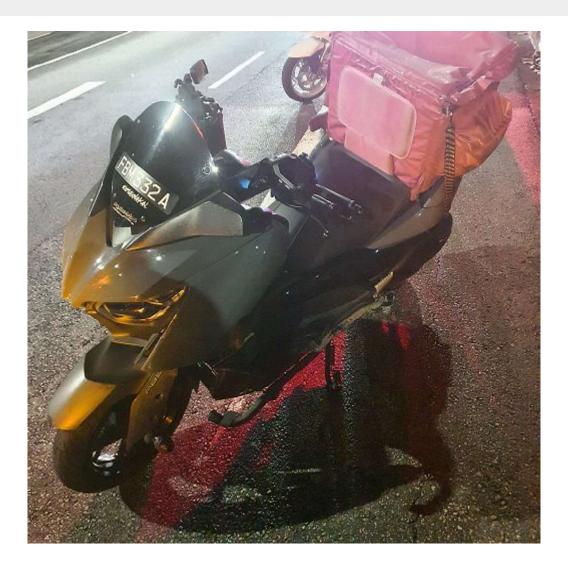


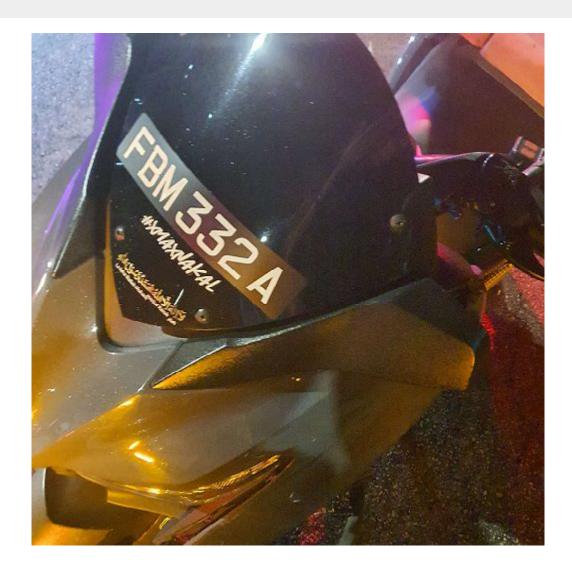
















Police Station Of Origin:

Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962

Tel No: 1800-8999999

Report No. T/20240625/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2024 23:49			Vide Report No.: J/20240625/0084	Station Diary No.: 115	
Informa	nt's Partic	ulars			
Name of Informant: LIM ENG TIAN			Address: 87 HILLVIEW AVENUE #04-09 SINGAPORE 669623		
ID Type / ID No.: NRIC NO / S1283538H			Contact No.: Home/Office:	Mobile: 96755113	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Age: Date of Birth: Male 66 13/03/1958			Type of Informant: Driver		
Race: Chinese		Language:			
Occupation: SELF-EMPLOYED			Driving Licence Informa Class:	ation: Date of Expiry:	

Type of Accident: Injury Attended by Police		Drink Drive:	Date/Time of Accident:	Type of Location
Accident		No	25/06/2024 21:00	
BUKIT BATO Weather: Clear	K EAST AVENUE 2	Road Surface:		
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
	sion:			Anyone conveyed by

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of Passenger
FBM332A	Motorcycle					0
SCN113Z	Motor car				Seriously Damaged	



T/20240625/2085

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

Report No. T/20240625/2085

2 of 3

CONTINUATION OF REPORT

Brief Details.

On 25/06/24 at about 2100hrs, I was driving my vehicle SCN113Z along Bukit Batok East Ave 2 towards Hillview. At that time, I had 2 passengers with me. I had stopped at the left most lane to turn left into Hillview and at that time the traffic light was red. Suddenly, there was an impact at the rear of my vehicle. I then observed that a motorcyclist had hit onto my rear and fell forward. I had alighted from my vehicle to render assistance.

Subsequently, police and ambulance arrived and attended to my scene.

I made a check and there were damages at the rear right of my car.

I also wish to state that my passengers and I did not suffer any injuries.

TP had taken my SD card from my in vehicle camera and an acknowledgement slip was given to me. The incident number is J/20240625/0084 and the incharge case is TP IO Nadya Tel: 65476331.



NP168



Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 3 of 3 Report No. T/20240625/2085

CONTINUATION OF REPORT

Signature of Officer Recording The D / SGT 2 SYAFIQ BIN ABDUL RASHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/06/2024 23:49
Officer In Charge Of Case: TP / GIT / SI LEE YONG KANG Contact No.: 65476206	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

		ADDENI	DUM	
(A)	PARTICULARS OF P	ERSON MAKING THE AMENDMEN	TS:	
	Original Report No:	SW0614600003	Vehicle Registration No: _	SCN 1/32
	Name (as shown in I	NRIC):	NRIC/FIN/Passport No: _	SXXXX 5384
	(*Vehicle Driver/Po	licyholder) (*) Please delete as ap	propriate	
	Address:			Singapore (
	Contact (Tel):		Mobile No.: 9 6 7 5511	3
		TLIM @ SAGARAGROUP. OM		
	Date of Accident:	25/06/2024	Time of Accident:	HRS
	Place of Accident: _	BUILT BATOR EAST AVE 2 TWO	S HILLYEN AVE	
	Insurance Company	GREAT EASTERN		
	make the following	rt on the above-mentioned accider amendments:		
		CHAIN COLLISION		
		<u>v</u>		

Policyholder / Actual Driver's Signature Date: 7-/-9/2024 Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): FAYAC HO SLOTT MUGL

Date: 30/09/2014



CERTIFICATE OF INSURANCE

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 (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

Road Transport Act, 1987 (of Malaysia)

The Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaya)

Road Transport (Amendment) Act 2019 (of Malaysia)

Policy Number

V5017264

Policyholder

LIM ENG TIAN

Period of Insurance

27/08/2023 (0000HRS) to 26/08/2024

Product Name

Singlel Car Protect

Type of Cover

Premium

Vehicle Registration Number

SCN113Z

Vehicle Make & Model

MERCEDES-BENZ - E200

Engine Number

27492031519037

Chassis Number

WDD2130422A475009

Hire Purchase

AL A

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

- (a) The Policyholder only.
- (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.
 - Any other person who has been given permission to drive the vehicle prior to the death & such permission had not been 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

Khor Hock Seng Group CEO