

## 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	04/12/2018 13:49
Date Of Accident	03/12/2018 17:20
Exact Location Of Accident	UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU5711E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GL TECH
Co Reg No	53358922C
Email Address	YUENSEN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97392292
Alternative Phone No	OFFICE-97392292

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.0 (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	2018-V0105295-VCV
Cover Note Number	26/08/2018 - 25/08/2019

### Driver

Name of Driver	LIM YUEN SEN
NRIC No	S1276727G
Date Of Birth	06/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1976
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97392292
Fax Number	
Contact Number	
Email Address	YUENSEN@SIGNET.COM.SG

Address	BLK 159 LORONG 1 TOA PAYOH #08-1544 TOA PAYOH GREEN
Postcode	310159
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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)	2
Passenger 1	NAME: : AH TOH GENDER: : MALE

#### 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

REFER TO ATTACHED STATEMENT AND SKETCH

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8925T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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.

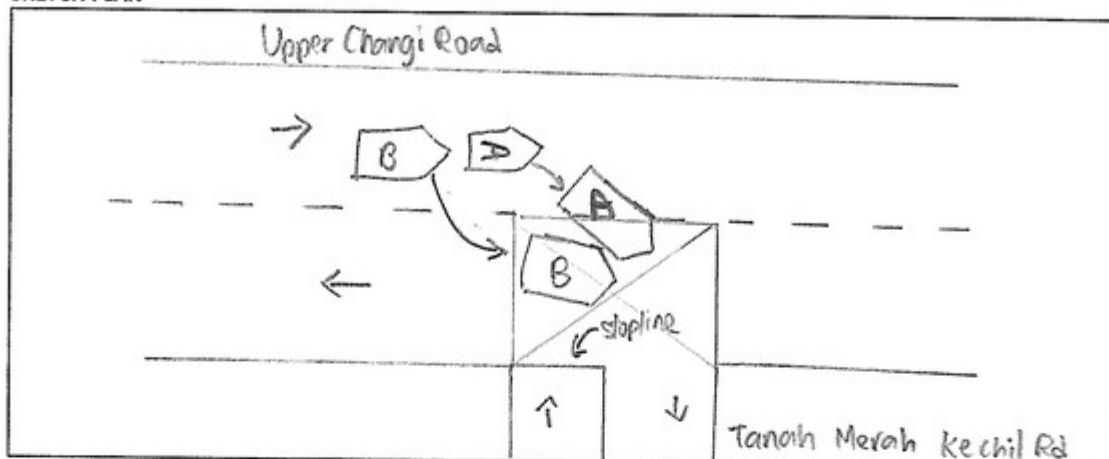


Policyholder's Signature  
Date & Time:

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

**AH LIM MOTOR COMPANY**  
No. 10 Ang Mo Kio Industrial Park 2A  
401-09 AMK Autopoint Singapore 560047  
Tel: 6452 2222 Fax: 6452 6170  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Date of accident: 03/12/18 Time: 5.20pm Location: Upper changi Road.  
 My Vehicle A: GUS711E Vehicle B: SHC8925T Vehicle C: \_\_\_\_\_  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along upper changi Road. I was slowing down just before turning into tanah merah kechil Road. As I ~~started~~ started to initiate a turn into the road, vehicle B over took me and hit onto my right & portion.  
 from behind

Vehicle B: Foo Cheong kon

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : Yuen sen @singnet.com.sg

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you 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:


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

**AH LIM MOTOR COMPANY**  
 No. 10 Ang Mo Kio Industrial Park 2A  
 #01-09 AMK Autopoint Singapore 68047  
 Tel: 6483 1244 Fax: 6483 8170

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

AH LIM MOTOR COMPANY

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1276727G



Name  
**LIM YUEN SEN**

林永生

Race  
**CHINESE**

Date of Birth  
**06-04-1957**

Country of Birth  
**SINGAPORE**

Sex  
**M**

0198367


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1276727G**

Name  
**LIM YUEN SEN**

Birth Date: **06 Apr 1957**

Issue Date: **16 Jul 2003**



000659426G

2pax - Ah Toh (M)  
Video - yes  
no injury.  
clear & dry.

97392292

0198367



NRIC No. **S1276727G**



Blood Group Date of Issue  
**O+** **13-12-1991**


NPIC No. **S1276727G** Date: **21-04-1993** No: **0247867**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	25 Apr 1977
Class 2A	Motorcycles between 201 cc and 400 cc	25 Apr 1977
Class 2	Motorcycles exceeding 400 cc	25 Apr 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Sep 1976
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	14 Mar 1979

NP 428A

Licence No: **S1276727G**



## Schedule

Name/Address		ORIGINAL												
GL TECH	53358922C													
159 LORONG 1 TOA PAYOH #08-1554 TOA PAYOH GREEN SINGAPORE 310159	Policy No. : 2018-V0105295-VCV Policy Type : Commercial Vehicle Policy Period : 26-08-2018 to 25-08-2019 Date of Issue : 08-08-2018 Singapore Agency No. : Z0000071 Gross Premium : SGD*****889.19													
<p>Details of Coverage :</p> <p>Risk Number : 1 Commercial Vehicle</p> <p>Particulars of Motor Vehicle:</p> <p>Registration Number: GU5711E            Make : TOYOTA HIACE MANUAL            Type of Body : VAN            Year of Manufacture: 2005            Tonnage : 1.00 Tons            Engine Number : 2KD1341875            Chassis Number : JTFHS02P200025769            Type of Cover : Third Party Only</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Description</th> <th style="text-align: right;">Annual Premium</th> <th style="text-align: right;">Limit</th> </tr> </thead> <tbody> <tr> <td>Basic Premium</td> <td style="text-align: right;">SGD 1,111.49</td> <td></td> </tr> <tr> <td>Less NCB (20.00%)</td> <td style="text-align: right;">SGD 222.30</td> <td></td> </tr> <tr> <td><b>Total Due:</b></td> <td style="text-align: right;"><b>SGD 889.19</b></td> <td></td> </tr> </tbody> </table> <p>Excess Type : SECTION I</p> <p>Driver(s) <span style="float: right;">Standard Excess</span></p> <p>Subject to Clauses, Warranties, and Endorsements applicable and attached hereto :-</p> <p>THIRD PARTY PROPERTY DAMAGE</p> <p>ENDT 72(B) - LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE</p> <p>ENDT 3(P) - THIRD PARTY ONLY</p> <p>ADDITIONAL EXCESS FOR YOUNG AND INEXPERIENCE DRIVERS        (APPLICABLE TO SECTION I ONLY)</p> <p>-----</p> <p>AN ADDITIONAL EXCESS OF S\$1,000 WILL APPLY IN THE EVENT        OF ACCIDENT WHERE THE DRIVER IS BELOW THE AGE OF 21 YEARS        OR HOLDS A FULL DRIVING LICENCE OF LESS THAN ONE YEAR.</p>			Description	Annual Premium	Limit	Basic Premium	SGD 1,111.49		Less NCB (20.00%)	SGD 222.30		<b>Total Due:</b>	<b>SGD 889.19</b>	
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Less NCB (20.00%)	SGD 222.30													
<b>Total Due:</b>	<b>SGD 889.19</b>													

GPSPHKS

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GST Regn No. M90366503P

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



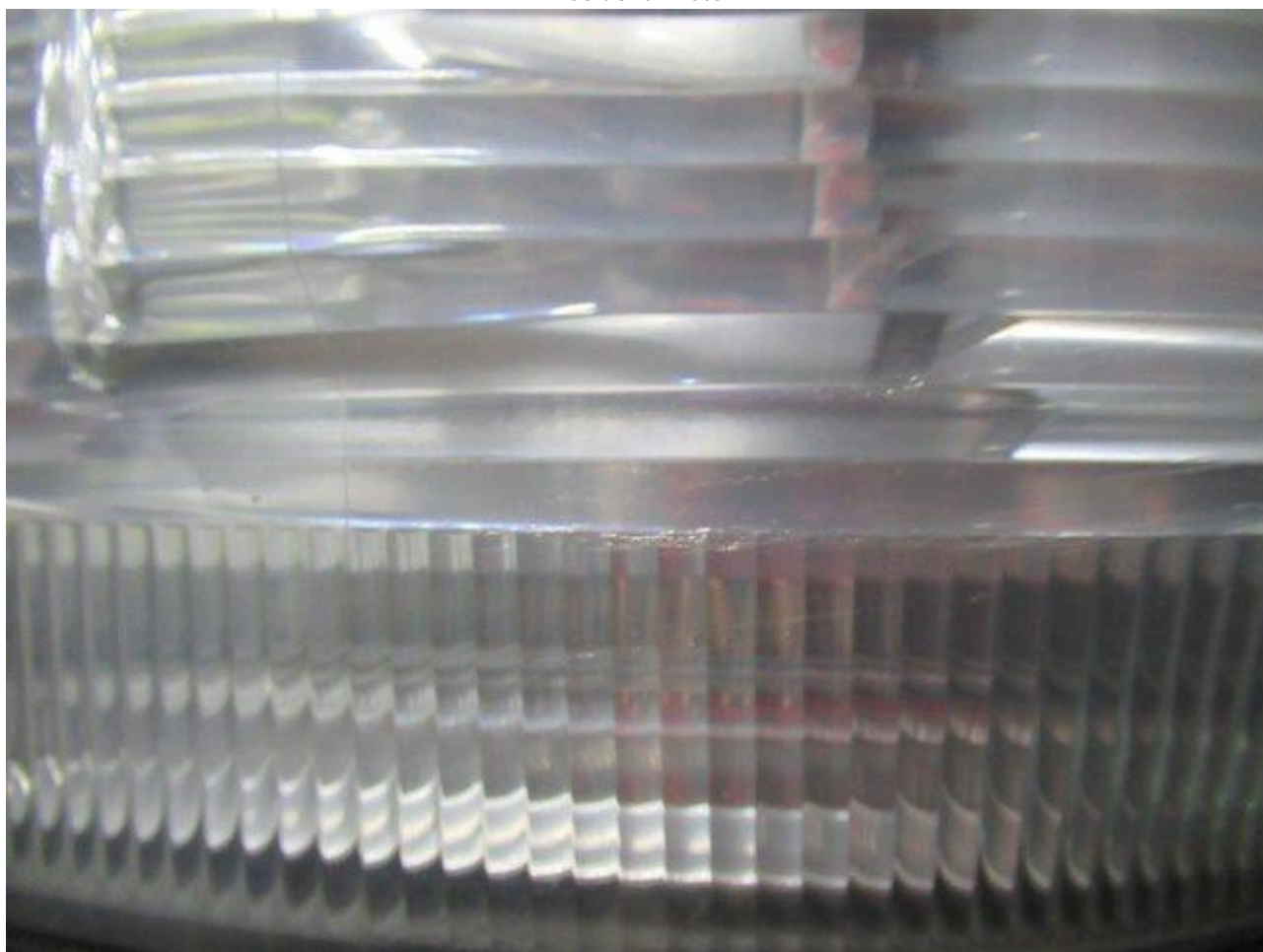
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