SY0324BP0001 / YEW TEE AUTOMOBILE TECH PTE LTD [417800]
ENTRY DATE & TIME: 25/11/2024 19:29 (SGT)
SUBMITTED BY: TOH LEI MING
VERSION: 1 (25/11/2024 19:29 (SGT))

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 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	25/11/2024 19:29 (SGT)
Reported by	Actual Driver
Date of Accident	25/11/2024 12:30 (SGT)
Exact Location of Accident	Bedok, Singapore
Additional Location Information	BEDOK NORTH AVE 3 TWDS BEDOK NORTH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5704P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YEN LONG TRANSPORT SERVICE
Company Reg No	3XXXX300X
Email Address	YLTSCHAI@GMAIL.COM
Mobile Phone No	(Phone) +65-90220513
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0
Vehicle Fuel	-
First Regisration Date	19/12/2016
Chassis no	KDH2010207920
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVC000008825-03-000

DRIVER

Name of Driver	CHAI LONG
NRIC No	SXXXX844J
Date Of Birth	08/10/1961
Occupation	Outdoor
Driving Pass Date	06/10/1981
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	43 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90220513
Alt. Phone Number	-
Email Address	YLTSCHAI@GMAIL.COM
Address	BLK 954C TAMPINES STREET 96 #12-227
Address complement	-
Postcode	523954
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Raining
Road Surface	Wet

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 ATTACHMENT.

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	GT7351C
Vehicle Manufacturer	Toyota

Vehicle Model	Hiace
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)	-

SKETCH PLAN

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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 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 thai 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.

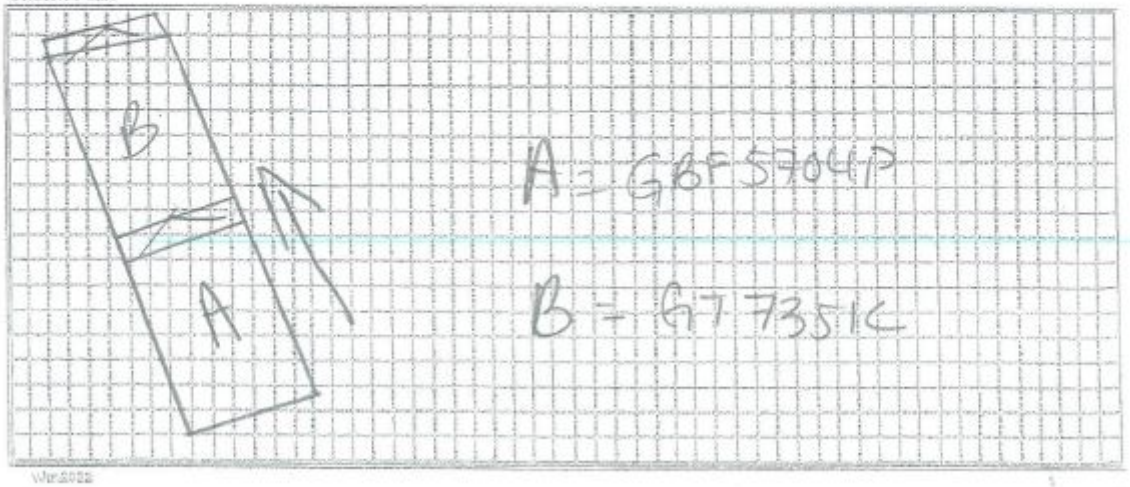
YEW LONG TRANSPORT SERVICE

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



Ver.2022

Describe Circumstance of the Accident

At 25 Nov 2024 around 12:30 pm, I was driving Bedok north ave 3 twds Bedok north Rd. My vehicle A (GBF5704P) was checking the right side when before going out but haven't checking infront has no move. As a result, ~~the~~ my vehicle A (GBF5704P) accidently hit to the vehicle B (GT7351C).

Declaration

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

TEH LONG TRANSPORT SERVICE

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)

Gilin

vJun2022

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IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

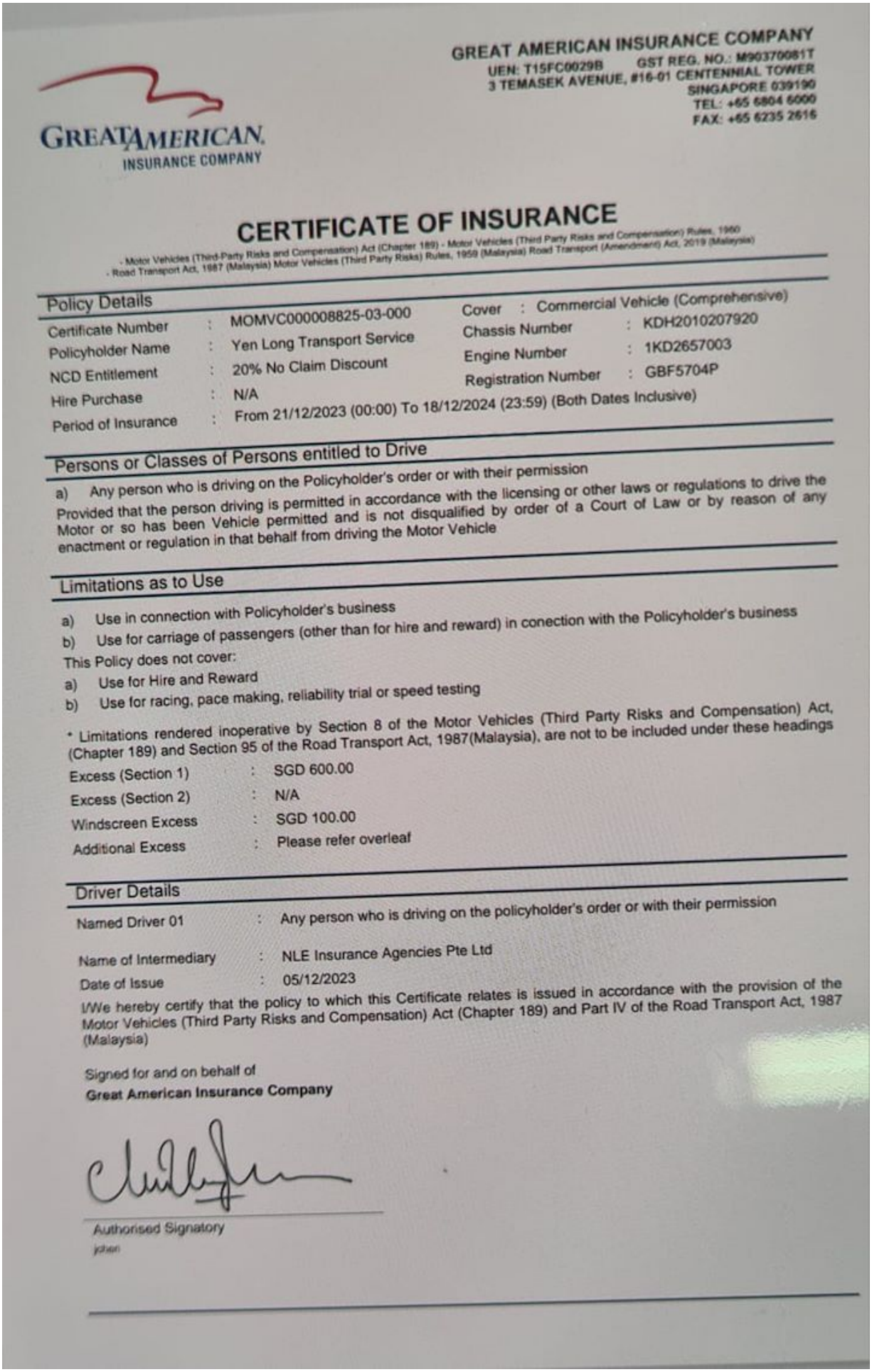
IMAGES #6

IMAGES #7


CHASSIS NO : KDH201-0207920
U.W. : 1780 KG
M.L.W. : 3225 KG
PASS. CAP. : 02
TYRE SIZE : F.195/80R-15
: R.195/80R-15(S)

IMAGES #8

IMAGES #9



GREAT AMERICAN INSURANCE COMPANY
UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

GREAT AMERICAN. INSURANCE COMPANY

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

Policy Details

Certificate Number	: MOMVC000008825-03-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: Yen Long Transport Service	Chassis Number	: KDH2010207920
NCD Entitlement	: 20% No Claim Discount	Engine Number	: 1KD2657003
Hire Purchase	: N/A	Registration Number	: GBF5704P
Period of Insurance	: From 21/12/2023 (00:00) To 18/12/2024 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

a) 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 regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

a) Use in connection with Policyholder's business
b) Use for carriage of passengers (other than for hire and reward) in conection with the Policyholder's business

This Policy does not cover:

a) Use for Hire and Reward
b) Use for racing, pace making, reliability trial or speed testing

* 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(Malaysia), are not to be included under these headings

Excess (Section 1)	:	SGD 600.00
Excess (Section 2)	:	N/A
Windscreen Excess	:	SGD 100.00
Additional Excess	:	Please refer overleaf

Driver Details

Named Driver 01	:	Any person who is driving on the policyholder's order or with their permission
Name of Intermediary	:	NLE Insurance Agencies Pte Ltd
Date of Issue	:	05/12/2023

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of
Great American Insurance Company

Authorised Signatory
johan