

## 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	01/10/2018 13:39
Date Of Accident	30/09/2018 14:30
Exact Location Of Accident	TOA PAYOH LOR 6 TOWARDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP8912B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHING CHIN TECK
NRIC No	S1781075H
Email Address	CHINGJL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96684058
Alternative Phone No	OFFICE-96684058

### Vehicle Particulars

Manufacturer	VOLVO
Model	XC60 T5
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	V8008854
Cover Note Number	

### Driver

Name of Driver	CHING CHIN TECK
NRIC No	S1781075H
Date Of Birth	14/11/1966
Occupation	INDOOR
Date Of Driving Pass	16/05/1987
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96684058
Fax Number	
Contact Number	OFFICE-96684058
E Mail Address	CHINGJL@SINGNET.COM.SG

Address	3 ST MICHAEL'S ROAD #19-05
Postcode	328007
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?	NO
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: : JANET LIM GENDER: : FEMALE
Passenger 2	NAME: : CLARICE GENDER: : FEMALE
Passenger 3	NAME: : CALVIN GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE SEE ATTACHED REPORT HANDED IN BY MS JANET LIM, SPOUSE OF THE DRIVER .

### 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	SKH6653D
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN CHENGPING
NRIC/Passport Number	G2199971M
Contact Number	91162707

Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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 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. The 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 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:

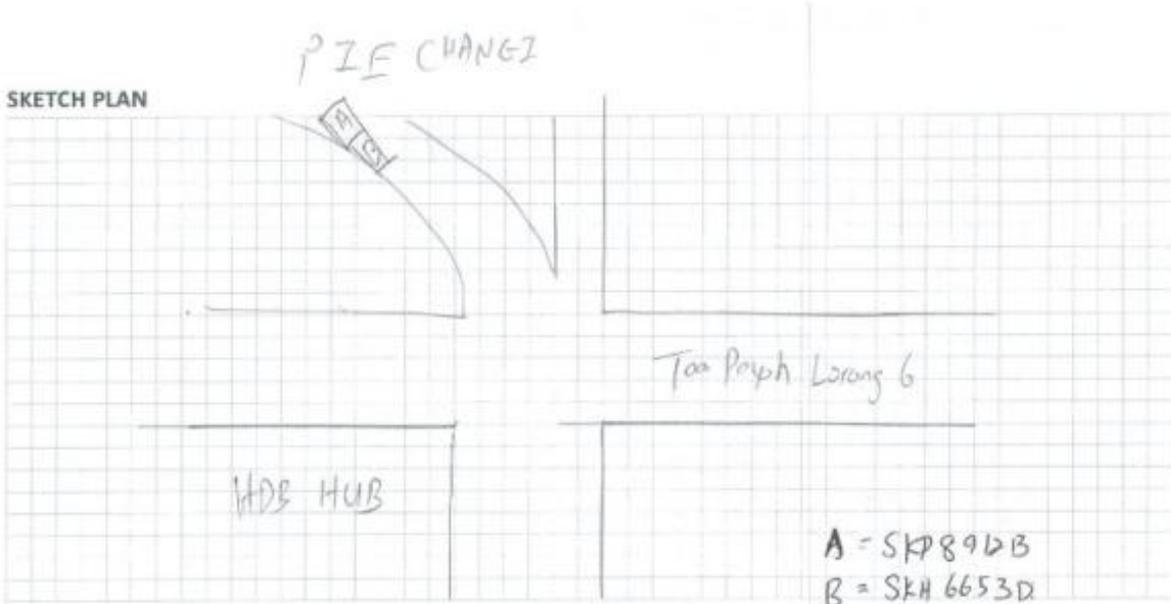
Driver's Signature
(If driver is not the policyholder)
Date & Time:

1/10/2018
1520
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Tan Pauhl Lorang 6 towards PZE, as I was slowing down my vehicle and stopped stationary, allowing incoming cars to pass by first from the main road, suddenly, the car hit me from my rear, causing a strong jerk in my car. Seems like the car did not slow down and was not going to stop, resulting in a strong hit.

Insurance Co. \_\_\_\_\_  
 Vehicle No. \_\_\_\_\_ Date of Accident \_\_\_\_\_  
 Reporting Only  
 Grant Damage Claim  
 Third Party Claim

@ V-tee Asia Automotive.

DECLARATION

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

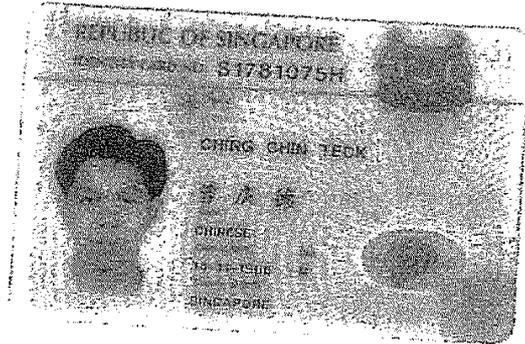
  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time: 1/10/2018 15:30

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



DRIVER IC Pg. 1





Spouse

2351015



NRIC No: S1680756G



Blood Group: O+ Date of issue: 05-09-1994

Address: 3 ST. MICHAEL'S ROAD #19-05 SINGAPORE 328007

NRIC No: S1680756G Date: 22/12/2009 No: 6325380

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1680756G



Name: JANET LIM LAI LAIN



Race: 林丽荣  
CHINESE

Date of Birth: 13-11-1964 Sex: F

Country of Birth: SINGAPORE



For Customer Service, contact us at:  
 1 Pickering Street, #01-01  
 Great Eastern Centre, Singapore 048659  
 Tel: +65 6248 2888 Fax: +65 6327 3080



**Certificate of Insurance**

ORIGINAL	
The Motor Policy to which this Certificate relates is issued in accordance with the provisions of the following legislation : Road Transport Act 1987 (Federation of Malaysia) The Motor Vehicles (Third-Party Risks ) Rules, 1959 (Federation of Malaysia) The Motor Vehicles (Third-Party Risks and Compensation) Act, (Cap.189 of the Revised Edition) (Republic of Singapore) The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960, (Republic of Singapore)	
FORM MX1	
Policy No.	: V6008854
Risk #	: 0001
Policy Type	: Drive And Save Plus 35.0
Cover	: Comprehensive Authorised Workshop
DESCRIPTION OF VEHICLE :	
Vehicle Registration No.	: SKP8912B
Vehicle Make & Model	: Volvo Volvo - XC60 T5
Name of Insured	: Mr CHING CHIN TECK
Period of Insurance	: 03/02/2018 (1023HRS) to 02/02/2019
PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	
(a) The Insured. The Insured 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 Insured's order or with his/her permission.	
(c) In the event of the death of the Insured, (i) any member of the Insured's family, or a paid driver who has been driving the car during the lifetime of the Insured & permission to drive had not been withdrawn prior to the death of the Insured ; (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 Insured.	
* 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 Insured'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.	
Signed for and on behalf of the Company	
Authorized Signature	

Z0002188

03/02/2018 10:23:34

Great Eastern General Insurance Limited (Reg. No. 1920 00033W)  
 (A wholly-owned subsidiary of Great Eastern Holdings Limited)  
 1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659  
 Tel +65 6248 2000 Fax +65 6532 2214 greteestemgeneral.com

Page 1 of 1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

