

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	09/07/2024 14:10 (SGT)
Reported by	Actual Driver
Date of Accident	09/07/2024 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG AVE 7 TO DEFU LANE AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4092T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SPH MEDIA LTD
Company Reg No	202120748H
Email Address	HSALANK@SPH.COM
Mobile Phone No	(Phone) +65-63194097
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2989

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	2023-V0118963-VCF

DRIVER

Name of Driver	HASLAN BIN ABDUL KARIM
NRIC No	S8325578A
Date Of Birth	30/08/1983
Occupation	Indoor

Driving Pass Date	29/04/2003
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93848784
Alt. Phone Number	-
Email Address	HSALANK@SPH.COM
Address	BLK 122 SENG KANG EAST WAY #16-13
Address complement	-
Postcode	540122
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

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	GBD8572T
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	CB356C
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	GBD8572T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	CB356C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Great Eastern
Vehicle: GBC 4092 T
09/07/2024

SKETCH PLAN

IMPORTANT NOTICE

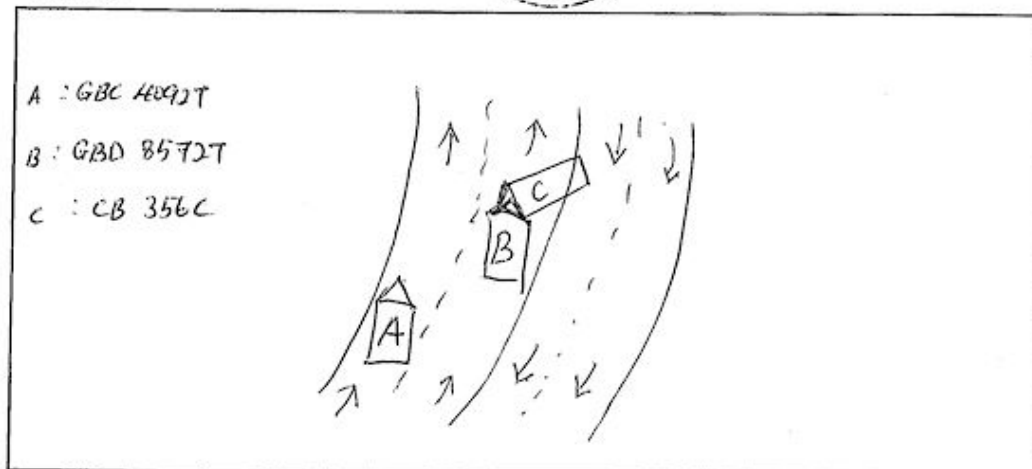
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6. This report will be forwarded by the Insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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 different from the policyholder) / Date & Time

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

Sketch Plan



Describe Circumstance of the Accident		
Date of Accident : 09/07/24	Time : 0730hrs	Location : Hougang Ave 7 → DEPU AVE
My Vehicle A : GBC 4092T	Vehicle B : G8D 8572T	Vehicle C : CB 356C
Refer to police report		
<input type="checkbox"/> Claim OD/TP at Ah Lim Motor <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only		
Remarks : Please forward a copy of my ofile accident Report to :		
My Workshop : _____		
Workshop Email Address : _____		
<input type="checkbox"/> 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		

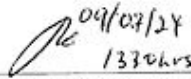
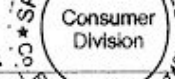
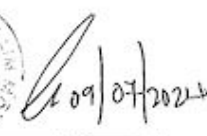

Declaration

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

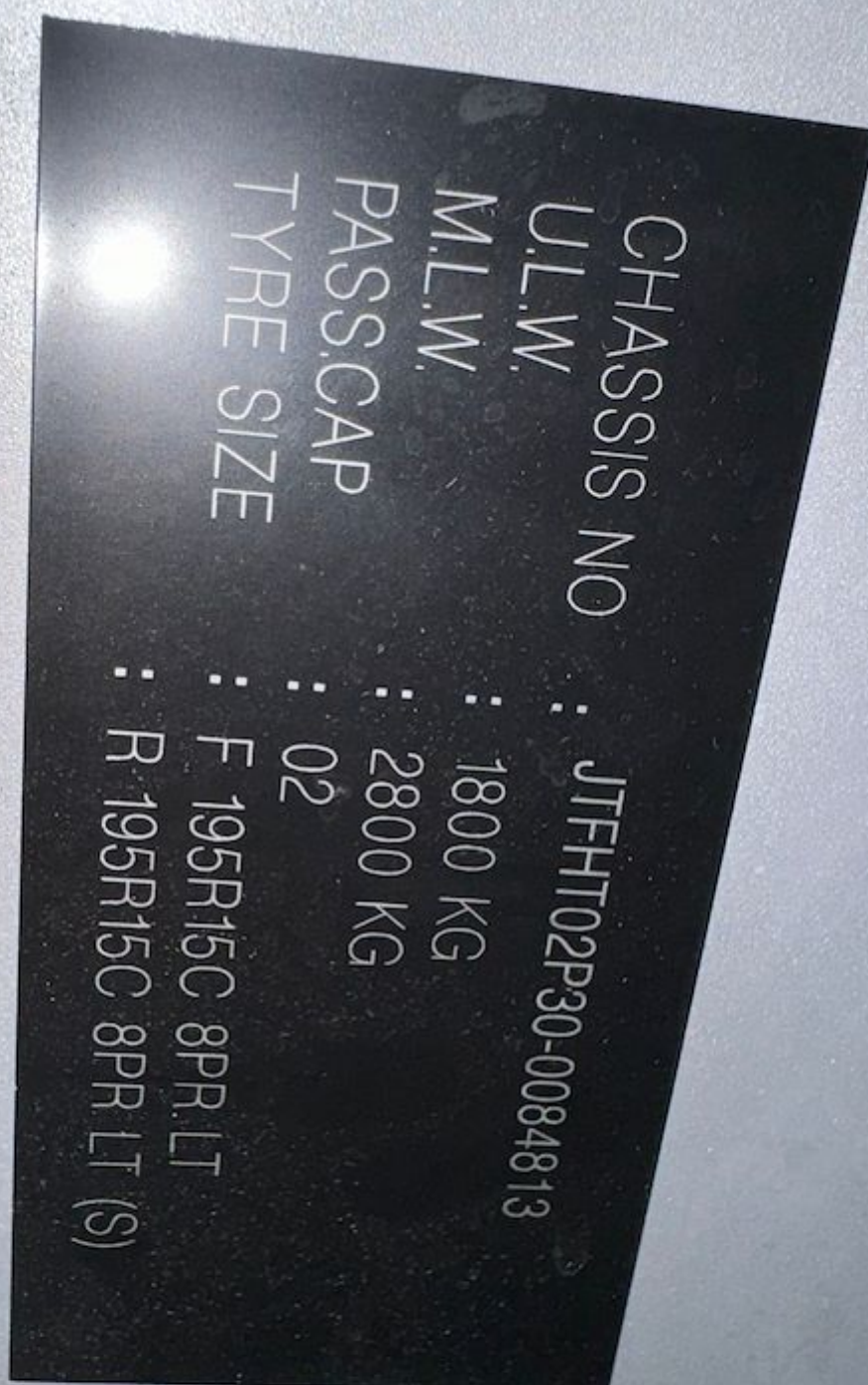
Policyholder's Signature / Date & Time

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

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

 09/07/24
 1330hrs
 09/07/2024
 SPH MEDICAL Consumer Division
 REPORTING CENTRE

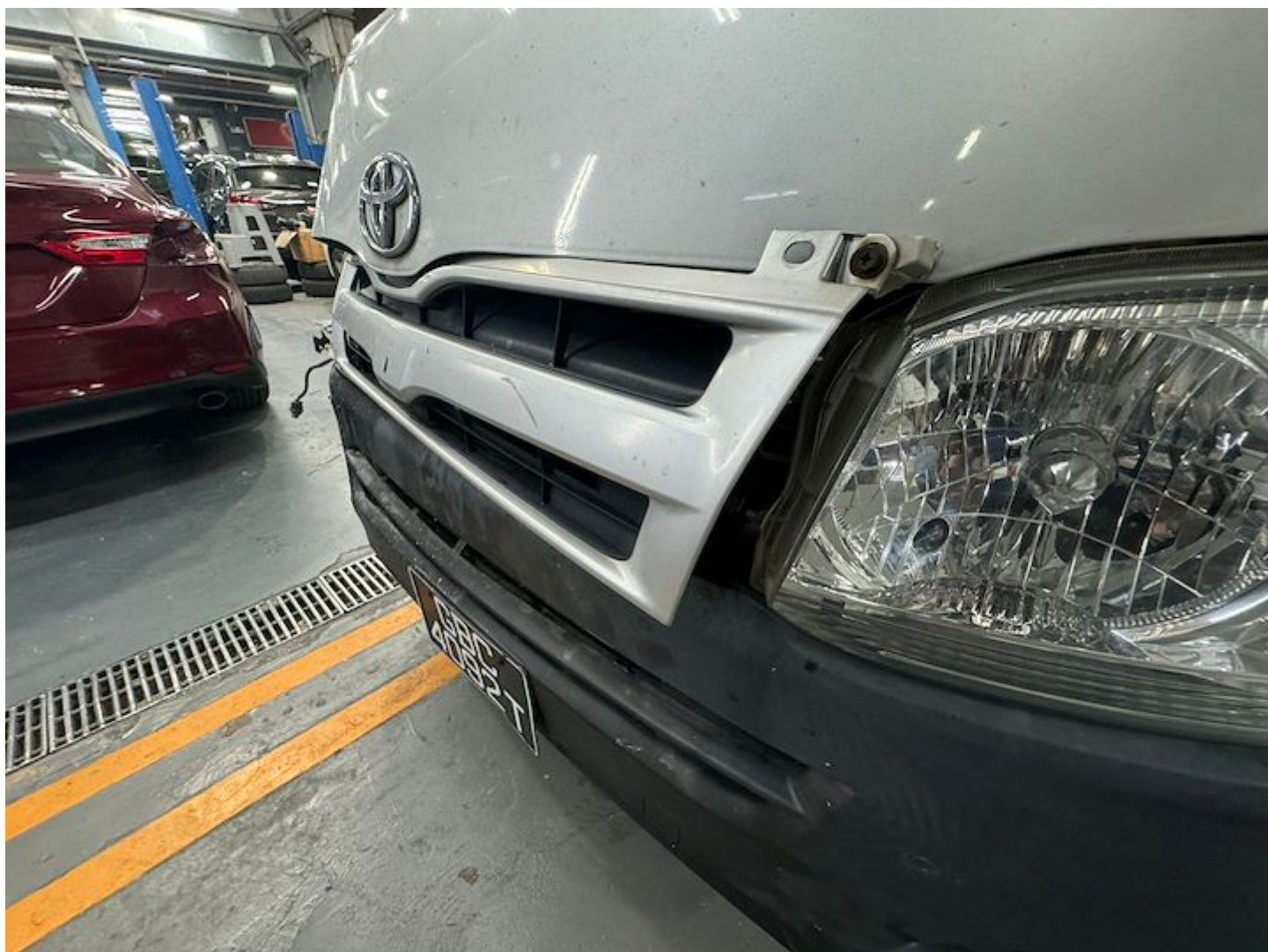


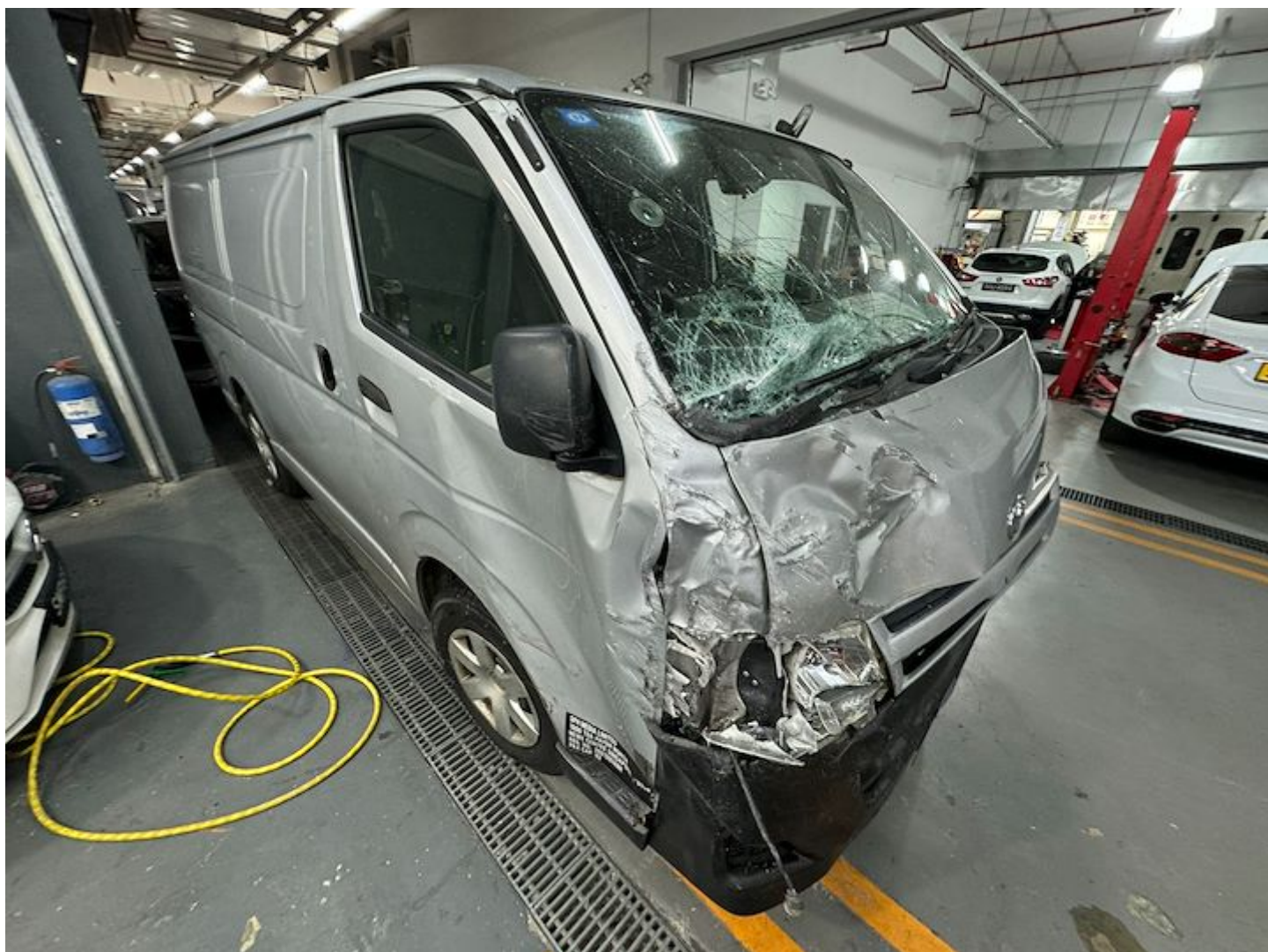


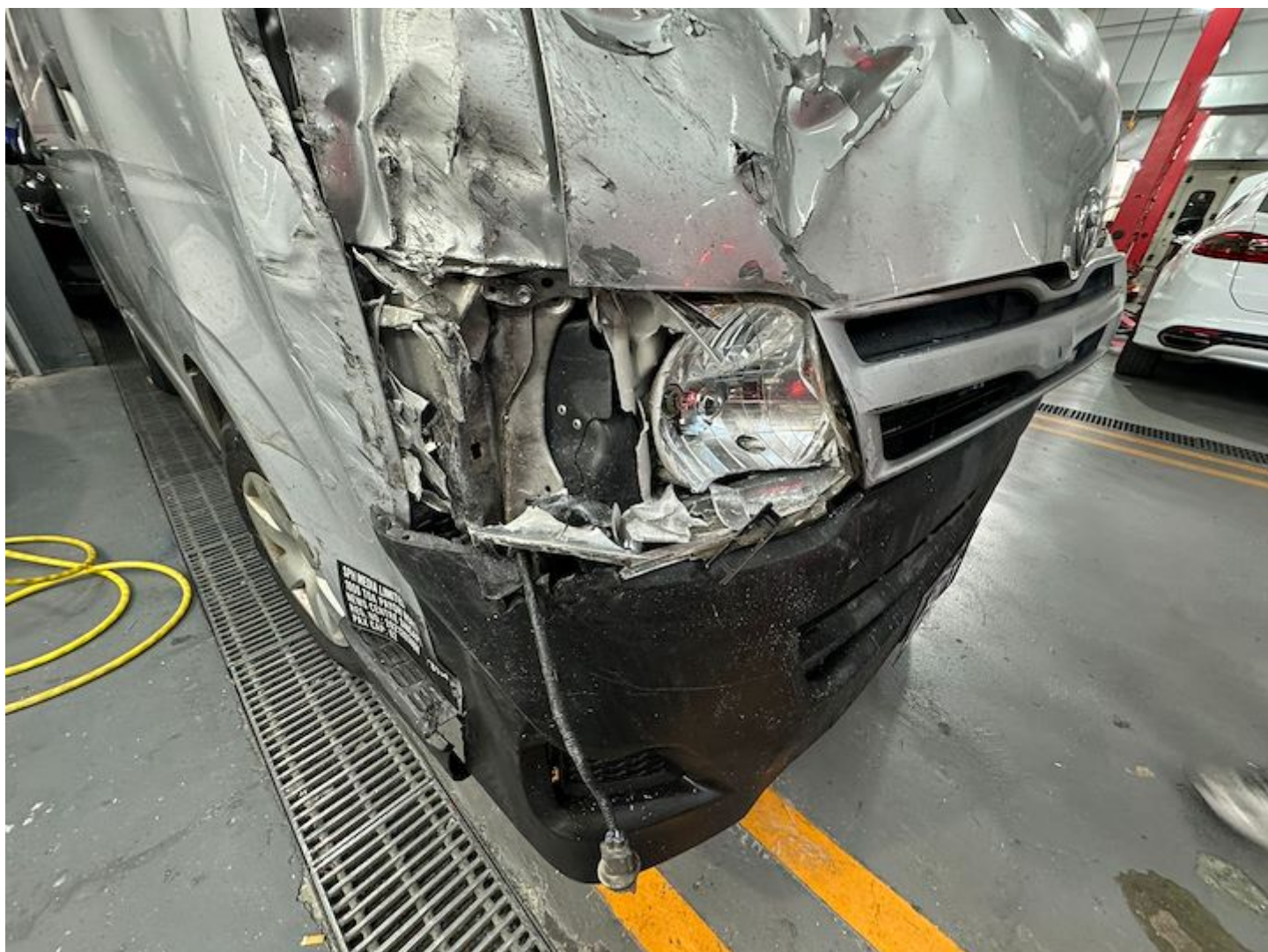


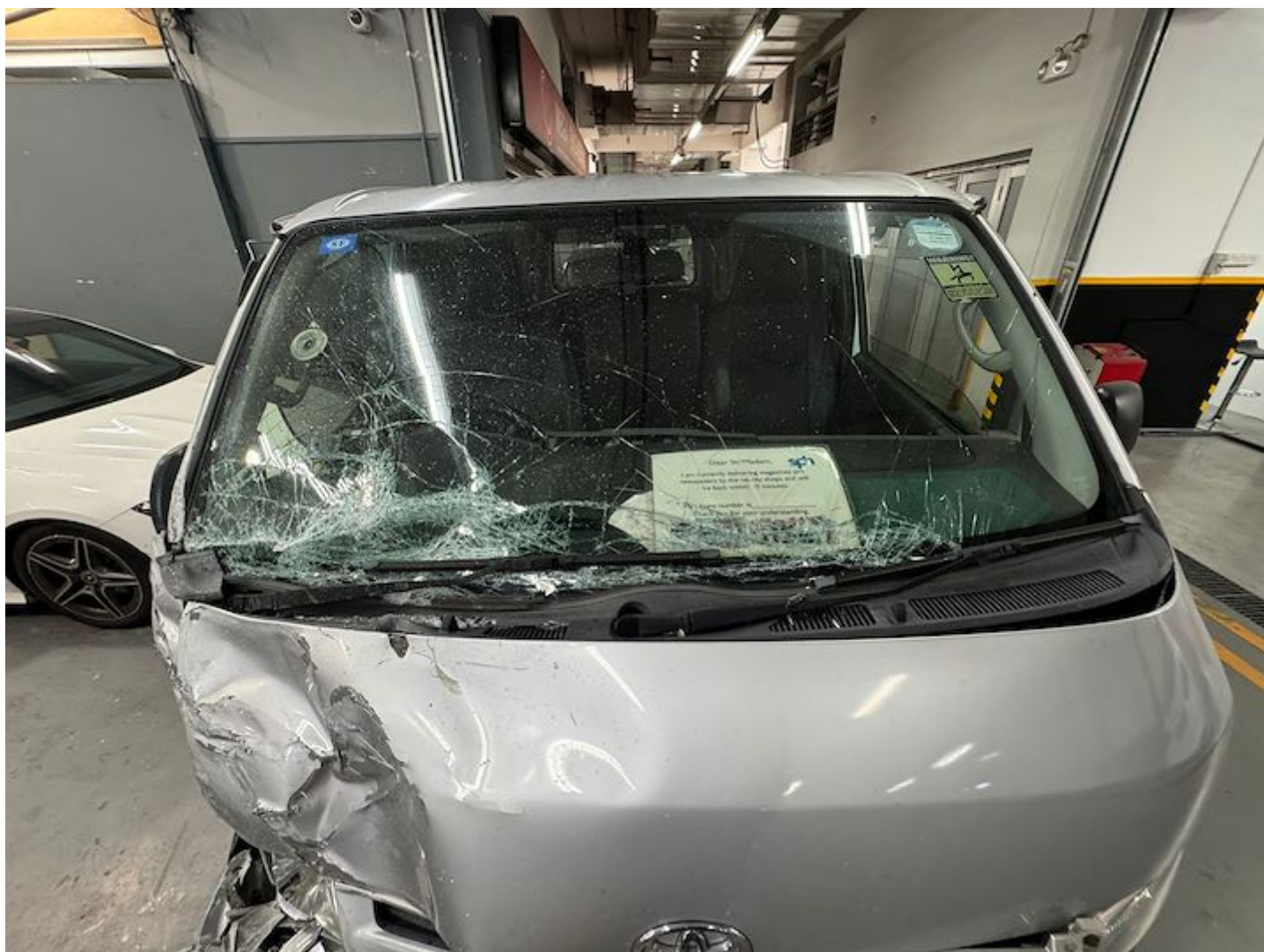


















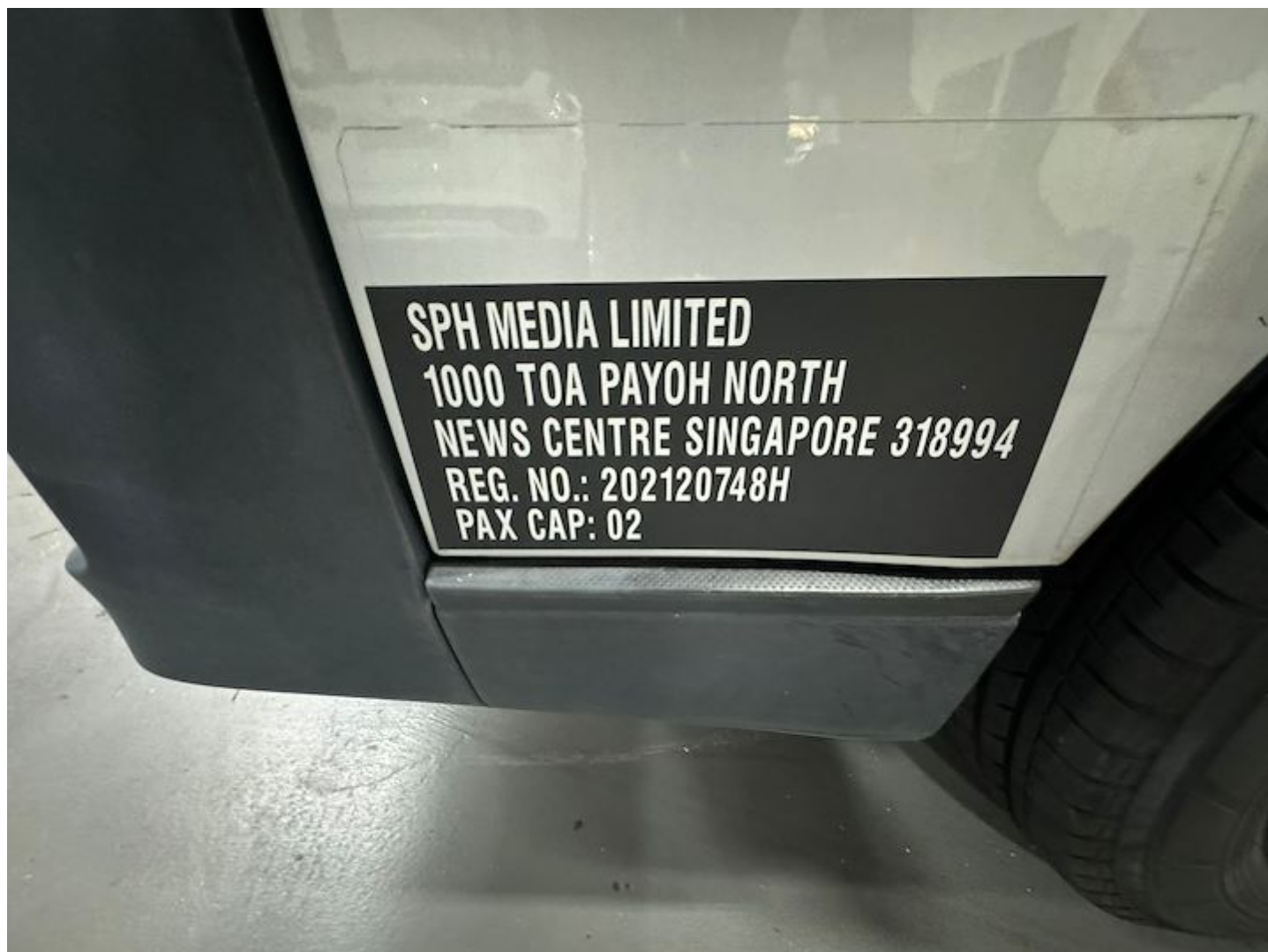


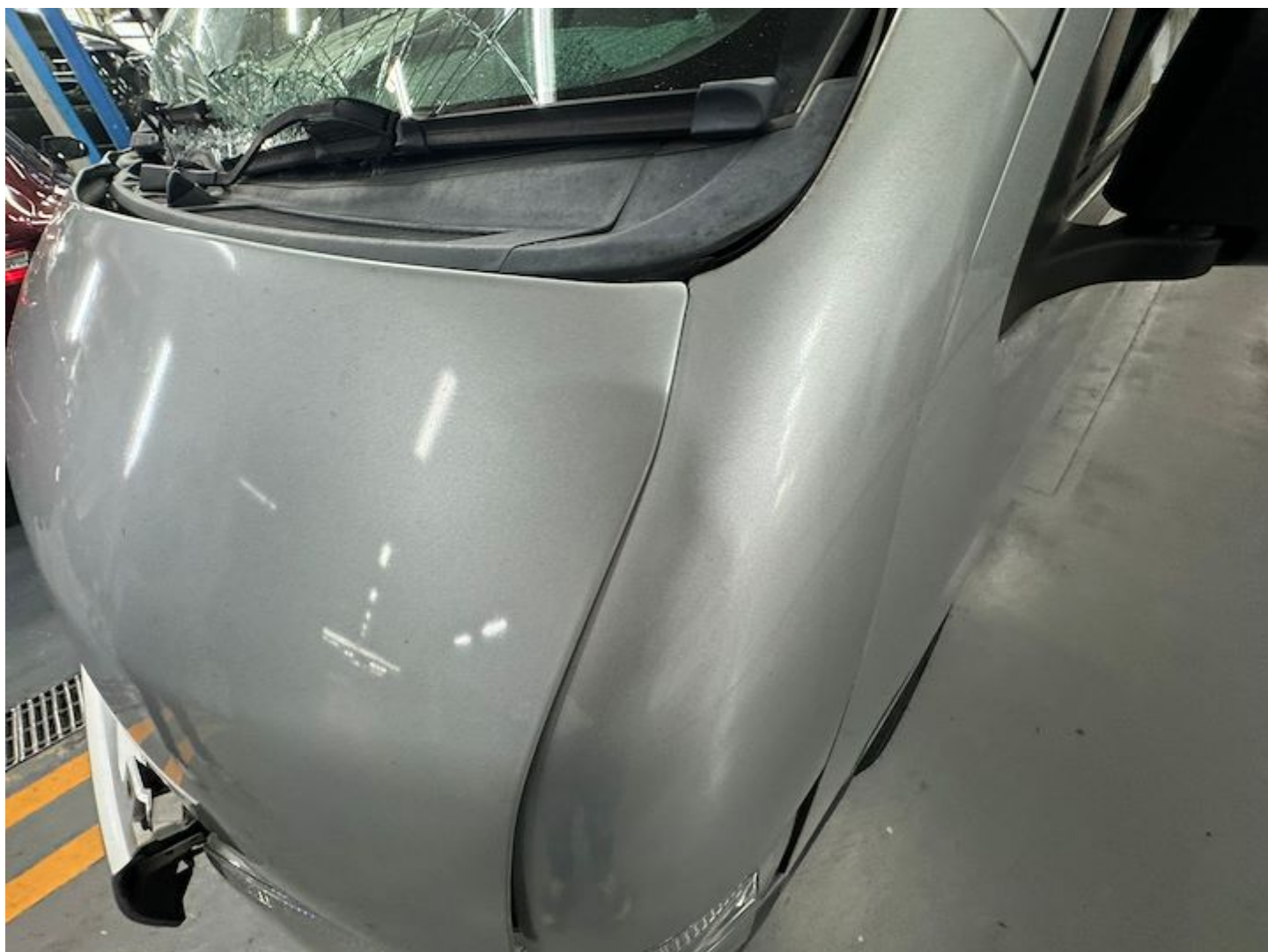






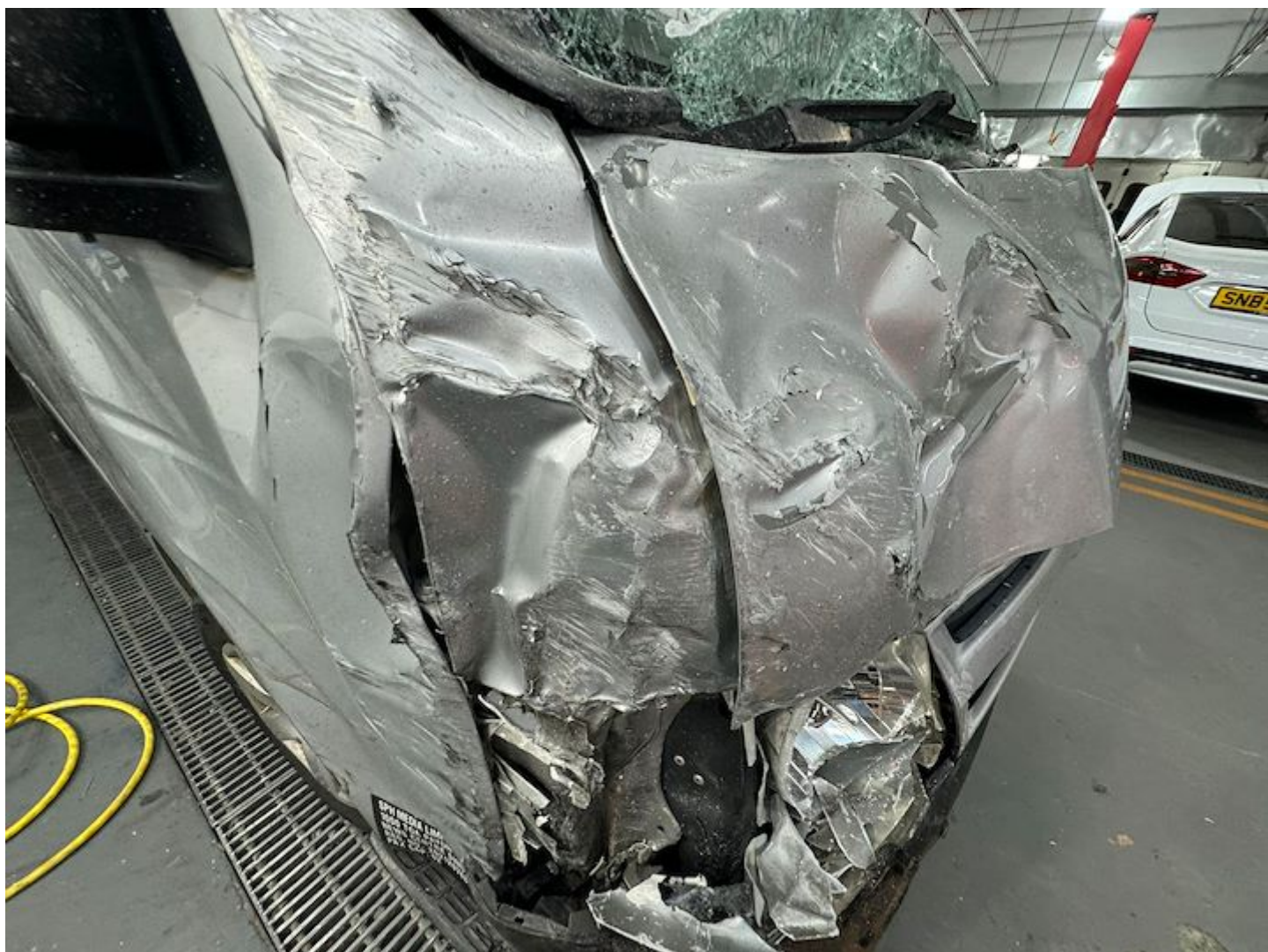




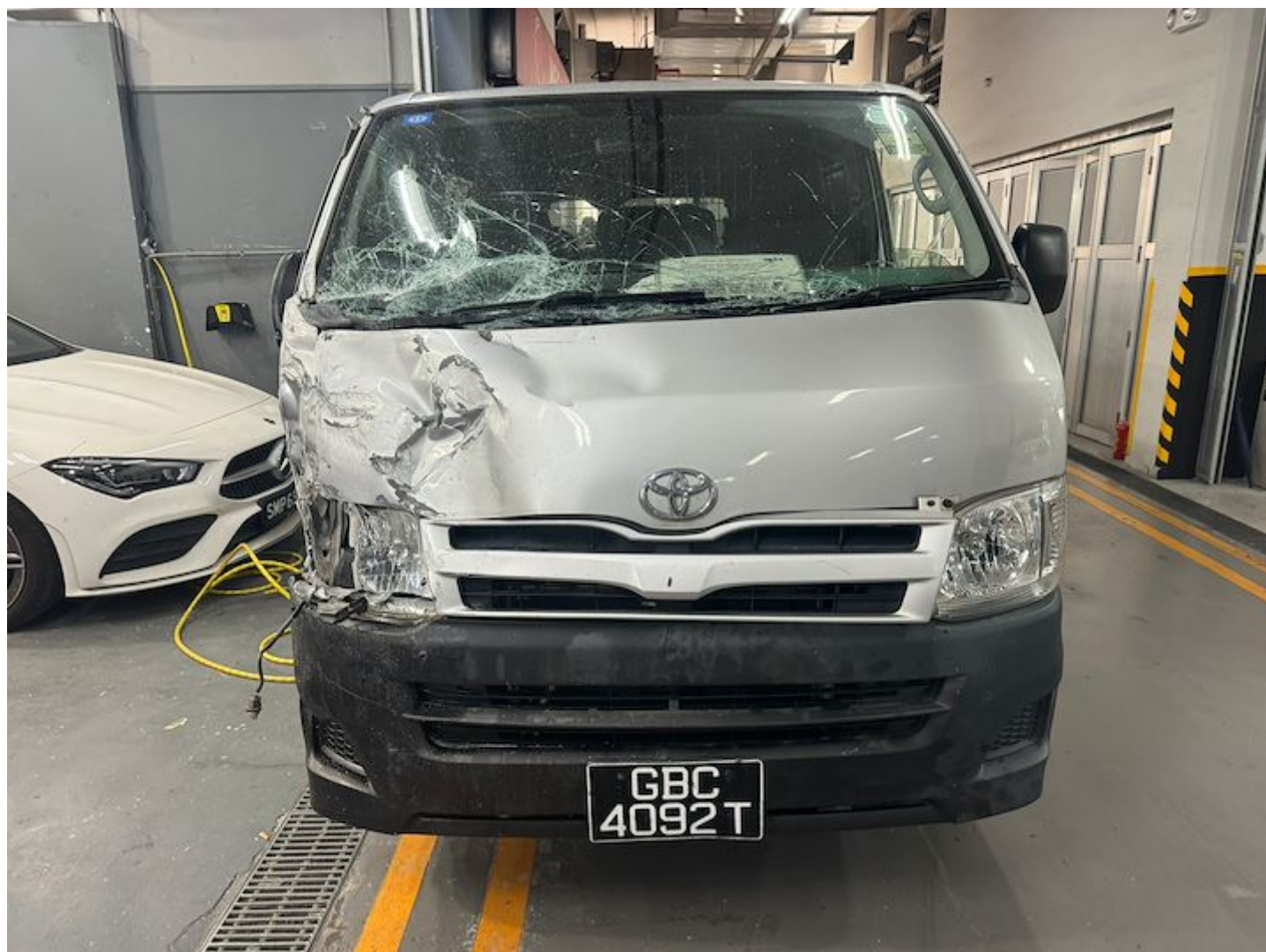


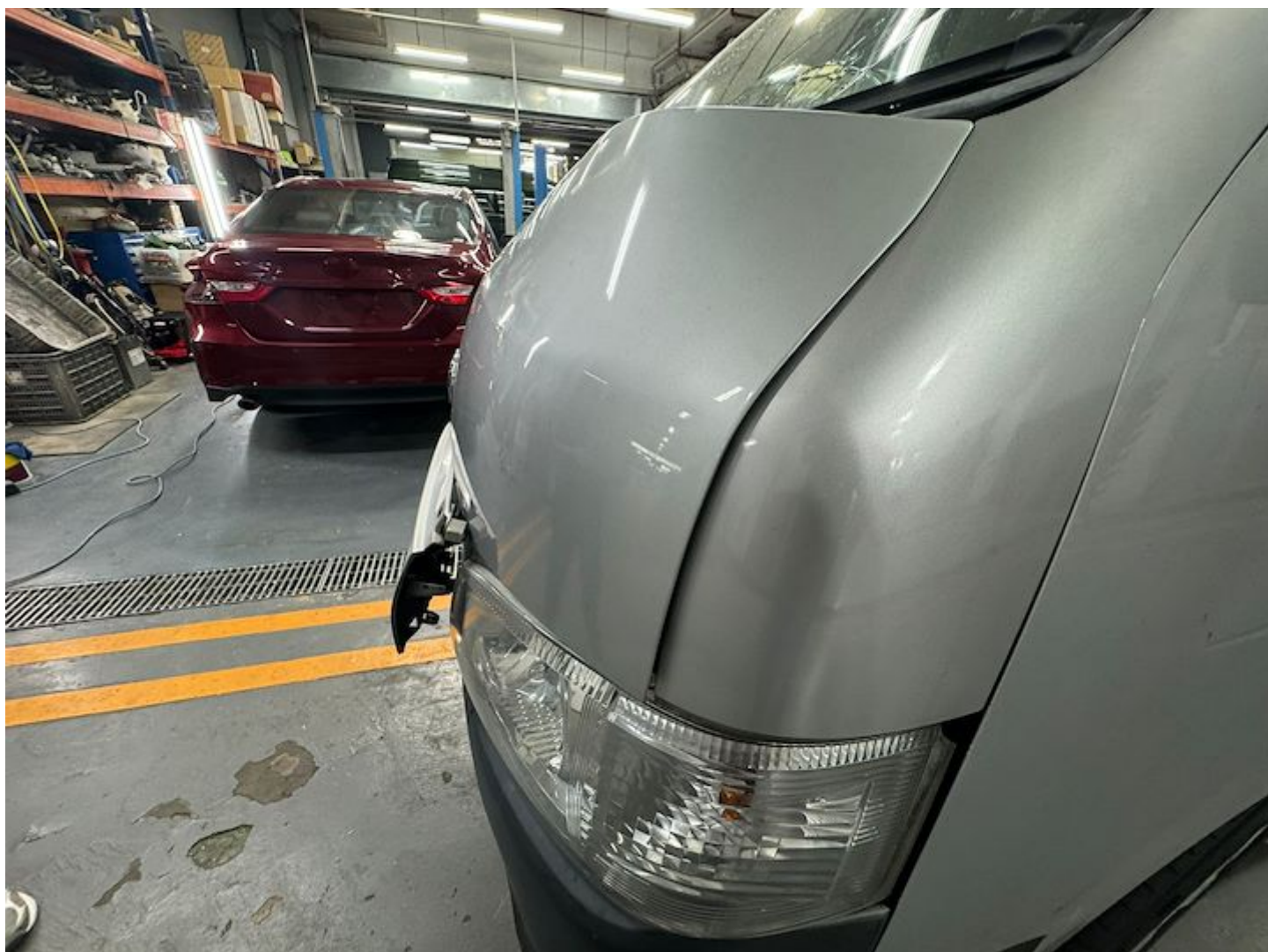
















**SINGAPORE
POLICE FORCE**



T/20240709/2036

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20240709/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2024 12:11		Vide Report No.: F/20240709/0048		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: HASLAN BIN ABDUL KARIM			Address: 122 SENGKANG EAST WAY #16-13 SINGAPORE 540122		
ID Type / ID No.: NRIC NO / S8325578A			Contact No.: Home/Office: Mobile: 93848784		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 30/08/1983	Type of Informant: Driver		
Race: Malay			Language:		
Occupation: Assistant Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/07/2024 07:30	Type of Location: Straight Road
Location: HOUGANG AVENUE 7				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB356C	Motor van				Slightly Damaged	0
GBC4092T	Motor van				Slightly Damaged	0
GBD8572T	Motor van				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20240709/2036

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20240709/2036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HASLAN BIN ABDUL KARIM	ID No.	S8325578A
Related Vehicle	GBC4092T (Motor van)	Contact No.	93848784
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the above-mentioned date, time and location. I was driving my vehicle (GBC4092T) along the left lane of Hougang Ave 7 toward Defu Ave 1. At that moment, there was a collision between two vans on my right. The van (GBD8572T) on the right lane tried to avoid the collision and swerved on the left lane which I was on thus Van (GBD8572T) left side collided on the front right side of my van.

I wish to state that both traffic police and Paramedics attended to my incident and no government property were damaged. I would like to add that I was unable to retrieve any particulars from the other two drivers as they need urgent medical attention and was escorted to hospital in the ambulance.

I am lodging this report for my insurance,



**SINGAPORE
POLICE FORCE**



T/20240709/2036

3 of 3

Report No. T/20240709/2036

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 2 LIM IK KI, LINUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
ASP (1) JOHNSON LEE WEE SIONG
Contact No.: 67957400

Signature Of Informant:

Date/Time:
09/07/2024 12:11

Classification Of Case:

NP168



CERTIFICATE OF INSURANCE

ORIGINAL

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 (Cap. 189 of the Revised Edition) (Singapore)
 Motor Vehicles (Third-Party Risks and Compensation) Act Rules, 1996 Edition (Singapore)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaysia)
 Road Transport Act 1987 (of Malaysia)
 Road Transport Act (Amendment) Act 2019 (of Malaysia)

Policy No. : 2023-V0118963-VCF
 Product Type : Commercial Fleet
 Cover : Third Party, Fire & Theft
 Name of Insured : SPH MEDIA LTD
 Period of Insurance : From 01/09/2023 to 31/08/2025 (both dates inclusive)

Risk Number 001

Vehicle Registration : GBC4092T
 Vehicle Make & Model : TOYOTA HIACE 5 DR
 Hire Purchase : -

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

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 regulation 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 regulations 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

- (1) Use in connection with the Policyholder's Business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic and pleasure purposes.

The policy does not cover :-

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

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

Great Eastern General Insurance Limited (A wholly-owned subsidiary of Great Eastern Holdings Limited) | 1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659 | Company Registration No: 192000003W | T: +65 6248 2888 | F: +65 6327 3080 | greateasterngeneral.com

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Form MZ300