

## 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 .....        | 21/10/2024 18:04 (SGT)                          |
| Reported by .....                     | Both Policyholder and Actual Driver             |
| Date of Accident .....                | 19/10/2024 14:50 (SGT)                          |
| Exact Location of Accident .....      | Jurong Town Hall Rd, Singapore                  |
| Additional Location Information ..... | JURONG TOWN HALL ROAD TOWARDS JURONG EAST AVE 1 |
| Country/State of Loss .....           | Singapore                                       |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLP5651L |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | No                   |
| Name Of Registered Owner ..... | TAN KHIM EAM         |
| NRIC No .....                  | S7677925B            |
| Email Address .....            | ZCWASPT@YAHOO.COM    |
| Mobile Phone No .....          | (Phone) +65-96836215 |
| Alternative Phone No .....     | -                    |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Porsche                   |
| Model .....  | 718 BOXSTER 2.0 SMT       |
| 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 .....   | 1988                      |
| 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 ..... | V5015667                                |

#### DRIVER

|  |                       |
|--|-----------------------|
| Name of Driver .....   | TAN KHIM EAM          |
| NRIC No .....  | S7677925B             |
| Date Of Birth .....  | 17/11/1976            |
| Occupation .....   | Indoor                |
| Driving Pass Date .....  | 09/10/2001            |
| Driving License Pass Class .....                                   | 3                     |
| Driving License Validity .....                                     | Valid                 |
| Driving experience .....   | 23 YEARS              |
| Gender .....   | Male                  |
| Mobile Number .....  | (Phone) +65-96836215  |
| Alt. Phone Number .....  | -                     |
| Email Address .....  | ZCWASPT@YAHOO.COM     |
| Address .....  | BLK 52 LAKESIDE DRIVE |
| Address complement .....   | 15-13                 |
| Postcode .....   | 648316                |
| 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

-

#### 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 ..... | SJT557L |
| Vehicle Manufacturer .....        | Mazda   |

|   |                      |
|---|----------------------|
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | ZHANG CHANG ENG      |
| NRIC No .....                                 | S7875607A            |
| Contact Number .....                          | (Phone) +65-94897077 |
| 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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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.

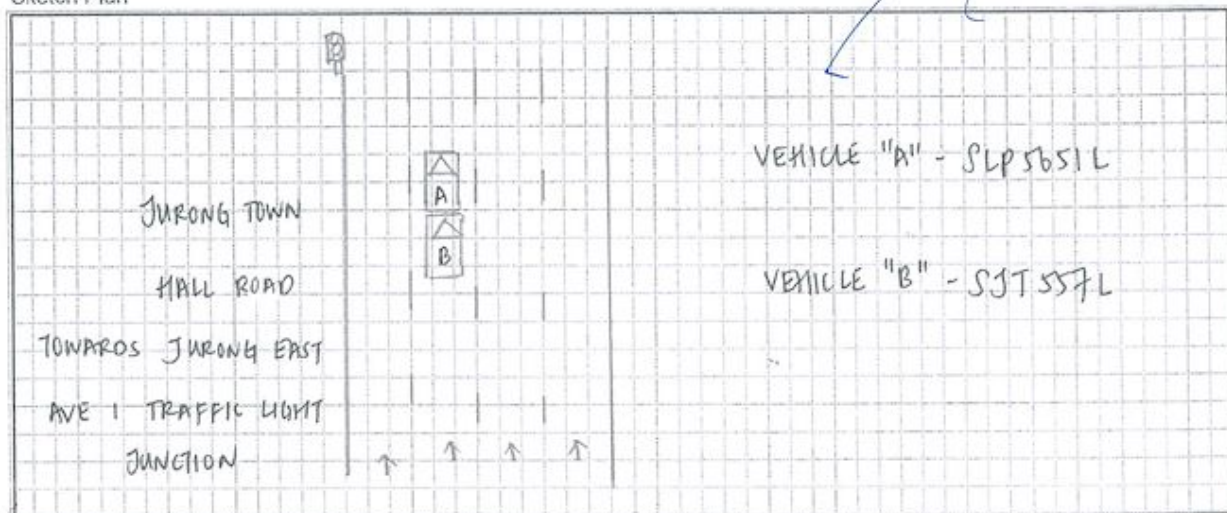
*[Signature]*

Policyholder's Signature / Date & Time

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

*[Signature]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



## Describe Circumstance of the Accident

ON 19/10/2014 ABOUT 14:50 HRS, MY VEHICLE WAS APPROACHING JURONG TOWN  
HALL ROAD TOWARDS JURONG EAST AVE 1 TRAFFIC LIGHT JUNCTION. SUDDENLY,  
VEHICLE B "SJT 557 L" COLLIDED ON MY REAR CAR PORTION WHEN MY CAR WAS  
STILL STATIONARY TO WAITING TRAFFIC LIGHT TURN GREEN.

Was there any video captured by Car Camera? Yes / ☒ No

Has the driver been approached by unknown person(s)? Yes / ☒ No

Number of Passengers (Including Driver)? 01

Name Gender:

Name Gender:

Name Gender:

## 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)





## 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)

|                                    |                                    |
|------------------------------------|------------------------------------|
| <b>Policy Number</b>               | V5015667                           |
| <b>Policyholder</b>                | TAN KHIM EAM                       |
| <b>Period of Insurance</b>         | 09/06/2024 (0000HRS) to 08/06/2025 |
| <b>Product Name</b>                | Drive And Save Plus                |
| <b>Type of Cover</b>               | Comprehensive Any Workshop         |
| <b>Vehicle Registration Number</b> | SLP5651L                           |
| <b>Vehicle Make &amp; Model</b>    | PORSCHE - BOXSTER                  |
| <b>Chassis Number</b>              | WP0ZZZ98ZHS214135                  |
| <b>Hire Purchase</b>               | MAYBANK                            |

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

The Policyholder &/or NG LAY PENG only.

\* *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

































