

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 Authorised 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 ability.
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 Report	19/03/2018 13:38
Date Of Accident	18/03/2018 12:30
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9258Z
Insured/Policyholder	
Name Of Registered Owner	LIM SOON KOON
NRIC No	S7370062J
Email Address	THUYLIM1818.ST18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86792210
Alternative Phone No	OFFICE-86792210

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2017-V0101534-VDP
Cover Note Number	

Driver

Name of Driver	LIM SOON KOON
NRIC No	S7370062J
Date Of Birth	13/10/1973
Occupation	INDOOR
Date Of Driving Pass	21/01/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86792210
Fax Number	
Contact Number	OFFICE-86792210
Email Address	THUYLIM1818.ST18@GMAIL.COM

Address	BLK 18 LORONG 7 TOA PAYOH #09-250
Postcode	310018
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : TZU PEOW SENG -COUSIN GENDER: : MALE
Passenger 2	NAME: : RACHEL LIM SIAO HWEE- DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : LE THI DIEN THUY- WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4192L
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	

Vehicle Category	TAXI
Name of Driver	AW HOCK HOO
NRIC/Passport Number	S0056343I
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM SOON KOON
Approximate Age	
Injuries Sustain	NECK & BACK PAIN
Injured person in which vehicle?	SKU9258Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TZU PEOW SENG
Approximate Age	
Injuries Sustain	NECK & BACK PAIN
Injured person in which vehicle?	SKU9258Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	RACHEL LIM SIAO HWEE
Approximate Age	
Injuries Sustain	BODYACHE & VOMITING
Injured person in which vehicle?	SKU9258Z
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	LE THI DIEN THUY
Approximate Age	
Injuries Sustain	HEADACHE & BACKACHE
Injured person in which vehicle?	SKU9258Z
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the 18/03/18 at around 12-30pm, I was driving along CTE Towards City, the vehicle in front of me stopped and I also stopped. About 5 seconds later vehicle number SHD 4192L came from behind and hit onto the back rear of my vehicle.



Insurance Co. _____
Vehicle No. _____ Date of Accident _____
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim

@ Song Hai Motor.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 19-03-2018
 13-24

 
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 19-03-2018
 13-24


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____





**SINGAPORE
POLICE FORCE**



T/20180318/2095

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20180318/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2018 21:34		Vide Report No.:		Station Diary No.: 166
Informant's Particulars				
Name of Informant: LIM SOON KOON		Address: APT BLK 18 LORONG 7 TOA PAYOH #09-250 SINGAPORE 310018		
ID Type / ID No.: NRIC NO / S7370062J		Contact No.: Home/Office: Mobile: 86792210		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 44	Date of Birth: 13/10/1973	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: PSA		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2018 12:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Toward City				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4192L	Car					0
SKU9258Z	Car	TOYOTA	PREVIA 8 SEATER	Red	Slightly Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU9258Z	OVERSEAS ASSURANCE CORPORATION LIMITED	V0101534	30/07/2017	29/12/2018



**SINGAPORE
POLICE FORCE**



T/20180318/2095

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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180318/2095

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM SOON KOON	ID No.	S7370062J
Related Vehicle	SKU9258Z (Car)	Contact No.	86792210
Hospital/Clinic	INTEMEDICAL 24hr Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 18/03/2018 at about 1230hrs, I was driving my vehicle plate no. SKU9258Z along CTE Towards City.

In my vehicle I have 4 passenger with me. The vehicle in front of me stopped as such, I stopped as well. At about 5 second later, a vehicle plate no. SHD4192L came from behind and hit onto the rear of my vehicle.

Three of my passenger, namely Tzu Peow Seng, Rachel Lim Siao Hwee and Le Thi Diem Thuy all have a 3 days MC as well.

No government property damaged and no one was conveyed to the hospital.



**SINGAPORE
POLICE FORCE**



T/20180318/2095

3 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Report No. T/20180318/2095

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 KELVIN ONG LIN WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/03/2018 21:34

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325



SINGAPORE
POLICE FORCE

Classification Of Case:

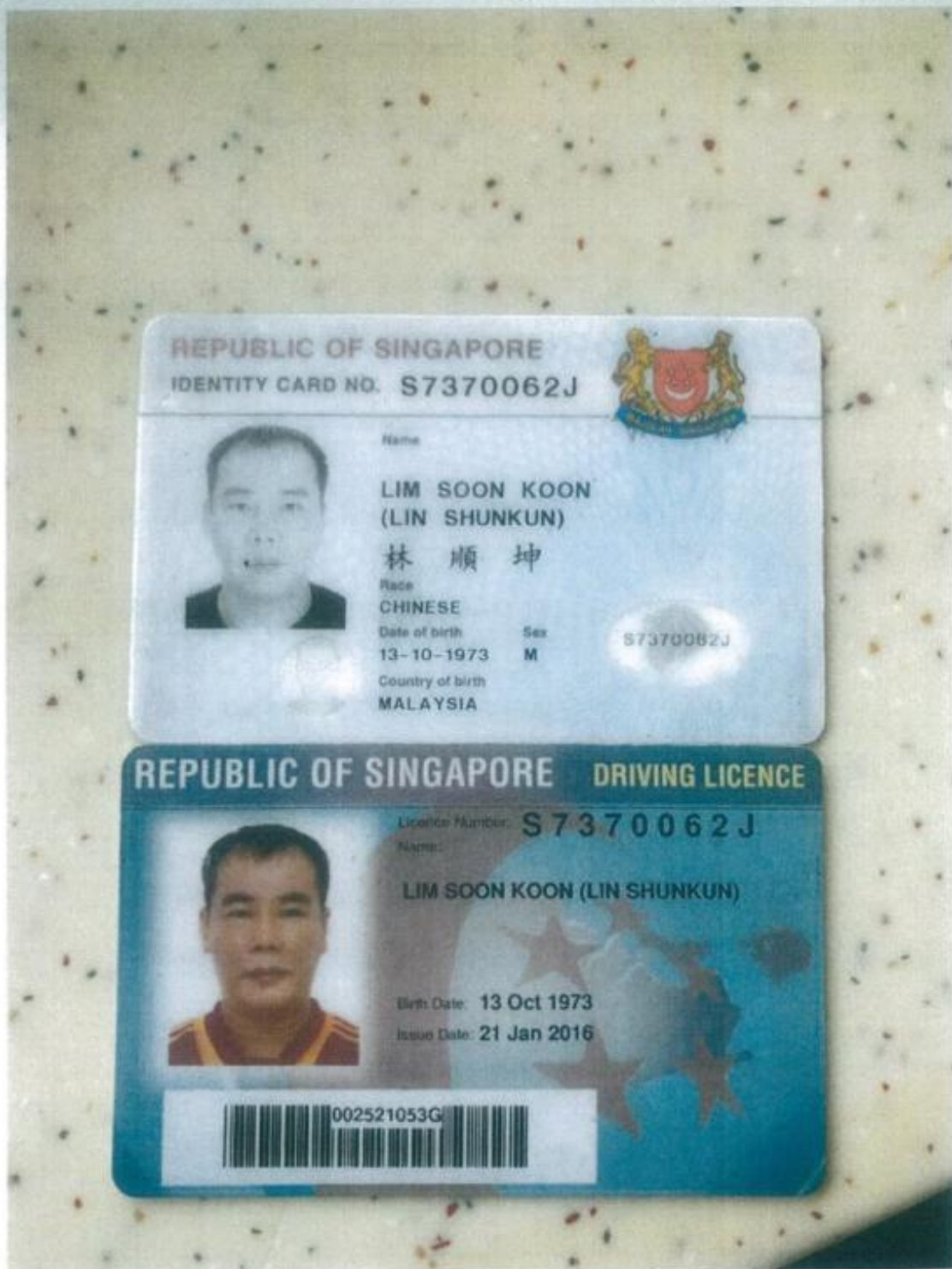
SN 168

Authentication Stamp

NP168

SIGNATURE

IC & LICENCE



IC & LICENCE





For Customer Service please visit

1 Pickering Street

#01-01 Great Eastern Centre

Tel (65) 6248 2888 Fax (65) 6327 3080

Certificate of Insurance

ORIGINAL

The Motor Vehicles (Third-Party Risks) Rules, 1966 (Federation of Malaysia)
The Motor Vehicles (Third-Party Risks and Compensation) Act, Chapter 189 (Malaysia)
The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987 (Malaysia)

Policy No. : 2017-V0161934-VDP
Policy Type : Drive And Save Plus

Cover : Third Party, Fire & Theft

DESCRIPTION OF VEHICLES:

Vehicle Registration : SK092582
Vehicle Make & Model : TOYOTA PREVIA 8 SEATER

Name of Insured : LIM SOON KOON

Period of Insurance : 30-07-2017 (0000HRS) to 29-12-2018

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

(a) The Policyholder.

The Policyholder may also drive a motor car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.

(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; (ii) 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 (Malaysia) are not to be included under these headings.

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions 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 the Corporation

[Signature]

Authorized Signature

20170714

29-06-2017

Great Eastern Assurance Corporation Limited (Reg. No. 192000003W)
A wholly-owned subsidiary of Great Eastern Holdings Limited
100, Pickering Street, #01-01 Great Eastern Centre, Singapore 048659
Tel: +65 6248 2000 Fax: +65 6532 2214 greasternlife.com

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

