

## 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 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 Report             | 15/10/2018 09:51                  |
| Date Of Accident           | 12/10/2018 14:20                  |
| Exact Location Of Accident | PIE NEAR EXIT 11 (TOWARDS CHANGI) |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJV891K              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LIM KOK ENG, JILL    |
| NRIC No                     | S1527955I            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-90219228 |
| Alternative Phone No        | OTHERS-67922300      |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | MERCEDES-BENZ  |
| Model  | E200-2.0 (A)   |
| 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                                       | REPORTING ONLY |
| Vehicle Category   | PRIVATE CAR    |

### Insurance Company

|                           |   |
|---------------------------|---|
| Name of Insurance Company | GREAT EASTERN GENERAL INSURANCE LIMITED |
| Type Of Coverage          | THIRD PARTY                             |
| Fleet Policy              | NO                                      |
| Policy Number             | 2018-V8001256-VDP+R007                  |
| Cover Note Number         |   |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | MAK KIN WENG, KELVIN |
| NRIC No              | S8925704B            |
| Date Of Birth        | 27/07/1989           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 24/06/2009           |
| Driving Experience   | 9 YEARS AND 3 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-96199208 |
| Fax Number           |                      |
| Contact Number       |                      |
| EEmail Address       | KMAK89@GMAIL.COM     |

|   |                   |
|---|-------------------|
| Address   | 131 NEO TIEW ROAD |
| Postcode  | 719020            |
| Was driver an employee of the Insured's Company     | NO                |
| If No, Relationship of the Driver with the Insured  | SPOUSE            |
| Vehicle Registration Number of Driver's Own Vehicle | -                 |
|   | -                 |
|   | -                 |
| Insurance Company of Driver's Own Vehicle           | -                 |
|   | -                 |
|   | -                 |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| Weather Conditions | RAINING         |
| Road Surface       | WET             |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   | 2   |
| 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)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | PASIR RIS NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261                                  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

AS OLICE REPORT

#### Attachment(s)

|   |  |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera?   | NO   |
| Was there any audio recorded?                 | NO   |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHB5760B |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |
| Name of Driver              |          |
| NRIC/Passport Number        |          |
| Contact Number              | 97341861 |
| Address                     |          |
| Postcode                    |          |
| Insurance Company Name      |          |
| Nature Of Damage            |          |

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SLN8049S    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      |             |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

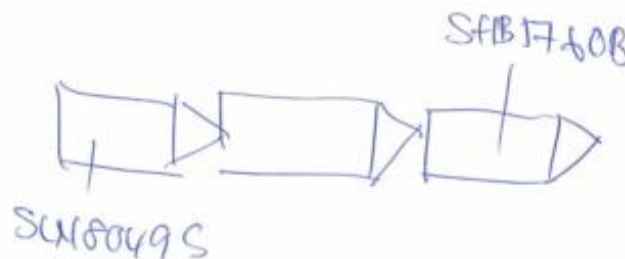
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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5. Any false reporting may be referred to the Police for investigation.
6. The report 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 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.

 12/10/2018  
Policyholder's Signature / Date & Time

 12/10/18, 1550  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Common Statement

### Describe Circumstances of the Accident

- Driving towards Changi Airport, along the Pan-Island Expressway (PIE), near Exit 71, at or around 1420 PM.
- The front vehicle (taxi, SHB 5760B) executed a sudden brake, and I followed suit, ~~thereby causing a rear-end collision~~.
- The rear vehicle (Black Mercedes, SLN 80495) did not safely observe the sudden brake and collided with my vehicle (SVU 8916), which resulted my vehicle ~~also~~ jerking forward and ~~collided~~ colliding with the front vehicle.
- No person(s) or people was injured ~~at~~ in the accident.
- That is all I want to report.

### Declaration

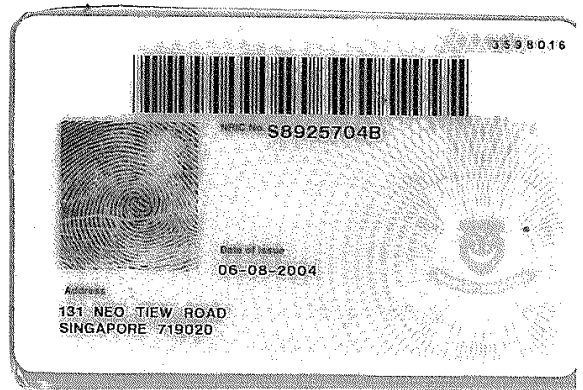
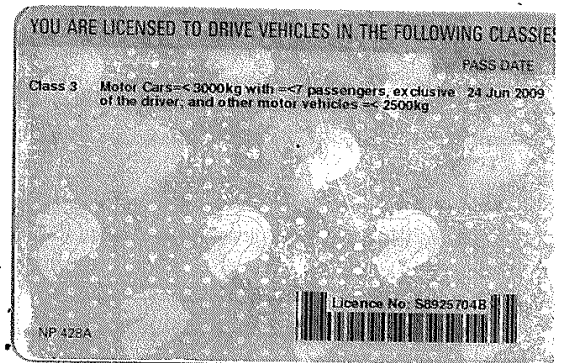
We declare the foregoing particulars are true in every respect.

 12/10/2018  
Policyholder's Signature / Date & Time

 Kelvin Mok / 12/10/18, 1550  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





**CERTIFICATE OF INSURANCE Pg. 1**

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**

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. : 2018-V8001256-VDP-R007 Risk# : 0001  
Policy Type : Drive And Save Plus Cover : Third Party Only

**DESCRIPTION OF VEHICLES:**

Vehicle Registration : SJV891K  
Vehicle Make & Model : MERCEDES E200AT

Name of Insured : LIM KOK ENG

Period of Insurance : 11-04-2018 (0000HRS ) to 10-04-2019

**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 be 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 Company

\_\_\_\_\_  
Authorised Signature

GPSPGML

08-03-2018



## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20181012/2109

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 4

Report No. T/20181012/2109

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |                              |                          |
|--|------------|--|------------------------------|--------------------------|
| Date/Time Report Made:<br>12/10/2018 16:45 |            | Vide Report No.:   |                              | Station Diary No.:<br>77 |
| <b>Informant's Particulars</b>             |            |  |                              |                          |
| Name of Informant:<br>MAK KIN WENG, KELVIN |            | Address:<br>131 NEO TIEW ROAD SINGAPORE 719020           |                              |                          |
| ID Type / ID No.:<br>NRIC NO / S8925704B   |            | Contact No.:<br>Home/Office: Mobile: 90284328            |                              |                          |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:   |                              |                          |
| Sex:<br>Male                               | Age:<br>29 | Date of Birth:<br>27/07/1989                             | Type of Informant:<br>Driver |                          |
| Race:<br>Chinese                           |            | Language:  | Institution / School Name:   |                          |
| Occupation:<br>Civil engineer (general)    |            | Driving Licence Information:<br>Class: 3 Date of Expiry: |                              |                          |

|   |                      |                      |  |                                    |
|---|----------------------|----------------------|--|------------------------------------|
| <b>General Information of the Accident</b>  |                      |                      |  |                                    |
| Type of Accident:   | Non-Injury<br>Others | Drink Drive:<br>No   | Date/Time of Accident:<br>12/10/2018 14:20 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>PAN ISLAND EXPRESSWAY<br><br>Along PIE near exit 11 towards Changi Airport |                      |                      |  |                                    |
| Weather:<br>Clear   |                      | Road Surface:<br>Wet | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way  |                      | Traffic Control:     | Traffic Volume:<br>Heavy                   |                                    |
| Type of Collision:<br>Chain collision   |                      |                      | Anyone conveyed by ambulance:<br>No        |                                    |

| Details of Vehicle Involved |           |               |       |        |           |                 |
|-----------------------------|-----------|---------------|-------|--------|-----------|-----------------|
| Vehicle No.                 | Type      | Make          | Model | Color  | Condition | No of Passenger |
| SHB5760B                    | SMRT TAXI | TOYOTA        | Prius | Purple | No Damage | 3               |
| SJV891K                     | Car       | MERCEDES BENZ | E200  | Blue   | No Damage | 0               |
| SLN8049S                    | Car       | MAZDA         |       | Black  | No Damage | 0               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20181012/2109

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20181012/2109

## CONTINUATION OF REPORT

|                                   |                      |  |                                   |
|-----------------------------------|----------------------|--|-----------------------------------|
| <b>Driver</b>                     |                      |  |                                   |
| Name                              | MR LIM               | ID No.                                 | NIL                               |
| Related Vehicle                   | SHB5760B (SMRT TAXI) | Contact No.                            | 97341861                          |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                      |  |                                   |
| Name                              | MAK KIN WENG, KELVIN | ID No.                                 | S8925704B                         |
| Related Vehicle                   | SJV891K (Car)        | Contact No.                            | 90284328                          |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                      |  |                                   |
| Name                              | Mr NG                | ID No.                                 | NIL                               |
| Related Vehicle                   | SLN8049S (Car)       | Contact No.                            | 92352221                          |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury                       | NIL                               |

**Brief Details.**

On 12/10/2018 at about 1420hrs I was travelling at PIE at lane 1 in my vehicle bearing the plate number SJV891K when the SMRT Taxi in front of me bearing the plate number SHB5760B did an emergency break. I managed to react on time and step on the brake but unfortunately the vehicle bearing the plate number SLN8049S behind me did not stop in time causing him to bump onto my vehicle and causing my vehicle to collide with the SMRT Taxi. There were no visible damages on all the 3 cars. I asked if everyone was okay and everyone acknowledged that they are fine and no one was injured. I am lodging this report to prevent any allegation towards me.



**SINGAPORE  
POLICE FORCE**



T/20181012/2109

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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
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Report No. T/20181012/2109

CONTINUATION OF REPORT